No. 63 March 1996

Talkabout

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

◆ Where We Speak for Ourselves ◆

Positive Rights

Convenor's Report

As I WRITE THIS column we are heading towards two important events — the Federal election and the annual Gay and Lesbian Mardi Gras.

Both of the major parties have given a commitment to continue the bi-partisan approach to HIV/AIDS after the election, which is good news. They have also committed to a Third National HIV/AIDS Strategy.

I suspect many readers will not have much idea about what the National Strategy does. Well, the strategy contains all the key policies on HIV/AIDS to guide both the national and state/territory responses to the epidemic (eg. on prevention education, care and support services, legal issues, anti-discrimination, scientific and social research, and of course treatment). Most importantly, the National Strategy sets the amount of Commonwealth and matched State funding that will be allocated to HIV/AIDS.

PLWH/A (NSW) has worked successfully with both the major political parties over the years. Whichever party is elected, we and our national PLWHA organisation (The National Association of People Living with HIV/AIDS) will need to set out an agenda for the next Commonwealth Health Minister of what needs to be done to ensure proper levels of care, support, treatment and education for our constituents.

First and foremost we will need to tell the next Commonwealth Health Minister that Australia's drug approval and drug financing systems are not working for people with life-threatening diseases like HIV/AIDS. These cumbersome, bureaucratic and unresponsive systems are costing people with HIV their health and their lives.

We have of course raised this issue many times with Health Ministers. However, with the rapid pace of new drug development — and the hope and optimism that comes with it — the urgency of fixing up drug approval and drug financing has never been greater.

Most recently, Rolf Petherbridge from our Committee and myself joined with AFAO and the Treatments Now Collective to meet with Health Minister Carmen Lawrence. The reason for the meeting was to discuss delays in access to new treatments.

It is very disappointing to report that Dr Lawrence did not support our call for an independent review into drug financing arrangements. PLWH/A and other community AIDS groups will continue to demand such a review. This issue will be the number one priority for discussions with the new Commonwealth Health Minister.

The Sydney Gay and Lesbian Mardi Gras Parade and Party is a highlight of the year for many of our constituents.

PLWH/A has been busy during February attending various Mardi Gras Festival events, raising the profile of our organisation and of positive people generally.

Our entry in the Mardi Gras Parade focusses on access to treatments and combination therapy. Our aim is to raise public awareness of the treatments issues. Pictures and and a full report will be in the next *Talkabout*.

PLWH/A had an information stall at the Mardi Gras Fair Day. 900 information showbags were distributed, as well as lots of T shirts and many exchanges of peer support.

Once again the PLWH/A Ticketing Scheme has provided over 100 PLWHA, who could not afford the luxury, a gift of attending the Mardi Gras Party. Special thanks to the Sydney Gay and Lesbian Mardi Gras, Roche Pharmaceuticals, Smirnoff and individual donors for their support.

PLWH/A will provide Viewing Rooms for the Mardi Gras Parade and Time Out Rooms for the Mardi Gras Party.

The last month has been extremely busy around PLWH/A and the extra duties of Mardi Gras have challenged our resources. We are grateful to the many volunteers who have supported our efforts with enthusiasm in this period and look forward to their continued involvement.

— Bill Whittaker

People Living With HIV/AIDS (NSW) Inc.

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Vivienne Munro: **Secretary**
Eric Sleight: **Treasurer**
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Contents

Regulars

This month's cover

By Jim Chan. Bigots Beware. We've said it before; we'll say it again. Discrimination is unacceptable, objectionable and illegal. Thanks largely to our own efforts, the balance is now in favour of people living with HIV/AIDS. Find out how some people have handled discrimination and what you can do if it happens to you, in our special feature — it starts on page 10.

Talkabout

Talkabout welcomes unsolicited contributions. However, we cannot accept responsibility for manuscripts and photographs or for material lost or damaged in the post.
Letters submitted to *Talkabout* or its editorial coordinator are assumed to be for publication in whole or in part unless specified otherwise.
For further information 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: *March 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.
Talkabout is published every month by People Living With HIV/AIDS Inc. (NSW). All views expressed are the opinions of the respective authors and not necessarily those of PLWH/A, its management or members.
Talkabout is produced by the Newsletter Working Group of PLWH/A Inc. (NSW) and printed by Breakout Printing ph: 281 5100.

Talkabout is made possible by subscriptions, donations and a grant under the State/Commonwealth AIDS Program. *Talkabout* is also grateful for the assistance of the AIDS Council of NSW and thanks the many volunteers without whom its publication would not be possible.
ISSN 1034 0866

Briefs

- Washington, USA. The Pentagon has announced that it hopes to reverse a defence force bill that requires HIV+ military personnel to be removed from service. A number of senators have suggested they can use Congressional discretion to overturn the bill. The force hopes to include HIV+ personnel for as long as they can continue service. *(Brother Sister)*
- A survey of Thai PLWHA has shown that their fundamental rights are being regularly violated. Violations include forced resignations from jobs and denial of medical care and treatment. The survey is being compiled by the Thai NGO Coalition to push for government action to protect the legal rights of PLWHA. *(APCASO)*
- UNAIDS, the new-look Global Program on AIDS, faces a funding crisis only a few months after its inception. As of late January, the organisation was running on money left over from the GPA and verbal promises of funds. A spokesperson would not disclose how much had been promised, but said staff were confident the target budget of $120m for 96-97 would be reached. This is 25% lower than the GPA budget 5 years ago. More positively, France has reversed an earlier decision to not donate and will fulfil its original pledge of F60m. China has also made a verbal pledge of funding. *(AIDS Analysis Africa)*
- In many countries traditional healers are wary of revealing the content of their preparations, for fear that Western practitioners could exploit their hard won knowledge. Tanzanian John Rutayuga, co-director of the Centre for Natural and Traditional Medicine in Washington, DC, wants to develop a system that would enable traditional healers to reveal the content of their preparations, while still retaining some form of intellectual property rights over them.

At the IXth International Conference on HIV/AIDS and STDs in Africa last December in Kampala, a team based at the city's Mulago Hospital reported that they had found herbal therapies more effective in treating chronic diarrhoea than Western therapies, and equally effective in treating sores caused by Herpes infection. *(AIDS Analysis Africa)*

- A comprehensive law prohibiting discrimination against people with disabilities has been passed by Hong Kong's Legislative Council. People with HIV and AIDS will be covered under the new *Disability Discrimination Ordinance*, which is closely modelled on Australia's own *Disability Discrimination Act*. According to the Hong Kong AIDS Foundation, HIV discrimination is extensive. Many health care services refuse to treat PLWHA, most home help agencies refuse them even basic services and positive children have been asked to leave schools. *(Legal Link)*

Positive refugees

A NUMBER OF PLWHA HAVE NOW been given residence in Australia as refugees on the basis of their HIV status. They have been recognised as members of a social group (people with HIV/AIDS) fearing persecution in their home countries.

In the three cases reported here, the Refugee Review Tribunal has overturned earlier rejections by the Department of Immigration and Ethnic Affairs. Each of the three are from developing countries, which are not named in this article to avoid the possibility of them being identified.

In the first case, the tribunal accepted evidence that the applicant would face discrimination in obtaining access to medical treatment and palliative care on account of his HIV status. Despite the large numbers of people with HIV living near the hospital in his home region, none had been admitted to the hospital nor were they receiving active treatment. There was also evidence that he would face discrimination and ostracism from his family and community if they discovered he had HIV.

In the second case, the Tribunal found that at the very least the applicant faced a real chance on return to his home country of significant deprivation of his right to medical treatment and severe degradation of his personal dignity arising out of his HIV status and his imputed status as an injecting drug user. He faced a real chance of imprisonment for the combination of the two factors, which would constitute persecution.

In the third case, the applicant was an HIV positive woman with a six year old child. The Tribunal found that there was a real chance that she would be denied access to medical facilities, employment and accommodation and that she would face social isolation. The applicant's son was found to be also a member of a social group — family members of people with HIV. It was found that there was a real chance that the son would be denied access to education, even at the primary level; and that he would face social isolation after the death of his mother from an AIDS related illness.

— Michael Alexander

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ACON'S SUMMER CAMPAIGN FOR 1996 was launched on January 29, amid sparkly drinks and graced by luminariesBruce Meagher, ACON President, NAPWA President Alan Brotherton, Scott Berry, HIV Support Officer at ACON, Bev Lange, Mardi Gras President and Co-presidents of Pride, Karen Smith and Steven Aubin. The campaign, "One Community, Many Diversities", is part of a national campaign initiated by the Australian Federation of AIDS Organisations.

The main aim of "One Community" is to raise issues and promote discussion around what it's like for both HIV positive and HIV negative gay men to live and cope with the virus in the 90's. Another aim of the campaign is to promote safe sex as a shared and equal responsibility for both HIV positive and HIV negative gay men.

"One Community" addresses the complex issues around HIV faced by all gay men and challenges people to ask whether there really *is* one community and whether gay men really *are* facing the epidemic together.

If you'd like to comment on these issues, write in to *Talkabout*.

Positively Rural

THE FIRST NSW HIV RURAL Conference, scheduled for March 28-30 in Dubbo, is shaping up to be 'bigger than Ben Hur'. The Conference program covers a range of issues relevant to HIV positive individuals living in rural areas. Some of the topics include long term survival, treatments, access to trials, health

maintenance for HIV positive people, complementary therapies, HIV services in rural areas, grief and loss, dementia, and transitions between urban and rural living.

The organising Committee has attempted to ensure that the Conference is as 'user friendly' as possible by providing opportunities for smaller group sessions based on specific issues raised by positive people in rural areas during the conference. Sessions for specific 'Topic' and 'Affinity' groups will assist with easy involvement, networking and action planning so that practical outcomes emerge from the Conference. In this way, the issues and needs of the three main target groups of the Conference — PLWHA, gay men and health care workers — will be addressed.

The Conference is an excellent opportunity for PLWHA in rural NSW to meet together in a supportive environment to share experiences and knowledge. Assistance to attend the Conference is available and easily arranged so that as many positive people as possible can take part. This Conference is for you!

Transport and accommodation is being provided free for PLWHA who are on the pension or limited income. Coach transport will run from most areas of NSW, with pick-up points along major routes. Accommodation is available in a newly completed dormitory style hostel, allowing for plenty of informal social contact with other delegates. For more information contact Tony (041) 925 6339, Larry (PLWH/A NSW (02) 361 6011 or your local sexual health clinic.

— Larry Wellings

Illawarra forum

ABOUT 45 - 50 PEOPLE ATTENDED A 'One Community' forum organised by ACON Illawarra on February 15. The forum, held at Chequers Nitespot, was open to all people affected by HIV in the Illawarra area and attracted a wide cross section of the community.

Issues discussed included: the negative attitudes the gay community has towards positive people as well as wider community attitudes; the exclusion of negative gay men from HIV campaigns; funding going more to positive people than to general gay community activities; the difficulty of disclosing HIV status; support from the straight community in groups such as CSN; young people in the gay community. Several positive gay men commented that the Illawarra was one of the most comfortable areas they'd lived in.

David Webber, who organised the forum, said it was a successful evening. "There was a consensus that it's time to work together on these issues and get discussion out into the open. I think the forum certainly did that", he commented. "People were saying that it was great to see a forum that got people together to talk about the issues, rather than just being lectured. They felt it was a good step in getting the community together." ACON Illawarra are planning to do a follow up forum in the next couple of months. They would like to thank Chequers for generously making the venue available.

The friendly PLWH/A stall in a momentary — but charming — lull on Mardi Gras Fair Day. Afternoon showers brought frenzied window shoppers flocking under the canopies to buy T-shirts and pick up PLWH/A show-bags, Talkabouts, balloons — or just have a good goss. PHOTO: PAIGE SLAN

Retreats winter recess

DESPITE HIGH DEMAND, POSITIVE Retreats will be having a winter recess, resuming with Retreat #10 in September. Since their inception in October 1994, Positive Retreats have provided an environment of healing and growth for more than 160 HIV positive people. Co-facilitated by PLWH/A and ACON, Positive Retreats have as their aims the introduction of complementary therapies to HIV positive people; the development of peer support amongst PLWHA and a reduction of lifestyle stress.

Conducted over five days, the Retreats have introduced the participants to a range of complementary therapies, including various forms of massage, acupuncture, meditation, yoga, naturopathy, iris diagnosis, Cutting the Ties, art therapy, healing circles and peer support, as well as providing information on traditional Chinese medicine, sound therapy, reiki and other areas.

Many of the participants have found the physical setting — located in the tranquil rural surrounds of the Southern Highlands — conducive to stress reduction. Retreats have created a

Briefs

- The Central Coast's Positive Support Network (PSN) are coming to Sydney for a fundraiser on Friday, March 15. Framed red ribbons, autographed by some famous bods like Martina Navratilova, Ian Roberts, and Angela Lansbury will be auctioned off at a dinner at Sydney Town Hall. PSN promise superb entertainment as well. Seating is limited — be sure to book early by calling (043) 23 2905. Tickets are $55 per person. PSN provides physical, emotional and transport assistance to PLWHA on the Central Coast.
- The Troy Lovegrove Foundation has released its first Annual Report. Named for Troy Lovegrove, who died of AIDS in 1993, aged 7, the Foundation aims to improve the quality of life of children living with HIV/AIDS nation wide. Some of the Foundation's activities over the last 12 months have been: HIV/AIDS awareness talks throughout urban and rural NSW; involvement in training of support volunteers for Camp Goodtime; disbursement of family assistance to the tune of $8,109; involvement in HIV/AIDS support groups for families; and fundraising. The Foundation is a registered charity; for details on how to become a member or to make a donation, call 018 290 889.
- "Sensational", "Packed" — that was the Sydney PWA Day centre's Valentine's Day Masked Ball. Guests partied on all afternoon — by candlelight. The Day Centre is now open on Saturdays from 10.00 - 3.00pm — salad bar and meat provided for a DIY barbecue. And once again, the Day Centre is selling fruit and vegies - ask the receoptionist on duty. Coming events for March include a Gerroa Retreat, a picnic at BobbinHead, a massage school and a weekly pottery class taught by master potter Bill Burton.
- Glad Hearts Day is an afternoon group Rebirth specifically for people with life threatening diseases and their family or friends or partners on Saturday March 30, 1.30 - 6pm. There will be an introduction to Rebirthing from 1.30 - 2.15, after which you can choose to stay on for the group rebirth. Rebirthing uses a special breathing technique and is said to have both mental/emotional and physical benefits. Cost is.$15/$10, proceeds go to PLWH/A For more info, or to book, call Alakh on 751 2668 or (043) 823 996.
- An intriguing & scurrilous rag has arrived on *Talkabout's* editorial desk: the *Daily Plague*. The self styled cheap and nasty monthly plunders unashamedly from other publications, *Diseased Pariah News* among them — get the picture? "We believe in breaking down the larger than life status some give to HIV. NO GUILT", write the anonymous editors. How do you get it? No idea. Wait for someone to shove it under *your* door.

relaxed learning environment where participants have developed skills for self-awareness and the management of their individual health maintenance needs.

It has been the experience of Retreat participants that they return to their daily lives refreshed and with a new range of lifestyle and health enhancing skills at their disposal. Some of their comments about their Retreat include: *"I finally got clearer than ever before about how to manage and understand treatment, i.e. the harmonious balance between complementary and allopathic therapies."* "I discovered a sense of community cohesiveness." *"I found my experiences rich with healing and meaning."* *"I gained a tremendous sense of wellbeing and self-awareness."* "I found the Retreat relaxing, invigorating and inspiring." *"A safe place to find one's self."*

Information about Positive Retreats is available by ringing 019 982525.

— John Trigg & Larry Wellings

Women's Retreat

THIRTY POSITIVE WOMEN, THEIR partners, carers and children had a fabulous time at the second Positive Women's Retreat, held at Kyabra from January 18 - 22. Horseriding, swimming, tennis and Bingo were some of the more frivolous pursuits, but top of the list in participants' evaluation of the event were the food and the diverse range of complementary therapies on offer. The women could take advantage of reiki, naturopathy, massage and polarity therapy, among others.

Informal support groups sprang up wherever a few women gathered to talk, but in one of the more structured meetings, women were consulted about their needs in drug trials (see KM1 story). Camp Goodtime volunteers looked after the kids and on Saturday night the children presented a great show.

We hope to run a longer report in the next *Talkabout*.

NAPWA's new president

A BIG CONGRATULATIONS TO ALAN Brotherton, the new President of the National Association of People Living With HIV/AIDS (NAPWA). Alan, known to *Talkabout* readers as PLWH/A Convenor from July 1992 to February 1995, has been Education Policy Advisor on the NAPWA Executive for the past year. He is currently a member of the Australian National Council on AIDS Committee (ANCA), AFAO's Education Working Group, and is a member of the Third National Strategy Reference Group.

On being appointed President, Alan had this to say: "NAPWA has made great gains in the past year under the leadership of Mark Counter and with an extraordinary effort from the entire Executive. I am looking forward to building on this position and seeing us move forward in what looks set to be a challenging year."

As *Talkabout* went to press, NAPWA was holding a planning day (February 18) to discuss priorities and set plans for the coming year.

KM1

THE KM1 HERBAL FORMULA TRIAL has developed women-specific case-record forms to record particular factors affecting women which can affect trial outcomes. These forms were developed in conjunction with HIV positive women. Trial Director Jan Kneen McDaid said the forms would set a precedent and could be used on other trials, including those of pharmaceutical drugs.

Kneen McDaid said more women are still needed for the trial. She said she can "assure women of total confidentiality" and added that the formula is perfectly safe for pregnant women.

Kneen McDaid has countered criticisms of the trial's protocol (double-blind, placebo controlled), pointing out that all participants will in fact receive herbs for nine months; those on the placebo arm will receive them

after the trial. She said she has yet to receive an alternative proposal for scientific conduct of the trial. Kneen McDaid also said that all participants will receive extensive care and monitoring from practitioners.

The trial is to be launched on March 11.

— Paul Canning

New on the block

A NEW AND POSSIBLY UNIQUE protease inhibitor (PI) is being developed in the US by Pharmacia & Upjohn. The drug is structurally different to all other PIs currently in clinical development. It's promising because it could provide a counter to the development of serious resistance, which may develop as these drugs come into widespread use. It's also likely that it won't have the same problems with cross resistance to other PIs.

After failures with the first two generations of this drug, the third generation is looking to be more potent and more easily absorbed. Upjohn are conducting pre-clinical studies of several third generation PIs in vitro (test-tube) and in animals, for potency, absorption and toxicity.

If all goes well, they are planning a human, single dose phase I study in the second half of 1996.

— Jules Levin, National Treatment Advocacy Project (US)

Crypto drug

A NEW DRUG FOR CRYPTOsporidiosis, which may be the best treatment yet for this nasty bug, is now in small clinical trials and a compassionate access program has been announced by developer UNIMED [but not in Oz!].

Excellent results from NTZ (nitazoxanide) have already been seen in a small Mexico City trial. All 14 of the people on this trial had their stools become negative for cryptosporidiosis. NTZ appears to be effective against many intestinal parasites and over 1,000 people have taken the drug so far, mostly outside the US. UNIMED recently stated a phase III trial for PWA in Mexico and a small study is recruiting in New York City.

(AIDS Treatment Issues)

Talkabout was a hit at Fair Day. PHOTO: PAIGE SLAN

Reproducing?

US PLWHA GLOSSY *POZ* REPORTS that almost all of the few documented cases of women passing on HIV to their infants through breastfeeding have occurred in women with a high viral load; that is, with a high level of the virus in their blood. This is usually the case just after seroconversion or in late stage HIV illness.

This adds weight to the arguments for making cheap viral load testing widely available in Australia. As more research is done, it may turn out that some positive women can breastfed their babies with minimal — or no — risk of transmitting the virus. At present, the World Health Organisation recommends that positive women in developed nations such as Australia, bottle feed.

US researchers have found that high doses of vitamin A — which has been found to reduce the incidence of mother to baby HIV transmission in an African study — may cause birth defects such as cleft palates and hydroencephaly (water on the brain). The dangerous dose was 10,000 IUs per day (twice the recommended daily allowance).

This information highlights the need for more information about safe but effective dosage levels. *Poz* magazine suggests women could use beta-carotene, an antioxidant vitamin which converts to vitamin A in the body as needed, and which appears to be safe for adults and foetuses.

NESBian video

DESPITE THE INTRODUCTION OF access and equity policies there is still considerable evidence to suggest that people from non English speaking backgrounds (NESB) remain disadvantaged, particularly in the areas of sexual health and HIV/AIDS. There is strong anecdotal evidence, for example, that people from non English speaking backgrounds who have AIDS present for treatment much later in their illness than those of Anglo-Celtic backgrounds. A training video produced by South Eastern Sydney Area Health Service (SESAHS) for health care workers called "Working With Diversity" spells out some of the issues that act as barriers to NESB people accessing HIV/AIDS services. It provides a framework

Briefs

O Gilead Sciences has asked the US Food and Drug Administration (FDA) to approve intravenous cidofovir (Vistide) as a therapy for CMV retinitis. Cidofovir's main advantage is that it need only be infused on a weekly or bi-weekly basis — compared to once or twice daily for other current treatments. However there is no evidence as yet as to whether cidofovir is actually more effective than ganciclovir and foscarnet, so if approved, the drug is likely to remain a second or third line therapy. Previous toxicity problems have been largely overcome.
(AIDS Treatment Issues)

O A small French study of homoeopathy used for allergies to Bactrim has produced favourable results. 20 HIV positive participants who couldn't tolerate Bactrim were given homeopathic doses of the drug over a 21 day period. 13 people tolerated the desensitisation and could then take Bactrim. Over the next six months, none of them developed PCP or toxo. The remaining 7 people "relapsed", developing rash and in some cases fever, when they resumed Bactrim. The researchers suggested their results be confirmed in a double blind, placebo controlled study.
(AIDS Treatment Update)

O A large comparative trial of 2 KS treatments suggests that newly FDA approved Doxil may be more effective than current standard of care for widespread systemic KS. Doxil, which is administered intravenously, is a widely prescribed anticancer drug. [There will be a special feature on KS in the April *Talkabout*.]
(AIDS Alert)

O 153 infants born during the study of AZT and HIV transmission in pregnancy, ACTG 076, have been followed up to 18 months of age. 78 infants had received AZT and 75 received placebo. The San Francisco Conference on Antimicrobial Agents and Chemotherapy was told that a comparison of the 2 groups showed no difference in a number of measures, including congenital abnormalities and physical growth and development. US researchers also told the conference that women who have been treated with AZT during pregnancy can transmit AZT resistant virus to their babies, resulting in a worse clinical course and earlier death for the infants. Dr Douglas Mayers, who presented these findings, suggested that it would be necessary to find alternatives to AZT. *(Australian Doctor)*

O IVF programs in Victoria have abandoned the idea of using washed sperm from HIV+ men to achieve pregnancies and instead are offering donor insemination to couples. Reasons include inability to guarantee the total removal of HIV from the sperm, and dangers to staff from the procedures used. *(Australian Doctor)*

O The FDA has approved clarithromycin for preventative therapy against Mycobacterium avium complex (MAC), following favourable clinical trial results.
(AIDS Alert)

within which these issues can be addressed and will hopefully act as a step to increase quality of services to NESB people living with HIV/AIDS. The training package was launched last World AIDS Day by NSW Deputy Premier and Health Minister, Andrew Refshauge.

For details of how to get the video, call Colin Clews, HIV/AIDS Program Co-ordinator, SESAHS on 588 6777.

— Michael Camit

Employment standards

CAN AN EMPLOYER REQUIRE YOU TO have an HIV test as part of a pre-employment medical? How much latitude must an employer give you if you need to take time off work for medical appointments or for periodic bouts of HIV-related illness? These are amongst the questions being looked at in consultations about the possibility of formulating employment standards under the Federal Disability Discrimination Act (DDA).

The DDA outlaws discrimination in employment against people with disabilities (including people with HIV/AIDS), but questions like those above are not clearly answered by the Act.

Once DDA Standards are formulated and put in place by the Attorney General, they have the same force as if they were part of the Act. The idea is to make rights and obligations clearer and easier to follow and enforce. They could do this by:

- setting out in more detail how the DDA applies to particular employment issues;
- defining concepts which the DDA either does not define, or only defines in general terms;
- setting out more detailed criteria to guide key decisions for compliance with the DDA.

DDA standards could have obvious advantages, but there are also potential problems if the standards are inappropriate or set too low. They could dilute or take away rights that people currently have under the DDA.

There is a national committee advising the Attorney-General on whether there should be DDA employment standards, and if so what they should be. The committee has representatives of employers, the ACTU, state and federal governments, and people with disabilities. The committee has issued a discussion paper and resource paper which have been distributed widely, and consultations are now underway. Consultations with disability groups are being co-ordinated by the National Coalition for the Development of DDA Standards, a coalition of peak disability consumer groups. Consultations have been held around the country during February. NAPWA is represented on this coalition by executive member Gary Glare.

People with HIV/AIDS who are interested in the development of DDA standards should contact Gary at VAC/GMHC in Melbourne. Ph: (03) 9865 6700.

— Michael Alexander

Olgas Personals

Sydney — Steve, sexy blue eyes, dark hair, 180cm tall, mid 30's, extra cuddly, extra chubby, extra passive, personality and sense of humour. Gives great erotic massage, seeking active horny compatible guy to 50yrs. Dark and/or uncut a bonus.

960305

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.

Talkback

Sarah's reply

Sarah, whose story was published in Talkabout (December/January) was sent a copy of the issue and wrote back to Susan Paxton, the author. This is her response.

I THINK I AM A CLEVER GIRL. I AM afraid of HIV and AIDS because in Zimbabwe there is not a lot of medicine to prevent AIDS. In rural areas girls the same age as me (13 years) have a lot of boyfriends and sex, but I am not interested in boyfriends. I spend a lot of time reading books and playing with my little sister, Anisha. I work with all my heart because life without education tastes like sour milk.

Some girls are pregnant when they are too young. When I reach the age of getting a boyfriend I will go to a doctor with my partner to get examined. So, in the year 2000, I will have a good life if possible. If I continue good habits my parents will be happy. I would love to keep my life safe because my family is poor. My mummy is good because she can tell me some little tricks about life. And I can see that my older sisters sometimes have a hard life. So I obey the laws of my parents.

In town people don't understand what AIDS is. There are few organisations about AIDS. So Zimbabwe needs a lot of teachers and medicines to prevent AIDS.

— *Sarah*

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

More ways to pack yer daks

Last month, Annoner Muss provided hints for dealing with . . . well, you remember don't you? Thanks to ***Anon Ermus*** *for adding some practical hints to the list:*

Hint # 26: Learn to knit (something to do while hanging about the loo for large parts of the day.)

27. Keep a good supply of reading matter in your toilet — for the same reason.
28. Make it a priority to buy soft toilet paper.
29. If possible avoid coffee and cow's milk.
30. Think twice before eating curry.

Do you have any suggestions? Send them in to *Talkabout*, PO Box 831 Darlinghurst 2010. Just do it!

Discrimination: your rights

Discrimination is, unfortunately, one of the more enduring hassles faced by people living with HIV/AIDS. However, thanks to the efforts of a number of people in our community over the past few years, we're now in a much better position to fight it. ***John Godwin*** *explains what you can do if you've been discriminated against.*

What sorts of discrimination are against the law?

It is against the law to discriminate against:

- a person living with HIV/AIDS;
- a relative or associate (such as a carer) of a person living with HIV/AIDS;
- a person who is thought to be a person living with HIV/AIDS (whether or not the person in fact has HIV/AIDS).

Discrimination on other grounds, such as homosexuality, race, sex and marital status, is also against the law. Discrimination includes unfair treatment and harassment.

Discrimination is generally against the law if it occurs in the following areas:

- employment and work related areas;
- provision of goods & services;
- accommodation;
- education (schools, colleges, TAFEs, universities);
- clubs and associations;
- access to or use of land;
- sport;
- Commonwealth laws and programs.

Not all discrimination is unlawful. There are exceptions provided by the law. For example, it is not against the law to refuse to employ someone if they are too ill to carry out the inherent requirements of a job. In any particular case, it may be necessary to consult a lawyer to find out if the law has been breached.

How do I complain?

To lodge a complaint of discrimination you should contact either the Anti-Discrimination Board NSW (ADB) or the Human Rights and Equal Opportunity Commission (HREOC).

You need to put your complaint in writing. You should do this by setting out the details of what happened in a letter addressed to the ADB or HREOC. It does not cost anything to lodge a complaint. Organisations such as the AIDS Council of NSW or PLWH/A, can lodge complaints on behalf of individuals.

The ADB or HREOC will then conduct an investigation into your complaint. They will contact the person who you are complaining against and request that they respond in writing to your complaint. They will try to settle your complaint without going to court. This may require a face to face meeting at the ADB or HREOC where a conciliator will try to reach a settlement which both parties are happy with. Unfortunately this process is quite slow. The investigation and conciliation stage can take several months, although both HREOC and the ADB have said that they will try to deal with HIV/AIDS related complaints urgently.

If a settlement cannot be reached, then to pursue the case further may require court proceedings. You will probably need a lawyer to help you at this stage!

Can justice be done?

Discrimination is generally not a criminal offence. The law does not provide for fines and penalties. Instead, the law provides that you can claim:

- compensation from the person who discriminated against you;
- an order that the discriminator stop discriminating against you;
- an order that the discriminator do something to redress your loss, such as provide or publish an apology.

Cases are often settled by an agreement to do something that will prevent further cases arising, such as:

- implementing a discrimination complaints procedure in a workplace;
- introducing anti-discrimination training;
- adopting a written non-discrimination policy.

HIV/AIDS vilification

Vilification is conduct which encourages others to hate, have serious contempt for, or severely ridicule people living with HIV/AIDS. To be against the law, the conduct must be public, such as

public speeches, media reports, the wearing of badges, publishing of books, or displays of posters.

Where vilification includes threats of physical harm to you or your property, a criminal offence may have been committed. Penalties for the offence of serious HIV/AIDS vilification are up to $10,000 fine or six months jail.

You can complain about vilification to the ADB.

Things to remember

- If you think you are being subjected to discrimination, *write down what happened* as soon as possible after it occurs. Your written record of conversations or conduct can later provide very important evidence to prove that discrimination in fact did occur. Include details such as times, dates and addresses where things happened, and details of witnesses. Diary notes often provide useful evidence.
- *Tell someone else* about what has happened as soon as possible. You may wish to tell a friend, or a professional such as a counsellor or your doctor. The fact that these other people can confirm that you complained about discriminatory treatment at the time it occurred is very useful evidence.
- Lodging a complaint is easy and free. It is up to you whether or not to pursue a complaint after it has been lodged, but *the mere act of lodging a complaint is important*. It ensures that a record is kept of how prevalent discrimination is in society, which makes if easier to argue for resources to be used to prevent discrimination, for example in education campaigns.

Want more information?

The laws which make HIV/AIDS discrimination against the law are:

- *The Disability Discrimination Act 1992* (a Commonwealth Act);
- *The Anti-Discrimination Act 1977* (a NSW Act).

More information about these laws can be obtained from the ADB or HREOC (see box below).

Copies of the laws can be obtained from a government bookshop or a Legal Information Access Centre (located at the State Library or regional libraries).

Legal advice and representation

Advice and representation can be obtained from:

- community legal centres, such as the HIV/AIDS Legal Centre (see box below)
- your local Legal Aid Commission office
- a private solicitor.

John Godwin is the President of the HIV/AIDS Legal Centre

Anti-Discrimination Board of NSW
Ph: 3185400, TTY: 3202376

The HIV/AIDS Legal Centre (HALC)
Ph: 206 2060
Monday night (by appointment)
at the AIDS Council of NSW,
9 Commonwealth St, Darlinghurst.

Provides free legal advice by a pool of volunteer lawyers on all HIV related matters.

We offer advice and assistance on: • insurance • superannuation • discrimination and harassment • wills • powers of attorney • treatment decisions • housing • employment • testing • travel • defamation • confidentiality • social security • any other HIV related legal matters.

HALC also provides a hospital outreach service at St Vincents Hospital and the Sacred Heart Hospice, primarily dealing with wills, powers of attorney and advance directives.

There is a large demand for HIV/AIDS related legal advice and assistance. If you would like to volunteer contact Carl Hook on 206 2060.

Human Rights and Equal Opportunity Commission Ph: 284 9600

Inner City Legal Centre
Level 2, 94 Oxford Street,
Darlinghurst
Ph: 332 1966

HOURS:
Monday - Thursday: 10am to 6pm
Friday: 10am to 5pm
Tues & Wed evenings: 6pm to 8pm

Inner City Legal Centre provides free legal advice, assistance and advocacy for people who live and work in the inner city area of Sydney.

The day service provides ongoing casework and legal representation in the following areas of the law: domestic violence, discrimination, unfair dismissals, victims compensation, Children's Court criminal matters and adult court criminal matters where appropriate.

The Centre's evening service provides general advice and referral. The Wednesday night service is run in conjunction with the Lesbian & Gay Legal Rights Service. Advice provided includes: debt/credit, tenancy, criminal matters, apprehended violence orders, family law, employment including unfair dismissal and mental health.

Kingsford Legal Centre
11 Rainbow Street, Kingsford
Ph: 398 6366

Kingsford Legal Centre provides free legal advice and representation to residents of Botany and Randwick Council areas on a variety of general legal matters. The Centre has an expertise in discrimination law and provides representation in discrimination complaints to people from all over NSW. The Centre is run by the University of NSW Faculty of Law and acts as a clinic for law students.

If you would like to make an appointment about a discrimination matter contact the Centre.

Public Interest Advocacy Centre (PIAC)
Ph: 299 7833

PIAC is an independent legal centre specialising in public interest litigation and policy. Health and human rights issues have been a consistent theme in PIAC's work over 15 years. In the last three years it has worked on HIV/AIDS issues, including superannuation, breach of confidentiality and discrimination cases. One of its largest human rights cases is a representative action under the Disability Discrimination Act against Sydney University for its policy that HIV and Hepatitis B positive students cannot complete medicine and other health courses.

We made it . . . fuck you!

You plan the tour of your dreams — say to Xanadu. You book, mention to the travel agent that you're HIV positive, because you're interested in travel insurance. They tell the tour operator, who informs the Xanadu immigration authorities: Sorry folks, we don't have AIDS here, you can't come in — ever. You get angry? You bet. This happened to positive woman ***Kath Vallentine*** *and her partner* ***Leni Stoker****. Gee Xanadu, you picked on the wrong people this time. Kath and Leni took their case to the Anti-Discrimination Board (ADB). Not much skin off Xanadu's nose, but the travel agent and tour operator are* ***really*** *sorry now, having paid out an undisclosed figure in compensation. Kath and Leni describe the process of going to the ADB.*

Why did you decide to take legal action?

Kath It came about quite by accident really. We ran into someone who had a friend who worked with Legal Aid and was a specialist in HIV discrimination.

Leni So she got the ball rolling. She was fantastic, and very good with the emotional stuff, which was the hardest thing — the devastation of somebody taking away a dream. That's why the settlement that they gave us was such a coup. People were saying that they don't give decent compensation for emotional distress, and yet in this instance . . .

Kath We got four times what we thought we would get. The majority of the work was set up by a solicitor at Legal Aid, then she left her job and transferred us to Liza Carver at the Public Interest Advocacy Centre (PIAC).

Leni PIAC are fantastic and this is an area they're very interested in.

Kath It's also an organisation we think is very good at this sort of thing.

Leni They really want as many cases as they can handle because they want some precedents set in the area of HIV discrimination and partner discrimination. I think that's what a lot of people don't realise, that if it affects Kath it affects me too. At the time people were saying, "Oh, Kath's not allowed to go, that's really awful", and I'd say, "well I'm not allowed to go either".

Kath It's that invisibility of the partner and the carer.

[**Lisa Carver Comments:** PIAC is interested in other HIV/AIDS discrimination cases, but we only take on cases which raise systemic issues. We were interested in Kath and Leni's case because it raised the whole question of whether disclosure of status could contravene the Anti-Discrimination Act. Because Kath and Leni's case was settled before trial we still do not have a legal precedent on this question.]

Could you tell me a bit more about the process of getting legal aid?

Leni The first thing we did, was we took a different trip around the world. Our solicitor really pushed us to do that, kind of 'get back on the horse'.

Kath We did that while she was trying to get the money back from the other trip we'd cancelled. She was really emotionally encouraging, because we were nervous about whether the travel agent would stall with returning the money.

Leni Or whether there was some sort of computer link up — I still get nervy whenever we go through customs somewhere, has this information got out somehow, to another country? When we got back we had to go in and see her quite a lot. I think this probably depends on who your solicitor is — and if you're not satisfed with your solicitor, find another one. The whole process was actually really, really good — because we had to go into what had happened at a depth that you don't go into when you're talking with a friend over a cup of coffee.

Kath We did relive it, didn't we? But it was an important part of the process of getting over it too, to explain it in such detail. I'd always wanted to go to this particular place. It was a trip that was planned while I was hospitalised for depression and it was something that Leni was using to sort of bolster me up and then it was taken away. So there was a lot invested in it.

Leni We'd have to go through the whole thing, I'd end up crying sometimes. Kate would be typing it up and saying, "this is so awful, this is terrible. I'm so sorry this happened to you". It was really good — after it happened I'd cut off quite a lot and developed this 'oh, fuck them' attitude and having to go through it all helped to shift a lot of that. So the process of going through the ADB was

PHOTO: PETER ELFES

actually really important as part of the healing process — standing up for yourself and being heard, investing some time in your feelings.

Kath Our first solicitor brought us through the emotions and the facts. By the time we got to Liza we were pretty well clear on what we wanted and how much we wanted and we'd got over the emotional part of it.

Leni All the documents were ready when she finished, so Liza just had to recheck them and put them in to the ADB and follow it all through. We were quite surprised when they settled.

Kath It was the day before the hearing, when they said okay, we'll give it to them. Because they didn't want to look stupid in court I guess.

Leni They had no defence. A lot of what they tried to do was fuck us around in the hope that Kath would get sick and die, or we'd get sick of it and give up, there'd be too much stress. The fact that we had really good solicitors meant we didn't have much stress. All we had to do really was, we had a lot of appointments in the beginning, a few appointments scattered further on, a few phone conversations, a couple of decisions to make and that was it. Maybe with a different solicitor we would have felt we needed to do more, but we knew we were in entirely capable hands.

Kath We'd also had a lot of support, friends and professionals said, "this is terrible, it's really good that you're doing something about it." That encouraged us too. In the end, it has been an empowering thing, to think we did it, we did fight them, I'm not a weak little PLWHA with a wussy partner, we are people who stand up for our rights.

What would be your take-home message to people experiencing discrimination?

Kath PLWHA have the power to do something about things. Don't give up, stand up for yourself. You've got rights. Get support — find the right support. If you get the right people, it's not as stressful as you think it might be to take action and it's really important to take action. It's a very satisfying process, to get results. If you've got a really clear cut case like ours was, then it's easier. Even in other discrimination cases where it's not so clear, getting advice about whether to pursue it is a good idea.

In our case there wasn't a precedent set because they settled before the hearing, but if a precedent is set other positive people are protected in the future.

I'm also interested in your original decision to disclose to the travel agent — people who read this story might think, oh no, I won't do that!

Kath I decided to disclose because I was very interested in having travel insurance in case I got sick. Leni didn't want me to do it because she knew that no-one would give me insurance. The problem is that the travel agent is outside the gay ghetto, I suspect they'd never met a positive person before. I regretted it, but we ended up going to a travel agent in Oxford Street who dealt with a lot of positive people and was absolutely fine.

Leni The travel agent was gossipy and big-noteing themselves. By paying us the compensation they did, they admitted they'd really fucked up and shouldn't have said anything.

The tour operator was being malicious and was truly discriminating against us, and that was their motivation for telling the government of the country we'd wanted to go to. But the two things go hand in hand. If the travel agent hadn't told them, they couldn't have passed it on. The fact that the ADB said we had a good case and accepted our complaint and that they eventually settled confirms to me that we didn't make the mistake by telling them, they made the mistake. We have a right to respect for confidentiality always.

I just went mad after it happened, I had all these plans to pay someone to get us into the country somehow.

Kath She was aware it was a dream of mine to go there, that she wanted to fulfill. Our options were taken away from us.

Leni I was going to sneak us in and then carve our initials on their national monuments: Leni and Kath made it, fuck you!

Interview by Jill Sergeant

Should our rights die with us?

Many people would probably answer that question with a resounding "No!" But the Federal Court handed down a decision on December 15, 1995 which significantly undermines the effectiveness of federal anti discrimination laws. The Court decided that a discrimination case, lodged with the Human Rights and Equal Opportunity Commission (HREOC), cannot proceed because the complainant died before the case was heard. ***Julia Cabassi*** *discusses the implications for positive people.*

ALYSCHIA DIBBLE LODGED A discrimination complaint in November 1994 because she was denied the right to participate in an HIV drug trial and alleged that the decision constituted sex discrimination. Ms Dibble died before her complaint, under the *Sex Discrimination Act*, was finalised by HREOC. The complaint was continued by the executor of her Estate. In April 1995, HREOC terminated the complaint because of Ms Dibble's death. The executor of her Estate appealed the decision to the Federal Court, which dismissed the appeal. The executor has now lodged an appeal to the Full Court of the Federal Court.

This decision has far reaching implications because all Federal anti discrimination laws, the Race Discrimination Act, Sex Discrimination Act and Disability Discrimination Act, are silent on whether the Estate can continue a discrimination complaint when the complainant has died.

While the decision is a blow to the effectiveness of Federal discrimination remedies generally, it has particular significance for the rights of HIV positive people. It is common for HIV discrimination complaints to arise at a time when the complainant is ill, for example getting access to superannuation entitlements. If the complainant dies, then this decision means that the complaint cannot be continued by the complainant's Estate.

Given the delays so often a feature of discrimination complaints, what will stop superannuation companies from sitting on their hands and waiting for HIV positive people to die? It is not hard to imagine numerous other scenarios under Federal anti discrimination legislation which will result in injustices where complaints terminate on death and the unfairness that will result from this decision cannot be underestimated.

The result flies in the face of the purpose of anti discrimination legislation. The fact that the complainant dies before the complaint is heard should not mean that those who discriminate get off scot free. Community organisations have responded quickly to alert people to the problems that will result from the decision and to ensure the consequences are addressed. In a joint media release the Australian Federation of AIDS Organisations (AFAO), National Association of People Living with HIV/AIDS (NAP WA) and solicitors for Ms Dibble's Estate, Inner City Legal Centre, have called on the Federal Government to amend all Federal anti discrimination legislation.

AFAO, NAPWA and the Combined Community Legal Centres Group of NSW intend to invite other non government organisations, whose communities will be affected by the decision, to join them in a broad based campaign to lobby the government.

The unheard issue

It is a particular disappointment for positive women that Ms Dibble's complaint has not been heard by the HREOC. Ms Dibble's case was one of great significance as it was set to test the accountability, under anti discrimination law, of drug companies and ethics committees designing and approving protocols.

Alys Dibble lodged a discrimination complaint because she was denied the right to participate in an HIV drug trial, solely on the grounds of her child bearing capacity. She sought to participate in the phase one trial of a protease inhibitor developed by Abbott Laboratories, conducted by St Vincents Hospital. Clinical drug trials are conducted in accordance with clinical trial protocols, provided by the drug manufacturer. The relevant clinical trial protocol in Ms Dibble's case states that a female must not be of child bearing potential due to at least one of the following reasons: post menopausal for at least one year; hysterectomy; or tubal ligation with a negative pregnancy test.

Ms Dibble was 49 years of age at the time tests were undertaken to determine her eligibility for the trial and was not post menopausal at that stage. In early June 1994 she was advised that she was ineligible for the trial on the basis of the protocol. Ms Dibble instructed that there was no risk of pregnancy as she had not engaged

CONTINUED ON PAGE 19 ➤

Contacts

Pull Out

AIDS Council of NSW (ACON)

Commonealth 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.

NSW World AIDS Day Project For information on the World AIDS Day program or contacts in your area contact Michael Reid (02) 588 6777.

NSW World AIDS Day Education Office The World AIDS Day NSW project provides HIV/AIDS education using the Australian AIDS Memorial Quilt. Contact Sue Clark (02) 331 4758.

Quilt Project Sydney Memorial project for those who have died of AIDS. 360 7669.

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.

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; international healing; shiatsu; yoga & meditation; child care facilities; library; sewing facilities; pool table. We also have access to a retreat throughout the year. All our services are free of charge. 20 William Lane Woolloomooloo. 357 3011.

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

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

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

VOLUNTARY EUTHANASIA SOCIETY OF NSW INC. 212 4782.

CLINICS & HOSPITALS

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

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

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

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

HAEMOPHILIA UNIT Royal Prince Alfred Hospital. 516 7013.

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

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

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

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

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

PRINCE OF WALES Children's Hospital (Paediatric AIDS Unit) High St Randwick. 382 1653. Dental Clinic, Avoca St, 399 2369.

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

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

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

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

ST VINCENTS HOSPITAL HIV MEDICINE UNIT Victoria St, Darlinghurst. Multidisciplinary HIV specialist care including medical, nursing, counselling, physiotherapy, occupational therapy, nutritional advice and community liaison. Switch 339 1111. **Inpatient care**: Ward Cahill 17, 361 2337/2285. **Outpatient care**: Immunology B clinics, Tu, Thur and Fri AM by referral, 361 7111. Ambulatory care/Urgent triage nurse practitioner on call, 339 1111. Clinical Trials, 361 2435. Dental Department, 361 7129.

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

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

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

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

EMOTIONAL SUPPORT

ACON COUNSELLING SERVICE Call 206 2000 for appointment.

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

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

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

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

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

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

POR LA VIDA Un servicio de informacion y apoyo para personas afectades 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 peoiple 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 Thearies 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 690 1222.

STANFORD HOUSE provides short term crisis accommodation for people living with HIV/ AIDS and their loved ones. Referrals through ACON 206 2000 or social workers.

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 CENTRE INC Wed 12noon-4pm (lunch) & Fri 7.00-10.30pm (dinner) (047) 82 2119 or Sue (047) 591611 or Franc (047) 821853.

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.

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

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. Des (043) 29 3341.
NSW ANTI-DISCRIMINATION BOARD Newcastle. (049) 26 4300.
NEWCASTLE GAY FRIENDSHIP NETWORK Peer support, workshops and activities for gay men under 26. ACON (049) 29 3464.
POSITIVE SUPPORT NETWORK Emotional/ hands on support for PLWHAs on the Central Coast. Lesley Digram (043) 23 2905. Suite 3, No6 Burns Cres, Gosford 2250, PO Box 2429 Gosford.
THE LAKES CLINIC (Tuncurry) A sexual Health Service. Bridgepoint Building 2nd flr. Manning St. Thu 10 -2pm. Free and confidential.(065) 55 6822.
WOMEN'S HIV/AIDS & SEXUAL HEALTH SUPPORT NETWORK For positive women, their partners and friends. Awareness raising. Helen (049) 524362.

NEW ENGLAND & NORTH COAST

ARMIDALE HIV EDUCATOR Melinda Spinks (067) 73 4 712.
BLIGH STREET SEXUAL HEALTH CLINIC. (Tamworth) Free & confidential STD/HIV testing & management. (067) 66 3095.
CHAPS OUT BACK (Coffs Harbour) Confidential support, advice & social activities. Hydrotherapy & gym classes Tues/Thurs. John (066) 51 2664 or Victor (066) 51 6869 or Chris (066) 52 1658.
CLARENCE VALLEY PLWHA Support Group. Peter (066) 46 2395.
CLINICAL NURSE CONSULTANT Karin Fisher Providing service to barwon, Lower North Coast, New England & North West (067) 66 9870, page 016 020 x 61 1476.
CLUB 2430 (Taree) Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Rob (065) 532 947 or Michele (065) 533 349.
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 Darriea Turley. Community Health Centre. (080) 88 5800.
DUBBO/MUDGEE SEXUAL HEALTH/HIV SERVICE Robert Baldwin. HIV/STD Worker. Community Health Centres Dubbo (068) 85 8937 & Mudgee (063) 72 6555.

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
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ILLAWARRA
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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
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SOUTHERN SYDNEY
Colin Clews
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SOUTH WEST REGION
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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

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**

➤ FROM PAGE 14

in sexual activity with men for many years and identified as a lesbian.

Women's lack of access to drug trials generally and the implications of this are not new issues. In 1990, *Time* magazine reported concerns with the lack of women-specific data and flagged the significance of this in the context of HIV/AIDS. Andrew Purvis reported that "medical testing done on entirely male subjects may be adequate when a disease strikes women and men in the same way, but a growing body of research shows that this is often not the case." He examined the implications of women's exclusion from HIV drug trials, explaining the central issue of concern:

"At a time when women are the fastest growing group affected by AIDS, there is troubling uncertainty about whether treatments or the disease itself are affecting women differently from men."

Strict inclusion criteria for women are not uncommon in clinical trial protocols because drug companies do not want to risk the possibility of legal action against them. The fact that a woman has provided her informed consent to the risk involved in participation in a drug trial would not stop a child born with birth defects as a result of the mother's use of the drug, from suing the drug manufacturer. In the case of the Abbott protocol, there was no consideration of whether the potential to become pregnant is a real one and what means can be adopted to ensure that a woman can participate in the trial.

The implications of this situation are twofold. Firstly, women can face unnecessary hurdles accessing new HIV treatment options and secondly, data is not being collected on the specific effects of HIV drugs upon women.

Generally speaking the inclusiveness of HIV drug protocols for women in Australia has improved in recent years, but the Abbott example shows how it is still possible for one company to be significantly out of step with what could be considered reasonable and responsible. The responsibility for ensuring equitable access for men and women has fallen to community treatment activists who have representation on ethics committees. However, Ms Dibble's case could put responsibility back onto drug companies to comply with anti discrimination laws in Australia.

Likewise in the US, The Food and Drug Administration (FDA) published new guidelines for the enrolment of women in clinical trials in the USA in 1993. In revising the 1977 policy that had excluded women of child bearing potential from the early stages of drug trials, the FDA stated:

"In order to fully evaluate the potential for gender differences in drug effects, FDA urges that women of all ages be studied, including early in drug development. There is no longer any restriction on the enrolment of women of child bearing potential in even the earliest phase of clinical trials . . . The new guidelines call for appropriate measures for minimising the risk of foetal exposure, such as pregnancy testing, contraception and provision of full information about potential foetal risks."

The rationale for the change to the FDA's guidelines was to ensure that there is adequate assessment of the impact of drugs on women. The move to amend the guidelines was a response to the fact that the 1977 policy was paternalistic because it denies women the right to make decisions on the risks they wish to take.

The trend in the USA in recent years has also emphasised the need to target a cross section of the HIV community in all drug trial research. It is unlikely that such a cross section of participants is possible while the criteria for inclusion remains restrictive and drug companies continue to offer trails on the basis of such protocols.

AFAO's current position on women's access to drug trials is to argue:

- for increased access to trials for women, to address the dearth of gender specific data by actively moving towards the collection of women specific data in all trials and
- that 'child bearing capacity' should not be a valid criteria for participation in any trial.

This is essential to AFAO's view that the demography of drug trial profiles should reflect the demographic of epidemic and that the National Health and Medical Research Council should develop a policy to ensure that this occurs.

At this stage, it remains to be seen whether this case will proceed to test the waters on whether the protocol in Ms Dibble's case contravenes the *Sex Discrimination Act*. The case raises issues of public importance. It is imperative for HIV drug testing to investigate the impact of new drugs on women and to ensure that HIV positive women have equal capacity, alongside HIV positive men, to access new treatments at the experimental stage.

Julia Cabassi is a solicitor at the Inner City Legal Centre.

Glossary

Complainant The person who lodges a complaint.

Demographic A group of people as defined by particular characteristics eg. gender, age, sexual preference.

Estate The property and financial assets and liabilities of a person who has died. The Estate can also be their legal interests — in Alys's case, her discrimination complaint.

Executor The person appointed by the Will to carry out the wishes of someone after their death, eg. settle financial and legal affairs, distribute their property. The executor represents the person's Estate.

Protocol The conditions under which a trial takes place, agreed to by all participating parties, eg. number of hospital visits, drug dosages, other drugs being used.

Positive users — *show a little support*

In the second of our series on positive users, ***Tony Rance*** *discusses the support needs of HIV positive people who inject drugs.*

AN HIV POSITIVE GAY MAN WHO regularly injects drugs attempted to join a local support group for HIV positive people in his area. He attended the first night and was accepted into the group. When he attended the second time he brought up the issue of his injecting drug use, as he was experiencing difficulties with this at that time.

Immediately after his disclosure he was told by the facilitator that people who were on drugs were not admitted into the support group. He tried to take the discussion further by stating that he wasn't out of it now, but he wanted to discuss how he was feeling about his drug use generally. The room suddenly became quiet, other members of the group would not meet his eye.

The facilitator ignored his comments and changed the subject completely. In the break the people he had talked to at the previous group avoided him. He did not go back to the support group after this. He was reluctant to use the services of the organisation running the group and was left feeling invalidated, isolated and alone. [Ed: Many organisations have complaints procedures for dealing with situations like this, call them to complain.]

When I talk about the support needs of HIV positive people who inject drugs, what I am really talking about is the support needs of HIV positive people generally, without the moral judgements, attitudes and values people place on drug use.

The reasons HIV positive Injecting Drug Users (IDUs') support needs have to be distinguished from the support needs of the broader HIV/AIDS communities is because of the negative treatment and discrimination many positive users face when attempting to get support. In a sense HIV positive people who inject drugs are ghettoised.

We as a community don't do the same thing with alcohol use. People who drink alcohol are not refused support or turned away from HIV services purely on the basis of their alcohol consumption. We don't set up a special support service just for HIV positive people who drink alcohol and don't feel there is a problem with their alcohol use. And we certainly don't ostracise our HIV positive peers just because they may have had too much to drink the night or day before.

What is an injecting drug user?

There are some HIV positive users who have no more difficulty using support services than any one else. They still inject like any other user but they don't get the same treatment because no one knows they use drugs, they haven't dared to tell any one. The problem is that they often miss out on vital information, have their symptoms misdiagnosed and aren't able to get all of their needs met because they can't be honest about what all their needs are.

People who choose to inject drugs come from all walks of life, in fact the majority of people who inject drugs hold down jobs, are 'productive members of society', look just like you, and you probably have contact with them in a variety of ways in your everyday life. People who choose to inject drugs (even dependent users) aren't all out of it and messy all of the time. Just the same as not everyone who chooses to drink is drunk all of the time.

HIV related professionals provide services to many HIV positive users and don't have a problem with it, because they don't know their clients use.

There are a lot more positive users out there than the HIV community realises, it's just that we have made it such a hostile environment in which to disclose injecting drug use.

What is support?

There are a variety of areas that the word support covers: emotional support, therapeutic support i.e. counselling, therapy etc, physical support, financial support, peer support and information support.

The most important thing for positive users in trying to get these kinds of support is that they need to have access to a range of options and their choices about what kind of support they need at any given time need to be respected.

In 1993 the NSW Users & AIDS Association (NUAA) conducted a small scale needs assessment targeting HIV positive IDU in the inner city. The needs assessment focused on identifying what kind of support group, if any, they needed. Twenty people completed interviews. The results indicated that there was a need for some kind of support group specifically for HIV positive IDU. Most of those interviewed felt they had been turned away or discriminated against by the existing support groups offered to HIV positive people. They were asking for a social support group which would meet on a weekly basis and share a meal.

They felt this would allow them to discuss in confidence and without fear of discrimination the issues they were facing as HIV positive IDU. The model of support they were describing was

different from the traditional therapeutic style of support group currently on offer. They felt they needed somewhere to relax socially rather than off-load emotionally. The fact was that no-one had ever asked them what they wanted or if the existing models of support were meeting their needs.

GLIDUP currently offer a similar style of support group to HIV positive gay and lesbian IDU called PIG. For more info call them on 206 2096.

Often problems arise for service providers when a positive user comes to them saying they really want to stop using. They assist the person with developing a range of strategies and support to achieve this, only to have the person turn up next week out of it. The thing that we often don't realise is that a person may choose abstinence as a coping strategy one week, and find that the issues they are facing next week are such that they can cope better with some chemical assistance. This choice does not make them less deserving of time or support than the abstinence choice they made last week.

I have heard many counsellors say that they can't work with positive people who inject drugs if they are out of it. Different drugs can affect individuals differently. Just because someone has used a drug it doesn't necessarily mean that they won't be able to understand or remember what you say to them. I think that very much depends on what the positive user wants from the counsellor at that time. They may just want someone to listen to them and not be judgemental, or to assist them in organising some practical support. In that case that's all the counsellor needs to do to meet their needs at that time.

There are some schools of thought that say you cannot do any therapeutic counselling with people who are drug affected. Even if that is the case, it does not make it acceptable to turn that person away. That's the last thing they need.

Refusing HIV positive users service on the basis of their choice to use drugs is pure discrimination, and totally unacceptable.

Many people who inject drugs suffer from internalised userphobia in much the same way as some gay men suffer from internalised homophobia. This can result in positive users feeling like they only deserve support when they are drug free. These feelings are reinforced every time they are told that they can't get support until they are drug free. What that can mean for some positive users is that they will not try to access any form of support, particularly if they are having difficulty with their drug use or choose not to aim for abstinence as their goal.

Often the most useful information and support a positive user can be offered is that which will help them manage their drug use so that it does not disrupt their lifestyle too much or leave them too out of pocket. Unfortunately there are not many workers prepared to openly discuss strategies to maintain and manage drug use. There is a fear that this will be seen as promoting drug use rather than supporting a client's choice and assisting them to meet their own goals.

Finally, I have focused mainly on the kinds of support offered by services, but access to peer support is just as vital if not more important than the support offered by service providers. Unfortunately peer support for HIV positive users is rare. Even though more and more positive people are choosing to inject drugs the issue is not discussed at all. It's okay to talk about snorting speed or dropping ekkies at a dance party but shooting up is too dirty.

The effect that this attitude has on positive users is devastating. This kind of discrimination is effectively cutting them off from possibly the most important form of support that exists: support from other people living with HIV/AIDS.

The only way we will break down the stigma attached to people who choose to inject in the HIV positive community is to start talking openly and honestly about this issue. It's the only way we can start to bring together HIV positive people who inject so they can face together the trying and often unique issues that they share. ◆

Intimate Negotiations

Sex! More sex! Safe sex! HIV sex! HIV-free sex! We're doing it and we've been talking about it in the gay community. The discussion has centred on using condoms, shared responsibility, drug-use and sex and lots more HIV prevention issues. No doubt we will continue to discuss and debate these issues but, says ***Scott Berry****, there is another dimension that seems ripe for debate.*

INTIMATE RELATIONSHIPS ARE ONE way we celebrate ourselves in the gay community. Most wish for a long term lover and so an ability to establish and maintain such relationships is important to us. In the past some gay men have used relationships as a strategy to avoid HIV transmission. It must be quite confronting for these men if they suddenly find themselves with an HIV positive partner — especially if there has been some unsafe sex within the relationship.

Negotiating intimate long and short term relationships between sero-discordant couples and the problems which arise is something that AIDS organisations are considering. Relationships are a place where an increasing number of sero-conversions seem to be occurring.

The difficulties experienced by sero-discordant couples needs some serious attention but not just because of the sero-conversions. The 'One Community' campaign names rejection and discrimination as big issues for HIV positive gay men. I think that it is in negotiating relationships that positive gay men experience some of the most intimate discrimination. So, now I'm going into Agony Aunt mode; let's explore 'rejection'.

Discussing relationships and the effect of HIV positive partner's status is difficult. It's hard to know what kinds of behaviours and feelings are due to HIV status or due to some other factor. It all becomes a little blurry. Culturally, I think it's hard for HIV negative men to admit they're confronted by their partner's HIV status and so there can be a lot of confusion around such feelings. It's not politically correct to reject someone because of their HIV status.

> ***" I think that it is in negotiating relationships that positive gay men experience some of the most intimate discrimination."***

It's also quite clear that HIV negative men don't receive a lot of support when they're in a relationship with a positive partner. Friends may focus on the risk of infection and not on the issues of importance to sustaining the relationship. AIDS organisations offer little support to negative partners of positive men.

Yet, having a relationship with someone with a life threatening and sexually transmitted illness is an intense experience. Some people just don't want to do it. Others don't have the capacity to do it. For those HIV negative gay men who attempt it I imagine there are a number of hurdles to jump. There is the basic fear of infection and as the relationship grows, a sense that HIV and condoms get in the way of intimacy. Sharing body fluids can be an extremely intimate and loving thing to do and so it can feel frustrating for both partners to be denied.

There are some negative men who find they want to share the virus with their partners because they don't want anything to come between them — some of them become HIV positive. The notion of dying together — a kind of Romeo and Juliet scenario — was described as deeply romantic by a negative friend of mine who'd just lost his positive lover. I wept. It's also a sad image.

Falling in love with someone who is HIV positive must feel risky and it must take great courage to persist in spite of the fear. I think this is true no matter what your status. The romantic notion that 'love is forever' is one which persists in spite of AIDS. It must be overwhelming to deal with the idea that one's partner might get ill and die.

Although I'm HIV positive I'm speaking about these issues from an HIV negative perspective because I don't hear any negative gay men talking about their feelings in this area. I wonder if this is because there is no 'licence' to do so in our culture. We (that is, our community and our organisations) haven't made space for HIV negative gay men to discuss their feelings about living with HIV. I don't believe that negative gay men will feel able to discuss these issues until positive men urge them to. Also, AIDS organisations need to initiate supportive spaces for negative gay men to open up about these issues.

The AIDS Council of NSW is about to run a series of Relationships Workshops for gay men. I understand they intend to address issues for negative and positive gay men in sero-discordant relationships. This is only the beginning of a serious and committed response to supporting HIV negative gay men.

Now, before I continue I want to make it clear that I know of many 'successful' (whatever that means) sero-discordant gay relationships. But I think it is useful to discuss some difficulties that positive gay men can experience in negotiating around sero-status. HIV positive gay men can be rejected for all sorts of reasons and HIV may of course not be a factor. Sometimes I've been guilty of blaming my HIV status because I haven't really wanted to see the truth. But the silence around the feelings of negative partners makes it hard to know if it isn't at least a co-factor in many rejections.

In this sense being told 'I don't want to see you because you're HIV positive' is the easiest of all the scenarios. It's immediately painful but easier because it's clear — I know why I'm being rejected even if it feels painful and I feel powerless to change it.

The first time I was rejected because of my HIV status it felt like I had become untouchable. The man was making noises about marrying me despite the fact we'd met only two hours earlier and I didn't yet know his name. Once I'd told him I was positive he was suddenly petrified of me. In those few seconds I had quite clearly transformed, in his mind, into someone (some-THING!) disturbing.

Needless to say I left as quickly as I could. But the situation has scarred me and the way I approach disclosing to partners is forever affected by that experience and others since. It is this kind of experience that results in many of us choosing not to disclose to our partners. I defy the law in this regard. I absolutely refuse to disclose my status to every single sexual partner I 'liaise' with. Arrest me if you will (please use handcuffs!).

Negotiating HIV in a relationship can be painful. When first diagnosed, some positive gay men feel wounded by their partner's fear of their body fluids. Even now, although I feel it's important to discuss it and inform my intimate partners it can still feel like I'm a leper.

Graphic: Bo Vilan

HIV positive gay men in Sydney find it easier to get sex than to establish and maintain intimate relationships (although I think this is true for gay men generally). Sometimes it's been quite clear that HIV status is the problem. This has arisen either immediately after disclosure or after months in the relationship. Sometimes, because of the silence in this area, it's difficult to know if the rejection is based on HIV status or something else. But I hear of more and more rejecting experiences from many positive gay men who find it increasingly difficult to maintain sero-discordant relationships.

There are also positive men who reject their negative partners because they're looking for a positive partner in order not to use condoms. The specific scenarios vary and are usually painful for both parties.

HIV positive gay men also experience difficulties during milestones in their relationships, for instance, taking out a loan to buy a new car or discussing and arranging a mortgage on a house. The tension between wanting to move deeply into the responsibility of the relationship and wondering if they are putting themselves under undue pressure for little gain can be difficult to negotiate. These periods can sometimes result in the breakdown of the relationship because of the differences in the 'sense of future' that are present in sero-discordant relationships. But I don't claim to be an expert on this. I haven't actually had a relationship that's gotten to the stage that we've considered buying a house or a car (yes, I admit it, I'm a failure).

Legislating against discrimination or rejection at the level of intimate relationships is not only impossible but also ludicrous. Who would support it? We all have our preferences. We have our emotional and inter-personal limitations. On one level I am quite supportive of negative gay men who are clearly 'freaked' by my HIV status. They have the right to choose not to deal with it. I will defend that. But I am offended by it. It leads me to a sense of sexual isolation. Many of the positive gay men that I speak to also feel a deep intimate and emotional isolation. ◆

A bizarre appointment

Sometimes, you've just got to venture away from the HIV specialists for health care. And it can be a jungle of HIV ignorance out there, as ***Paul Maudlin*** *found out.*

FOR SEVERAL MONTHS I'D BEEN experiencing this odd gagging sensation in my throat. I thought it may have been associated with my hiatus hernia, which sometimes causes severe gastric reflux if left without medication for too long.

After I was unlucky enough to get the flu, the gagging sensation seemed a lot worse than before. I finally decided to open my gob and attempt to see once and for all what (if anything) was causing the awful sensation. My examination revealed that my uvula (the small fleshy conical body that projects downwards from the middle of the soft palate) was swollen and touching my tongue. No wonder I felt like gagging!

I phoned my doctor and arranged a quick visit. I was right, the uvula was in fact bigger than it should have been and my doctor decided that he would refer me to an ear, nose and throat specialist for possible laser surgery to correct the problem. So, the very next day I went to see a specialist.

After handing in my referral, filling out a personal particulars form for the receptionist, (which included disclosing what medications I was currently taking) and having a hearing test I was ushered into the doctor. The first thing that I noticed was a framed certificate awarded to the doctor for 20 years meritorious service to the community. My first impression was that he must know his stuff.

Discarding both my referral and patient card, the doctor said, "I'd like you to explain your symptoms to me, and then I'll examine you. Sometimes I find there is a mismatch between what the patient is experiencing and why their doctor is referring them to me."

After the examination, he declared that I simply had a wart which had grown on the end of the uvula and he would cut it off then and there. Anaesthetic cream was applied, then the doctor (who neglected to wear gloves) got his assistant to hold my head from behind, while a nursing sister held a large silver plated tongue depressor to keep my tongue out of the way while the wart was being cut off. What seemed like ages was in reality only a couple of minutes and the wart was gone.

The instruments used were still sitting in a polystyrene tray while the doctor dictated a letter back to my own doctor. While updating my patient card, he noticed that I was taking AZT and asked why. I replied, "I am HIV positive."

The air could have been cut with a knife. The doctor tried to remain calm but went into instant panic mode. The assistant picked up the instrument tray and was on the way out when the doctor called after him "Make sure you autoclave those, won't you?" His reply was simply: "I'd already thought of that."

While he was gone, the doctor excused himself and went in search of the nursing sister who'd assisted earlier. It didn't take much imagination to guess why. On his way back into the room I overheard him say, "Make sure you wash your hands". Meanwhile, the assistant returned and proceeded to wash his hands like I've never witnessed before in my whole life.

While this mini whirlwind was being performed around me, I remained where I was, without any other verbal contact and feeling very embarrassed and humiliated. It was the first time I'd experienced any sort of discrimination as a positive person. I never want to be placed in such a position ever again. To make things worse he'd already prescribed anti-inflammatory drugs (which apparently suppress the immune system) and then told me to seek the approval of my own doctor before taking them.

Just when I thought it was time to leave, the doctor, believe it or not, pointed to the referral (still sitting on the desk) and asked his assistant what it was.

Finally, it was time to leave. As a saving grace the doctor told his assistant, "We will bulk bill this one, this gentleman has enough expense to worry about."

This experience left me feeling bitter for the remainder of the day. Fortunately I was able to relate the whole experience to a close friend as well as to my own doctor and got over it. Some people don't.

I know it's not my responsibility to make a doctor read the referral prior to undertaking any form of examination or surgical procedure, but in the future, to save any embarrassment I think it best to advise the doctor to do so. In addition, for my safety as well as the doctor's I'd advise him or her to wear gloves. Who knows what germs could have been innocently passed on to me. I guess we all need to be more aware. ◆

The dope on Saquinavir

By Alan Strum

SAQUINAVIR IS NOW AVAILABLE FOR use by people with less than 300 CD4 (T) cells through a compassionate access scheme. It is the first of the new line of drugs called Protease Inhibitors (PIs) to become available in Australia. PIs work by interfering in the life cycle of HIV and reducing the amount of new HIV circulating around the body to infect new or healthy cells.

When Saquinavir is used by itself its effects against HIV have been fairly mild, similar to (but better than) AZT alone. However, when Saquinavir is used in combination with one or more other drugs its antiviral effect can be quite potent.

Some trial results have shown that Saquinavir used in combination with AZT can effectively lower the viral load (amount of HIV in the body) and result in CD4 cell increases of up to or greater than 147. That of course does not necessarily mean that everyone would have such large CD4 cell increases but it would be a possibility for people taking Saquinavir in combination with the other nucleoside analogues, AZT, ddC, ddI, 3TC or d4T. Theoretically, it would be better to use Saquinavir with two nucleoside analogues. The best results have been seen in people who have not taken antiviral drugs before, but if you have used AZT previously you might be able to use d4T instead and obtain good results.

Saquinavir is considered to be the weaker of the PIs. One of the reasons for this is that only about 4% of Saquinavir is absorbed by the body. One way of getting around this is to take Saquinavir with a glass of grapefruit juice (150ml) and then have a second glass of grapefruit juice an hour later. This is believed to stop the body breaking down Saquinavir into an inactive form, effectively increasing the amount of drug in the body by 50%.

Some doctors prescribe Zantac, which also inhibits the breakdown of Saquinavir and increases its effects against HIV. Saquinavir's manufacturer, Roche, is currently working on a new formula of Saquinavir which would be more readily absorbed.

The side effects of Saquinavir are considered to be minimal, possibly including symptoms such as nausea, stomach discomfort or diarrhoea. Some of the stomach discomfort and diarrhoea might be due to lactose intolerance, which can be dealt with by using lactaid drops when taking the capsules.

Do not take Saquinavir with rifampicin or rifabutin, which decrease the level of Saquinavir in the body. Ketaconazole or fluconazole, on the other hand, increase the level of Saquinavir.

The other PIs such as Ritonavir and Indinavir have shown much greater antiviral effects than Saquinavir, but Saquinavir is more accessible than the other drugs at present. Several studies have shown that using Ritonavir with Saquinavir increases the level of Saquinavir in the blood enormously, making it much more effective. There is talk of using the two in combination, but this would need to be carefully monitored by your doctor.

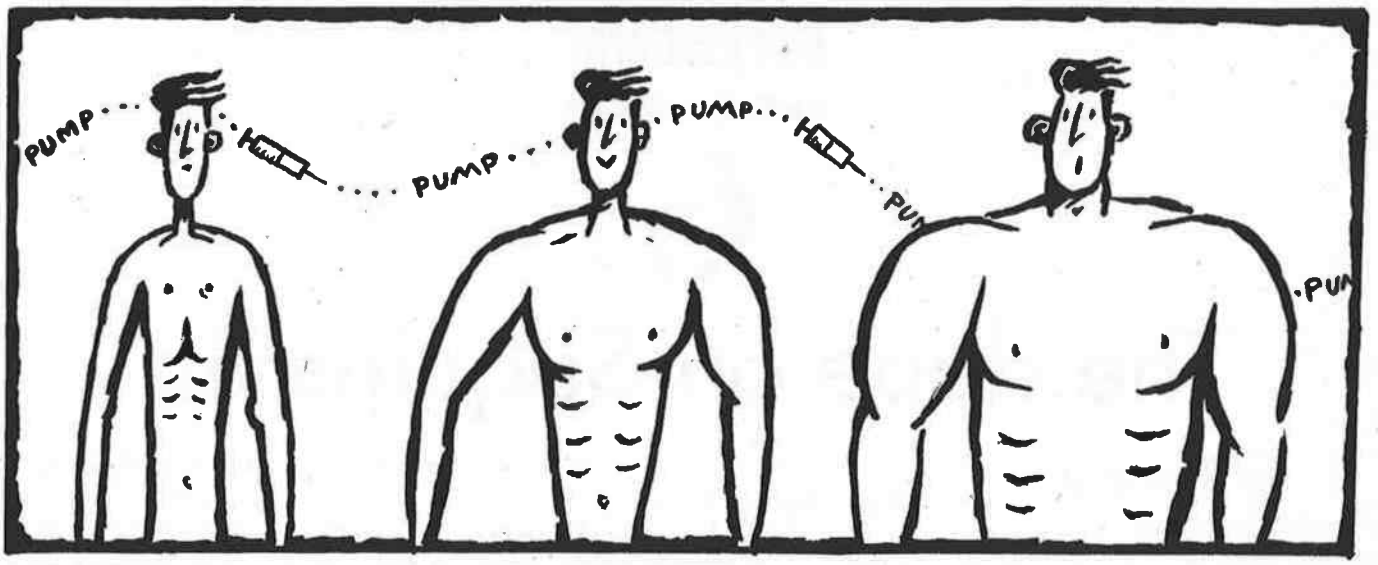
Roche has said that Saquinavir is not cross reactive with Ritonavir or Indinavir. This means that it should be all right to take advantage of Saquinavir's antiviral benefits now and then change to one of the other PIs when/before the virus develops resistance to it. However the manufacturers of Indinavir, Merck, Sharp & Dohme, have remained sceptical over this point.

Taking Saquinavir now may affect your future treatment decisions because the virus will eventually become resistant to it. It is possible that other drugs further down the line in development might not work against HIV that's resistant to Saquinavir.

It is important to remember that HIV is likely to develop resistance to any antiviral drug over time, although the likelihood of developing resistance is related to the level of viral load. People with advanced HIV or AIDS who have a high viral load, will have greater problems with resistance developing.Some recent drug combinations have reduced the amount of virus in the body by 99.9%, or to undetectable levels. Reducing the amount of virus this much means that resistance will develop at a much slower rate than with single drug therapy.

You can get Saquinavir by asking your doctor to either fill out the patient registration forms or to contact the supplier of the drug, Roche Products Pty Ltd on 9982 0222.

Alan Strum is the NSW Treatments Officer at the AIDS Council of NSW.



GRAPHIC: JIM CHAN

Pump it up?
Anabolic steroids

By Hilda High

What are anabolic steroids?

Anabolic steroids are hormones. Most anabolic steroids are similar in structure to testosterone, the most common male hormone, responsible for the male sex changes that occur in boys at puberty. There is no such thing as a 'pure' anabolic steroid that has only anabolic (muscle building) properties. All anabolic steroids have the potential to have androgenic (masculinising) effects. The challenge is to have enough of the steroid to get the beneficial anabolic effects without the unwanted androgenic side effects.

What are they used for?

Anabolic steroids have been used for decades to treat patients who have experienced severe burns, surgery or other conditions associated with muscle and weight depletion. The steroids seem to work by not only increasing existing muscle size but also by reducing the rate at which muscle is broken down. More recently, steroids such as Deca Durabolin have been used to increase the bone density of older women with osteoporosis.

In HIV disease, weight loss can be a problem. As it is muscle that seems to be lost, rather than fat, a therapy that replaces muscle is needed. It is thought that anabolic steroids may be a great benefit to people who have lost weight and aren't able to put it back on. Australia is leading the way in this area of research (see box).

Types of steroids

Anabolic steroids should not be confused with corticosteroids. Corticosteroids are anti-inflammatory agents, often used to treat things like arthritis. Anabolic steroids come in both an oral and a injectable form. For an anabolic steroid to work, it must be present in the blood in a reasonable concentration. To stop the liver rapidly metabolising (breaking down) the steroid, oral steroids are modified (17 alkylated). Injectable steroids such as Deca Durabolin have also been modified (in this case -esterified). They are injected with an oil to slow absorption and initially, they bypass the liver. Eventually all steroids are broken down by the liver and excreted in the urine and faeces. (Hence urine testing of athletes.)

Abuse of anabolic steroids

Abuse (ie non-medical use) of anabolics has been reported in both men and women. It is illegal to possess anabolic steroids without a prescription (except in SA and the ACT). Like other illegal drugs, they are can be obtained on the black market but may be of dubious quality. (Commonly they are veterinary steroids). The non-medical use of anabolics by elite and recreational athletes and body builders has recently occupied the media's attention. Often several different steroids are used and in very large amounts. As a result, liver problems and other side effects are common and sometimes other drugs are taken in an attempt to reduce these. Also, people have been infected with HIV, hepatitis B and C from sharing injecting equipment.

Do they work? In healthy, untrained, normal weight adults,

anabolic steroids alone have little effect on muscle strength or size. In contrast, trained body builders who have reached a weight plateau have been shown to experience significant gains. It is difficult to differentiate between the effects of exercise and the effects of the steroid and more studies are needed in this area.

Side effects

Anabolic steroids can have other effects apart from increasing body weight or muscle mass. Most common are an increase in feelings of well being, decreased fatigue and increased appetite. As with any drug, there can also be negative side effects. These side effects, especially liver abnormalities, are most commonly seen with oral anabolic steroids. Unwanted androgenic side effects may also occur if the dose is too high or the steroid is given too often. In men high doses of anabolic steroids can cause acne, baldness, reversible infertility, increased or decreased libido, shrinking of the testes and gynamastica (the build up of fatty tissue on the breasts — 'butch tits'). In women side effects are more common and may include irreversible deepening of the voice, hirsutism (hairiness), acne, enlargement of the clitoris, menstrual irregularity, increased libido and aggressiveness.

The psychological/behavioural effects of anabolic steroids have not been proven. There has not been a single documented case of addiction or dependence in patients prescribed anabolic steroids for medical reasons. It is possible that anecdotal addiction in body builders is due to psychological factors rather than a physical addiction, although more work is needed in this area. While changes in mood have been seen even with low doses, these effects seem to settle after a few weeks. Uncontrollable aggression — 'Roid Rage' — is anecdotally reported to occur when steroids, which have been taken in very large amounts, are stopped.

Hilda High is a dietitian at the Albion Street Centre

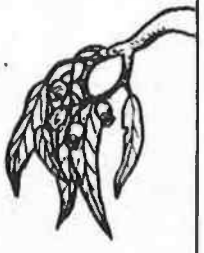
Deca Durabolin and HIV

The Albion Street Centre has conducted a controlled trial into the use of Deca Durabolin to treat HIV-related wasting. The results of this study were very positive. Study participants, who had lost between 5 and 15% of their usual body weight, gained an average of 2.5kg over 4 months and some gained as much as 9.6kg. This weight gain was predominantly muscle. Everyone reported having more energy and a better appetite. Although some people reported an initial increase in irritability, no one turned into an axe-murderer! We used a low dose of Deca Durabolin (100mg / fortnight) and as a result there were very few androgenic side effects.

Talkabout Goes Bush

Our second rural special issue will hit the tracks in May.
Send in your contributions now . . .
stories, poems, reflections, drawings . . .
to: PO Box 831
Darlinghurst, 2010.

PS: Look out for the PLWH/A stall at the Dubbo HIV/AIDS Conference.



Hot Tips

That mysterious itch, that unsightly rash, those sleepless nights in sweat-drenched beds (not sex related) . . . all the niggling things about living with HIV. At last, a column for readers to share their experience about all the bits & pieces. We kick off with the following item; after that, it's up to you. And if you've got a problem you'd like some answers for, write in with it — another reader might have the solution. But remember, if the problem persists, see your doctor . . .

Charlie, misdiagnosed with eczema and psoriasis, was given steroid creams, which only made things worse. "The itchiness . . . is hard to describe, but it was the most uncomfortable and disturbing condition I could imagine. . . . Finally . . . [it] was diagnosed as Granuloma Annulare, a condition, until HIV, only seen in diabetics. This I considered good news until I was told that there is no known cure and that it might cure itself.

By this stage I was getting desperate and spoke to everyone I could think of regarding an 'alternative' cure. It turned out to be Aloe Vera Gel. I started using it twice a day and immediately felt that something was happening. Within a month the itching has stopped, the skin has stopped weeping, and I feel that part of my life has come back.

I have since heard anecdotal evidence of Aloe Vera Gel being used for every type of skin condition from spots to sunburn. As far as I know, it has no side effects."

From *Body Positive* (UK)

ACON vitamin service

ACON PROVIDES VITAMINS AND nutritional supplements at reduced prices in an attempt to make them more affordable. A recent review of the vitamin service, attended by staff, HIV dietitians who refer clients to the service, a prominent naturopath and myself, has made a number of changes to the range of products supplied.

Some of the products to be removed from sale are Digestaid, Barley Grass, Red Clover, ADS, Vital, Sustagen Pudding Mix, Ensure Puddings and Nutrical. The reason for removing these products is that people didn't appear to be using them enough for ACON to supply them.

Of particular concern for the dieticians was the price of Advera, a very good nutritional supplement. Advera is specifically designed to help meet the nutritional needs of people with HIV and is only available from selected outlets such as ACON. We are now looking into ways of bringing the price down on this product to make it more easily affordable, but we still need to find a pot of money to offset its high cost. One of the options we're considering is to cut out the subsidy for Lipisorb and transfer it to Advera, as Lipisorb is available on prescription from pharmacies at PBS prices.

New products that we are looking at include nutritional supplements such as Emsogen and Lactaid (which assists with the breakdown of lactose for people who are intolerant to lactose).

One product that caught our tastebuds by surprise is the new range of nutritional supplements called Resource. One thing that stands out about Resource is that it is available in a tasty fruit flavour — for all of you who might be bored with regular flavoured milk type supplements. Also, the Resource supplements are considerably cheaper than similar supplements, so hopefully people will be able to save just a little bit more money when stocking up from the vitamin service. Resource will be available soon. Other possible new products are still being considered by the review committee.

One very important point that was brought up at the review meeting is that people who use the Vitamin Service want to have some kind of input into what ACON should be supplying. It was decided to do a client survey. In the near future a survey form will be available from the service for you to make suggestions about products you would like to see provided. If enough people ask for a product we will look into making it available at the reduced ACON prices.

To purchase vitamins and nutritional supplements you will need a script from your doctor, dietitian or naturopath.

For more information, call the Vitamin Service on 206 2000.

— Alan Strum

PHOTO: JAMIE DUNBAR

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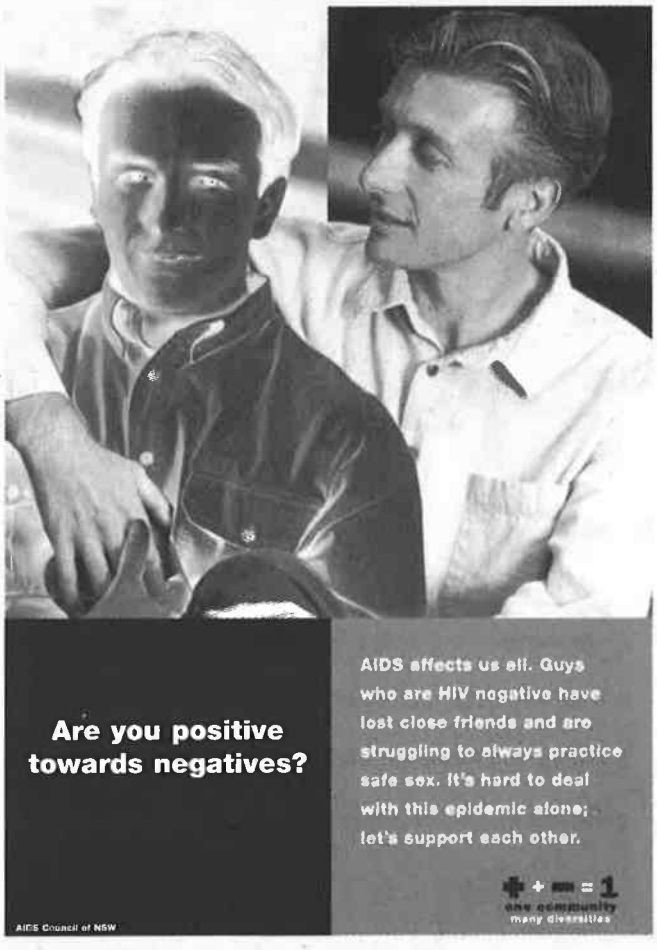
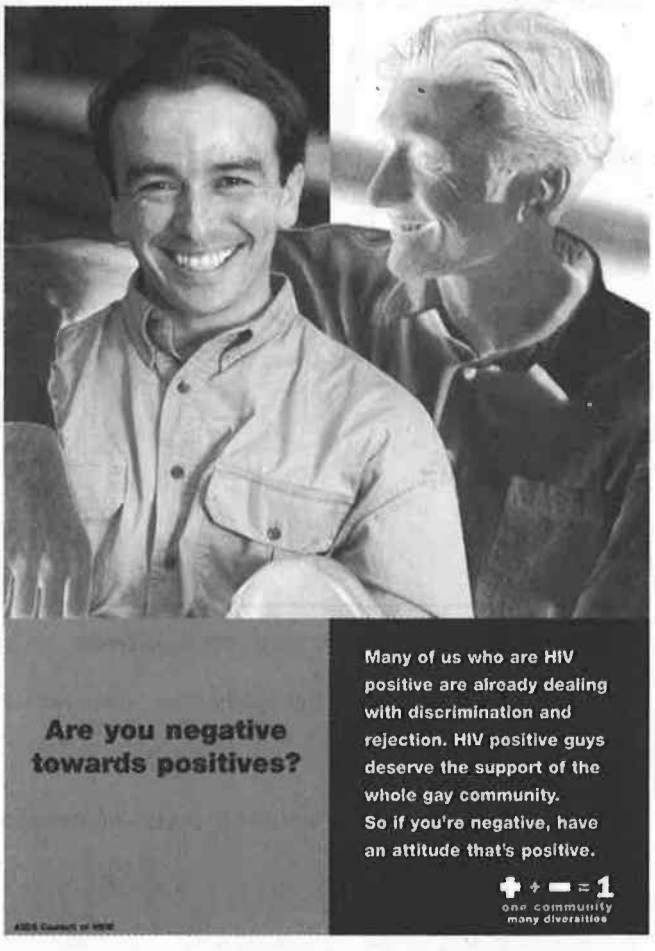
- Consultant: Dr Mark Gillies PhD, FRACO

For an appointment or more information telephone 382 7440





Talkabout

WHERE WE SPEAK FOR OURSELVES

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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.

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Yes! I want to apply for membership of PLWH/A (NSW) Inc. *$2* per year as a:

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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.

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