

Talkabout

Newsletter of People Living With AIDS Inc.(NSW)

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The Quilt at the Powerhouse
and in Alice Springs

TALKABOUT is published every two months by People Living With AIDS Inc. (NSW). All views expressed in TALKABOUT are the opinions of the respective authors and not necessarily those of PLWA Inc. (NSW), its committee or members.

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How to Contact Us:

PLWA Administrator:
Don Carter

TALKABOUT Co-ordinator:
Maria Hawthorne

2nd level, AIDS Resource Centre, 188 Goulburn Street, Darlinghurst
PO Box 1359, Darlinghurst NSW 2010

Phone: (02) 283-3220
TTY Only (For deaf and hearing impaired people): (02) 283-2008
Fax: (02) 283-2199

Commonly Used Abbreviations:

PLWA: People Living With AIDS Inc. (NSW)
PLWAs: Primarily people who are infected with the HIV virus. Also sometimes used to include others affected by the virus.
ACON: The AIDS Council of NSW Inc.
NUAA: The NSW Users and AIDS Association.

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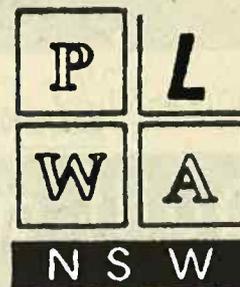
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LETTERS

Self Help for Substance Misuse

To all our brothers and sisters at People Living With AIDS Inc, especially those involved in the production of TALKABOUT, congratulations on the excellent job you are all doing, which is keeping the needs of PLWA's and their families to the forefront.

We are a small self-help therapeutic community of People Living With AIDS who are recovering from substance misuse.

We all enjoy your journal TALKABOUT so please find enclosed our subscription donation to TALKABOUT.

Keep up the fine job you are all doing!

John W. Bayne
Co-ordinator, St Francis House
Collingwood, Victoria

Support in Northern NSW/Qld

I recently acquired your TALKABOUT Newsletter in December via Brian Knuckey (Mullumbimby AIDS Resource Centre).

I am employed by the Division of Specialised Health Services, Queensland State Health Department. I am working as Regional AIDS Control (controlling the epidemic) Team Nurse and as a link to the AIDS Medical Unit in Brisbane.

Although my area is the Gold Coast and Albert Shire I have contact with people who live in Brisbane and northern NSW.

This information may be of benefit to your readers from the northern NSW region who do travel to our area and are seeking medical or psycho-social support.

Please accept my best wishes for 1990 to your Newsletter Working Group; they are doing a great job.

Yvonne Orley R.N.
(For details, see CONTACT LIST)

Salute to Royal Prince Alfred Hospital's (E10W) Ward

On February 7, 1990 I was admitted to the above ward (E10W) suffering from (PCP) Pneumocystis carinii pneumonia. In the 16 days to follow, nothing was an effort or a task to those very dedicated nurses, sisters and doctors who worked around the clock to make sure the six guys in the ward were comfortable.

It is a very homely ward, where I felt adjusted to the surrounds. The counselors, lay staff, cleaners, food service people and social workers were very obliging and dedicated at all times.

I still attend RPAH, as a Day/Care patient as I am on Pentamidine in nebuliser form, which was the only drug I really could have gone on, as I was allergic to so many others.

So many times, you read and hear bad reports about other hospitals. All I can say is I hope RPAH extensions go ahead,

and those who had no faith in RPAH are reassured when they read my letter. If you get sick don't hesitate to call RPAH.

Get a letter from your GP and ask about E10W ward. Even the admission clerks could not have been nicer, always cheery.

Special thanks to the social workers from

Polynesian Social Group, who on St Valentines Day visited the ward and distributed 'bears' around to all the guys. Thanks; even though we were all sick, it made our day.

Thank-you one and all.

Peter Sawkins

NEWS

National PLWA Coalition formed

After a lengthy process of grass roots planning and organisation building, elected state and territory representatives from PLWA groups came together in Canberra on the weekend of February 10 and 11 to officially form the National PLWA Coalition (NPLWAC).

The group elected a chairperson, Robert Jarmin of Tasmania, who will speak publicly for the group on issues of national relevance to PLWAs.

NPLWAC has received funding from the Commonwealth for the employment of a National HIV Project Co-ordinator, Ms Levinia Crooks, who is located at the new ACON offices in Sydney.

Levinia is preparing submissions for further funds for planned projects such as skills workshops for PLWAs, a pilot women's support project, travel grants for PLWAs to attend national and international conferences, and will co-ordinate

a Living Well conference in Adelaide in October 1990 and the production of a resource manual for PLWAs throughout the country.

The group plans to present a public face at the next national AIDS conference in Canberra in August, as well as present papers and seminars to participants.

NPLWAC is seeking representation on the AFAO executive and committee, as well as the Australian National Council on AIDS. Through such bodies we will have input into decisions made on important national issues such as treatment development, fundin allocation and immigration.

A great deal of effort has been put into ensuring the organisation has adequate representation and input at the grass roots level. It is important for all PLWAs to voice their concerns to their respective representatives so that we can keep in touch with people's needs and concerns.

Each state and territory PLWA group has two representatives on the NPLWAC. NSW representatives to the group are Robert Ariss and Barry Fitzgerald, contactable at the PLWA (NSW) office.

**NOTICE TO MEMBERS
PEOPLE LIVING WITH AIDS INC. (NSW)**

ANNUAL GENERAL MEETING

Ground floor, the AIDS Resource Centre
188 Goulburn Street, Darlinghurst NSW 2010

7pm Tuesday 1 May 1990

AGENDA

Apologies

Confirmation of minutes
of AGM held 16/3/89

Office bearer's reports

Election of Committee

Constitutional amendments**

Close of meeting.

ALL MEMBERS ARE URGED TO ATTEND

**PROSPECTIVE MEMBERS ARE INVITED TO APPLY
FOR MEMBERSHIP.**

**The Committee is hoping to have several amendments ready for the AGM, including articles on tax exemption, tax deductibility and postal and proxy voting.

Further written notice of not less than 21 days prior to the AGM, shall be made to confirm the Agenda.

Quilt goes to Alice Springs for AIDS conference



The AIDS Memorial Quilt, which commemorates the lives of people who have died of AIDS, will visit Alice Springs on April 28 and 29 to coincide with the Central Australian AIDS Conference.

The quilt is 150 square metres and consists of many hundreds of panels, each a quilt in itself, and will be on display throughout the conference.

It is being carried courtesy of conference sponsors Australian Airlines, and will be on display throughout the weekend.

The quilt will be unfolded in a ceremony to open the conference, which has been organised by the Central Australian AIDS Action Group and

the NT Department of Health and Community Services.

The conference will feature guest speakers on many topics including living with AIDS, AIDS and Aboriginal people, testing, treatments and counselling, and AIDS as a sexually transmitted disease.

Workshop sessions will cover more than a dozen different areas of concern to health professionals, people living with AIDS, carers and other members of the public.

For more information on the conference, registration forms and programs, contact the AIDS Action Group at PO Box 910, Alice Springs NT 0870, or phone (089) 53-1118.

Your chance to have a say - representatives sought

PLWA is seeking to fill its representative position on the steering committee to the **AFAO Treatment Information Project**.

The committee oversees the production of the AIDS treatment information brochures "HIV Briefs", working closely with the Information Officer, Peter Kerans, and others with an interest in the treatment of HIV infection.

The aim of the project, generally, is to produce and distribute nationally easy-to-read, up-to-date treatment information to empower people living with HIV/AIDS to make more informed, appropriate decisions about courses of treatment.

Also, PLWA is looking for a representative to the **ACON Medical Clinical Working Group**.

The group is responsible for making recommendations to the ACON committee on treatment issues such as advocacy on the availability of AZT or trial protocols.

If you are interested in having input into these important projects, please call PLWA for more information.

PLWA demands early intervention AZT for Australians

In early February, PLWA together with the AIDS Council of NSW and the Australian Federation of AIDS Organisations publicly called on the Australian Government to cancel the "high risk" AZT trial and make the drug available immediately to all people with T4 cell counts of less than 500 who want the option of taking the drug.

This follows a recommendation by the US Federal Drug Administration to make the drug available to such people on recent evidence that the drug significantly prevents progression to AIDS if taken before symptoms develop.

PLWA has criticised the delay in making the drug more widely available, delays due to necessary changes in the State and Territory Poisons Act, and fears of the inability of the Federal AIDS budget to meet the expected demand.

Given the widespread fears of the toxicity of the drug, it is unlikely that all people eligible for the drug will actually want it. Currently the drug is only available to those with over 200 T cells through participation in placebo-based trials at urban-based teaching hospitals.

PLWA believes placebo-based trials are unethical when sufficient evidence is available to suggest the treatment is effective.

AIDS and the Deaf Community

Colin Allen

As the AIDS Educator for the Deaf Community, I received a grant from the Community AIDS Prevention Education (CAPE) to enable me to attend the "AIDS and the Deaf Community - Taking the Responsibility", in Monterey, California.

I presented a 20 minute paper on "AIDS Education for the Deaf in Australia".

Simon Weber, whom many of you know, was my official Australian Sign Language Interpreter. On route to USA, I travelled to England and visited the London Lighthouse and the Terrence Higgins Trust, then went to Washington DC, and met up with other Deaf AIDS Educator and also visited the Whitman Walker Clinic where a part-time Deaf Social Worker/AIDS Educator works.

While visiting the London Lighthouse, I met a special person named Danny. It was my first experience of meeting a Deaf person living with AIDS (DPLWA). Till then, I had never met a Deaf PLWA anywhere. It was a rewarding and enriching experience meet him.

We discussed specific areas of concern in relation to deafness and AIDS, his frustration experienced when dealing with service providers in England. Very few Deaf Buddies exist to provide assistance and support and also, there are no official Support Groups for Deaf PLWA as yet.

The AIDS Ahead (a Deaf AIDS Organisation) stated that there are at present about 15 Deaf people with AIDS and more than 60 with HIV.

At the Conference, "AIDS and the Deaf Community - Taking the Responsibility", about 100 Deaf and Hearing people attending from 13 States of the US, and four countries.

Conference participants came from areas like Deaf Service Providers, HIV/AIDS Organisations and/or were friends of Deaf PLWA.

During the three day conference, I attended sessions on Self-Empowerment for the Deaf Community, Negotiating Sexual Behaviour, HIV Interpreting (Session No. 1), Religion and Spirituality, The Experience Called Loss, and Educational Materials Development for the Deaf Community.

My paper was presented at An International Perspective on AIDS for the Deaf Community, where there were four other speakers from organisations such as AIDS Committee of Toronto, Deaf Outreach Program, Quebec Deaf AIDS Committee, AIDS Ahead (England) and AIDS Council of NSW.

It was also the second time, whereby 15 to 20 Deaf people living with AIDS in America had the opportunity to meet together during the Conference.

A more detailed report will be developed. If you are interested to have a copy of this report, please contact myself or Judie, 283-2088 TTY Only, 283 3222 Voice Only.

Maintain your status Renew your membership

Don Carter

Last issue, members would have received a Membership Renewal with their Talkabout. The response has been extraordinary with many members choosing to maintain their financial status with PLWA Inc.

The membership fee of \$2 enables a person to stand for the committee and or vote at the Annual General Meeting. I would like to urge everyone and anyone who is affected by HIV/AIDS to consider joining or renewing.

PWA's have a voice through PLWA [NSW] and with the power of your vote, you can be involved in how we will live with AIDS, now and in the future. People on social security or disability payments are invited to contact our office to discuss full membership assistance.

Talkabout is posted to all members and a wide range of other recipients. Those who are able to pay are asked to send a \$10 donation [\$20 for organisations] to assist the association with its aims. Again, persons who would like to receive Talkabout but are not in receipt of salary or wages can call the office for details on free subscriptions.

Your membership in open, democratic organisations such as PLWA [NSW] and the AIDS Council of NSW should be considered a priority if people with HIV/AIDS are to be an active and controlling voice in the direction of organisations working in AIDS. To join either, one is merely required to accept the aims and objects of the association.

Membership for PLWA [NSW] can be made on the form within the pages of TALKABOUT and applications for ACON can be made by phoning [283 3222] or writing to them [PO Box 350, 2010].

JOIN US IN
THE FIGHT
AGAINST AIDS:
SUBSCRIBE NOW !

NAME : (please print)

MAILING ADDRESS:

POSTCODE

PHONE:

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

ARE YOU PUBLICLY OPEN ABOUT
YOUR MEMBERSHIP? YES /NO

ANNUAL SUBSCRIPTION RATES ARE :

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

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

SUBSCRIPTION DONATION
TO TALKABOUT (organization) : \$20.00

ENCLOSED : \$ _____

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

I WISH TO SUBSCRIBE TO TALKABOUT.

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

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

SIGNATURE _____

DATE _____

Availability of AZT in Australia

Robert Ariss

As a relatively new drug, AZT is not yet fully approved for a wide range of medical conditions related to HIV infection. At this stage the drug is only given to those with either an AIDS diagnosis or those with fewer than 200 CD4 cells (T cells).

If you like the hit-and-miss game of enrolling in placebo-based trials, you can participate in either the "high risk" trial for those with between two and 400 CD4 cells, or the "low risk" trials for those with greater than 400 CD4 cells.

If you don't like the idea of not knowing what you're taking, you can do what many do and have your pills tested, stay on if you're getting the real thing, or find a compliant doctor who will prescribe the drug for you if you're not.

If you're an asymptomatic haemophiliac with fewer than 400 CD4, you qualify to enrol in a separate international placebo-controlled trial. Availability is through haemophilia centres in Sydney and Melbourne only.

A fourth trial for paediatric cases is open use, i.e. not placebo-controlled, for children with AIDS or severe symptoms of immune deficiency. Already available for a couple of years, children with AIDS can receive AZT through any paediatrician or major children's hospital throughout the country.

Where do you get it?

For people with AIDS or fewer than 200 CD4, access is through prescription from a registered physician. In all states except the NT, administration is only through the major hospitals in the capital cities, except the Newcastle hospital outside Sydney.

For people on the "high risk" trial, the drug is only available directly through four hospitals: St Vincents in Sydney, Royal Perth, Fairfield in Melbourne, and Royal Melbourne.

The low risk trial is designed to be primarily GP-based. If you are lucky enough for your GP to be in the know, therefore, you can enrol through him/her without the agony of visiting a hospital to receive the drug. In practice, this means visiting one of the dozen or so GPs in the inner suburbs or the major hospitals of our capital cities.

"Why is the drug not more readily available, particularly outside the urban centres of Australia and outside the major hospitals? And why are vast sections of our society, notably women, conspicuously under-represented in such trials?"

If you happen to live in Tasmania or the NT you miss out or move to another state or territory.

While open access is more or less truly "open" to all who need it, if you are a woman you are discouraged from enrolling in any of the above trials.

It is also known that people with a history of intravenous drug use have been misinformed and otherwise discouraged from enrolling in such trials, largely due to prejudices on the part of their doctors. God only knows how many people in Australia either do not know they qualify for such treatment or trial participation, or are prejudiced themselves against AZT because of misconceptions about the drug.

There is a general concensus now amongst doctors, researchers and community groups that AZT is appropriate for symptomatic, and probably even asymptomatic people with fewer than 500 CD4. The time has come to completely reassess the organisation of drug trials in this country.

Why is the drug not more readily available, particularly outside the urban centres of Australia and outside the major hospitals? And why are vast sections of our society, notably women, conspicuously under-represented in such trials?

The major factor is economics. A given hospital or GP needs at least five patients before the study will be economically viable. The cost of setting up the administrative infrastructure and medical equipment to conduct the study in areas such as Tasmania or Darwin is seen to outweigh the benefits that would be returned in terms of data. The premium here is on the gathering of information, not the well-being of people. The vision

behind the design of trials is future looking, but to the disadvantage of those who need treatment today.

Another factor is the widespread lack, amongst Australian doctors, of the knowledge necessary to handle patients with HIV infection and a relatively unknown drug such as AZT. It has been documented that most Australian doctors still regard people with HIV in a very discriminating way, understand little about the medical aspects of HIV infection, and disregard necessary procedures such as pre- and post-test counselling.

There are no clear and standard guidelines for the prescription of AZT and these need to be standardised across the country before people with HIV can expect appropriate and humane care regardless of where they live.

And women? The argument that the potential for childbearing is a valid reason for denying women access is shockingly reminiscent of attempts to bar women from meaningful employment. This time the argument is a biological one. It is said that the effects of experimental drugs on unborn fetuses are unknown. Whose choice should it be, however, to take the chance?

In another scenario HIV positive women are frequently assumed to have a history of intravenous drug use, and are therefore unreliable or undesirable trial participants. In short, it seems the medical profession regards gender as another messy variable to be eliminated from its controlled studies.

In my opinion, the Australian medical trial system is overloaded, overcentralised and incapable of responding compassionately to those who need, or will

"... the Australian medical trial system is overloaded, overcentralised and incapable of responding compassionately to those who need, or will soon need, treatment ..."

soon need treatment. The alliance between federal bureaucrats and the medical profession creates vested interests in the control of not just AZT, but all prospective treatments for HIV infection, ultimately to the disadvantage of people with HIV themselves.

Community based organisations such as the AIDS Councils and People Living with AIDS groups have flagged the idea of starting up community based trials along the model of those in the US.

GPs will play a central role in this proposal, and protocols will be as user-friendly as possible.

Already the US trials have advanced our understanding of a number of other prospective drugs and hundreds of people with HIV have benefitted in the process.

It is time this alternative was made a reality here in Australia.

NUAA NEWS

NUAA moves to new premises

It used to be said that the Catholic Church had all the best real estate in town - well, now it's a toss up between the backpackers and the brothels.

In what seemed like a never ending search for appropriate office space and convincing agents/landlords that we weren't really going to operate a shooting gallery, we finally secured premises above the Tabou nightclub at 24 Darlinghurst Road, Kings Cross. The building itself has quite a history, some of it dark and sinister.

Way back in the 1930s and 40s it was a private hospital with its own morgue in the basement. In more recent times it had been used as a strip club/brothel and in the 1980s, simply a brothel - and a not very nice one at that. In essence, you could say that much suffering had occurred between these walls. The brothel employed the most disenfranchised sex workers whose day-to-day survival was a miracle. Some, however, did not survive.

During the first few weeks in our new headquarters, that sense of suffering was an overpowering experience for some of us. The ghosts of the past were still present. In working out how best to deal with this, we put our collective heads together and asked ourselves, 'Who are we going to ask to drive out these ghosts of the past? Should we ask the local parish priest?'

Well, we didn't quite reach a consensus on that one. Then it came to us like lightning from the heavens - we should ask the Sisters of Perpetual Indulgence and coincide the exorcism with our semi-official opening.

On Saturday, the second of December in the year of the holy and guilt-free dingo, 1989, the Sisters (most of them on time) arrived to join in the festivities, drive out the ghosts and bless these humble premises and all who enter herein.

I have to report that since the holy occasion many who come to NUAA for advice, support and direction are observed to be in a state of euphoria, so strong is it with some that they fall asleep.

Carols by red light

So successful were the Sisters of Perpetual Indulgence in exorcising the bad vibes of the past at the opening of the NUAA office, that we were eager to have them back (the Sisters, not the bad vibes) for Carols By Red Light. It was a joyous and spiritual night of mixed orders.

The Sisters of Perpetual Indulgence were joined on the balcony of 24 Darlinghurst

Road by some Sisters of Charity, as well as Good Shepherd Sisters and Brown Josephites.

Along with some more conventional carols, we were treated to 'Hark the Herald Fairies Shout'* ("Gay is good and Gay is out..."), 'A Dog In a Manger' and, especially appropriate for NUAA, 'I Came Upon a Fit So Clean', which features the moving lyrics,

" I came upon a fit so clean
With glorious song of old
From angels bending near the earth
To swap their needles old."

NUAA members, staff and friends, tourists and Cross dwellers clutched candles in the street and joined in the singing with gusto and a marvellous diversity of keys.

One member of staff was particularly touched when a gentleman of the street, enjoying the festivities, offered her a swig from his bottle. Gratefully accepting this gesture of goodwill, she got her first taste of a meths mix. A truly spiritual experience.

**Nothing to do with the Fairfax organisation, rather made popular by The Gay Liberation Quire - Ed.*

"One member of staff was particularly touched when a gentleman of the street, enjoying the festivities, offered her a swig from his bottle. Gratefully accepting this gesture of goodwill, she got her first taste of a meths mix . . ."

About NUAA

NUAA is a community/peer based organisation comprising current and former users and those who support the organisation's objectives. Within a philosophy of care in service delivery, these objectives are concerned primarily with harm reduction, particularly HIV prevention and support of HIV+ people, advocacy, general support, referral and community development.

NUAA was originally funded as a community development project by the AIDS Bureau, NSW Department of Health in February 1989.

During the past twelve months, NUAA has established a core group of current and former intravenous drug users (IVDU) and those who identify with the issues; formulated aims and objectives of the Association and become incorporated; elected a management committee; employed two field workers and chose a name through preferential voting by members.

NUAA has a nine-member management committee made up of four office bearers, three ordinary members and delegates from two affiliated organisations - Aus-

tralian Drug Information Collective and Injector Services.

The management committee was elected at the first general meeting in April 1989. At the next Annual General Meeting, to be held in April or May, all positions will be declared vacant and elections will take place to elect a new committee.

Until October 1989 NUAA was functioning from St. Vincent's Alcohol and Drug Service, with one full-time paid worker and one full-time voluntary assistant. With funding enhancements for 1989/90 a move to independent premises in Kings Cross was made possible. This funding will also allow the employment of extra staff to enable us to adequately increase our services and generally expand the operations of NUAA.

NUAA currently employs the following people:

Co-ordinator: Julie Bates

Acting Admin Officer: Celia Gore

Field Workers: Robin Svendsjaryd and Rigmor Berg

With enhancement funding now secured, two new positions for the day to day operations of NUAA have been created. These are the positions of Welfare Services/HIV Support Officer and an Education/Community Development Officer.

NUAA continues to rely on volunteers . . . currently the Front of House/Needle Exchange and Reception work is done by volunteers. If you think you have the appropriate skills to help out in this important area, why not consider joining our ever-expanding volunteer brigade?

NUAA continues to rely on volunteers in various capacities. Currently the Front of House/Needle Exchange and Reception work is done by volunteers. If you think you have the appropriate skills to help out in this important area, why not consider joining our ever expanding volunteer brigade.

We also need volunteers for the growing number of sub-committees, such as the Newsletter Sub-committee. Please drop in and see us if you would like to join us in our work or if you have any ideas for future directions.

The services provided by NUAA include:

- * crisis intervention
- * support, counselling and advocacy on request
- * information and referral to appropriate agencies for accommodation, legal assistance, HIV specialist and general medical care
- * information on drug treatment options
- * safer sex and safe drug use education
- * community service orders (accepted on a case by case basis)

- * student placements
- * meeting space
- * volunteer work and study space
- * provision and exchange of needles and syringes
- * provision of bleach, condoms and lube
- * consultancy to government and non-government organisations involved in HIV prevention, care, treatment and support
- * day facilities, including shower, toilet, telephone, light refreshments and lounge area(12.00 noon to 2.30pm, Monday to Friday).

NUAA is now part of a national network of organisations with similar aims and objectives and organisational structure. A national body known as the Australian IV League (AIVL) has been established to represent state organisations at a national level.

I look forward to meeting you soon. Please drop for a coffee or just for a chat. Our office hours are 10.00am - 6.00pm, Monday to Friday and new members and visitors are always welcome. See you soon.

Julie

PREAMBLE

HIV infection [with or without symptoms] is a worldwide epidemic affecting every country. People are infected, sick and struggling to stay alive. Their voices must be heard and their special needs met. This declaration sets forth the responsibilities of all peoples, governments, international bodies, multinational corporations, and health care providers to ensure the rights of all people living with HIV infection.

DEMANDS

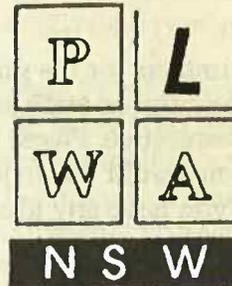
1. All governments and health organisations must treat HIV infection positively and aggressively as a chronic, manageable condition. Ensuring access and availability of treatment must be part of the social and moral obligations of governments to their citizens.
2. HIV is not highly infectious. Governments, the media, unions and health organisations must recognise this. Casual contact presents no threat of infection. It is the responsibility of government, employers, health organisations and non-government organisations to dispel these irrational fears of transmission.
3. A code of rights for people with HIV infection in NSW must be developed. This must include:
 - a) Anti-discrimination legislation broadened to include assumed or known HIV infection.
 - b) Representation of people with HIV infection on all decision-making bodies that affect them including the Ministerial Committee on AIDS Strategy (NSW) and the Australian National Council on AIDS.
 - c) Guaranteed access to quality medical care

A DECLARATION AND NE PEOPLE LI HIV INE

THE MANIFESTO C

Proclaimed on
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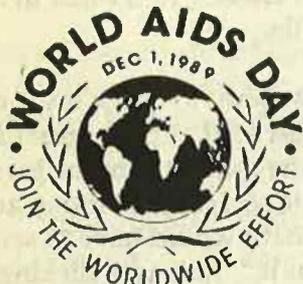
- d) Guaranteed access to appropriate approved drugs
- e) The right to anonymous and absolutely confidential HIV antibody testing. Professional pre and post-test counselling must be provided.
- f) The right to appropriate housing.
- g) No restriction on the international movement and/or immigration of people with HIV infection.
- h) Full legal recognition of lesbian and gay relationships.
- i) No mandatory testing.
- j) No quarantine under any circumstances.
- k) Protection of the reproductive rights of women with HIV infection including their right to freely choose the birth and spacing of their children and have the information and means to do so.
- l) Recognition of the problems and needs of intravenous drug users, including provision of substance use treatment.

THE RIGHTS OF PEOPLE LIVING WITH HIV.

[NSW]

DAY

al »



m) Attention to the problems and of prisoners with HIV infection guarantee that they receive the standard of care and treatment general population, access to trials and no discrimination within prison system.

n) The right to communication all services concerning HIV in the language (written, or spoken) of his/her choice, an interpreter if necessary.

o) The provision of reasonable accommodation in services and facilities disabled people.

p) The guaranteed right of people faced with a life-threatening disease to choose treatments they deem appropriate to themselves including palliative drugs and the right to refuse or how they want to die.

q) Australia's participation in a national, international data bank must be created to make available all medical information related to HIV infection. This must include all information concerning drugs and treatments, and to support basic bio-medical research and the progress of all clinical trials.

5. (i) Placebo trials are inherently unethical when they are the only means of access to particular treatments and should be abandoned.

(ii) The policy espoused by multinational drug conglomerates of returning exorbitant profits on lifesaving treatments must cease. These companies must learn to place human lives above monetary returns.

6. Criteria for the approval of drugs and treatments should be standardised on an international basis so as to facilitate world-wide access to new drugs and treatments.

7. (i) Education programs outlining comprehensive sex information supportive of all sexual orientations in culturally sensitive ways and describing safe sex and needle/syringe use practices and other means of preventing HIV transmission must be made available.

(ii) Condoms, lubricant and clean needles/syringes must be available freely to everyone.

8. The unequal social position of women affecting their access to information about HIV transmission must be recognised and also their rights to programs redressing this inequality, including respect for women's right to control their own bodies.

9. Australia should assist poor countries to meet their health care responsibilities including the provision of condoms, facilities for clean blood supply and adequate supplies for sterile needles/syringes.

10. It must be recognised that in most parts of the world, poverty is a critical co-factor in HIV disease. Therefore, conversion of military spending worldwide to medical health and basic social services is essential.

SERIAL

The Clinic Part 2

"Pity", thought Neil, "that such good looks are given to a doctor". The past few years' experience had given Neil a definite attitude to doctors.

"Have a seat Neil", but Neil was already seated and watching the strong, well shaped calves, the back and shoulder muscles and most importantly generous, thought Neil, the firm cheeks of a beautifully round bottom. Dr Jane Mulray located Neil's file on the top shelf of her fastidiously tidy bookshelf and turned to face Neil.

"I don't know what to do with you" she said with a sigh as she eased herself into the seat opposite him and opened his file. It was about two inches thick, with subtitles: "Legal 1, 2, St Johns Clinic, West Coast Clinic, Correspondence, Albatross St, Perk St, etc, and it seemed to Neil that the file looked pregnant and ready to give birth to its own progeny.

"Any problems?" she asked at last. Neil had been looking around the room examining every detail of furniture and had begun to feel quite abstracted.

"Who me, or the file?" he asked and for the first time since they sat down, Dr Mulray looked directly into his eyes. A searing glare that might have melted the bridge of her glasses had they not been made from the fashionable new graphite compound made to resist all damage.

"Oh, just the usual rashes, candida, sweats, pain and fatigue."

"How often are the night sweats?" she asked mechanically as she made notes, ticks, crosses, and filled in numbers on the file.

"I just want to check my T cell count at the last visit. I rang yesterday and asked but they said it can't be given over the phone so I came in today and they told me that I would have to see a doctor about it." Jane was flicking through the file, searching to the end, turned to the front at the file again and flicked through from beginning to end.

"I can't find it, I'm afraid. Are you sure we took blood last month?"

"Certainly did!" said Neil. "It took nearly one hour, three nurses and a dozen attempts to catch a vein; had bruises for a week," said Neil, "and all my blood's in vain!"

"Very funny Neil, perhaps you could entertain some of the patients upstairs with your wit. I'm sorry, but the results seem to have gone astray, the last result is three months old and was very low; are you sure you wouldn't like to have another go with AZT. We could try a new regimen."

"No thanks Doc. I'd rather die quickly than be a living dead."

"That's your decision Neil."

"Thank you Doc."

"Give these to the nurse outside and these at the desk and I'll see you next month." Dr. Mulray handed Neil an assortment of papers and labels.

"Sure," said Neil, "and thanks, I hope those results turn up."

"I'll make a note of it Neil. We won't take blood this month. See you next month."

"See you next time." And before Neil knew it he was out the door and wandering along the corridor back towards the waiting room.

"Short and brief", thought Neil. "What did I learn? Not even my T-cell status," he muttered to himself. But his file had grown another millimetre. "That's what it is all about," he thought. "Statistics for surveys and papers."

Neil was the least important factor in the equation. In all the monthly visits since Neil had first started on AZT two years ago, never once had he been given any constructive advice from a doctor, nothing on diet nor lifestyle, nor for treatment of candida or skin rashes. He had never been given advice or any explanation for the abdominal cramps that had dogged him for years. The only offering had been AZT, and "death was preferable to that poison", he thought.

As Neil stepped back into the waiting he noticed Gino was still there. He must have decided to wait after his appointment, he was browsing through a magazine. So were Beccy, Bob, Alan, Masoud, Karen and John. "The room was very quiet," thought Neil, self consciously.

"Neil, which way are you going?" asked Gino as he jumped to his feet.

"Strawberry Hills darling, but I'm in no hurry. And what are you doing, still here? Don't tell me you've taken a liking

to the place?"

"Never!" said Gino bracing his biceps and pectoral muscles in a kind of shiver and he tucked his T-shirt tightly into his 501s and made a comfort adjustment to his crotch.

"Tell you what" said Gino, "If you're not in a hurry, please come for a drink and chat, my shout. You seem better informed than these doctors and you've already been more helpful. How about it?"

"How about it indeed!" said Neil. "Well sure, let's go, anywhere you choose Gino. How did it go in there? Not too good I take it?"

"Depressing," moaned Gino.

"Tell me about it."

"I asked lots of questions, but there were no answers. It's just not good enough Neil, that's why I waited here for you; you seem like a really good person, a caring person and I really need someone strong to help me with this. Someone like you to talk to."

"Gino! Stop that. You don't need me but I'll discuss it with you over a few drinks."

"Bye Neil," called Beccy.

"Bye Beccy, bye Paul, Bob, Masoud, Alan."

"Let's go Neil. Bye everyone."

"Gino, I'll be your strong man if you'll be mine," said Neil as they disappeared from the front door of the Public Hospital and were gone.

To be continued . . .

EXCLUSIVE REPORT - SHOCKING EVIDENCE

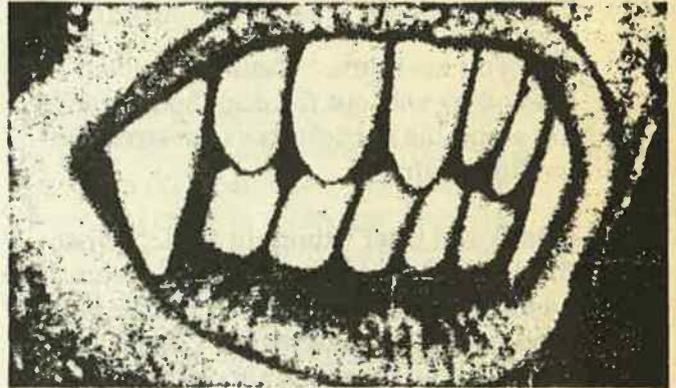
THE SILENT VICTIMS OF AIDS

The bottom line, despite the rhetoric of the "AIDS activists", is that some people really are AIDS victims. People who pursue an alternative minority lifestyle, scorned, feared and persecuted by the ignorant majority. People born dependent on fresh blood to survive.

People whose suffering in this epidemic has been not only silent, but silenced by scientific and media discourse. Their needs and feelings unvoiced by any AIDS organisations, unsupported by any AIDS services.

Recent reports in less censored Australian magazines have revealed an unfortunately all too typical case. Dr Rodolfo Banchemo, an expert writing in the Peruvian Medical Journal, profiled his diagnosis of AIDS related anaemia in a 21 year old patient, Octavio Flores. Flores had collapsed in a city street, from blood loss from daily self-inflicted razor wounds.

Flores, a vampire, had since 1984 drunk the blood of strangers in the jungle city of Junin. As the AIDS epidemic spread,



TODAY'S vampires can't be too careful. Unlike legendary movie bloodsuckers like Count Dracula (Frank Langella), real vampires face the new threat of getting AIDS!

Flores was forced to restrict his feeding. He is aware of how dangerous it is to make assumptions — just because someone looks healthy and decent does not mean they are not in fact an AIDS carrier. His only recourse has been to open his own veins to his oral cravings (a process technically labelled "autologous supply").

Professor Vasily Ferene, 74, from Budapest, estimates that there are 6,000 active vampires in North America and twice that number in Europe. Professor

" It used to be they preyed on (high-risk group) prostitutes and helpless bums, but AIDS has ended all that. The vampires saw too many of their brethren die from the disease . . . "

Ferene, quoted in the November 7 1989 Weekly World News (Lantana, Florida), is the author of the most respected text on vampirism "A Treatise on Eastern European Vampirism from 1810 to 1890", and has spent "50 years of his life trying to find a cure for the dread virus that causes vampirism, so far without success".

"Thanks to the AIDS crisis," warns Professor Ferene, vampires "have entirely changed their habits".

"It used to be they preyed on (high-risk group) prostitutes and helpless bums, but AIDS has ended all that. The vampires saw too many of their brethren die from the disease. Now they seek a wholesome blood supply from the veins of decent families like yours and mine where the risk of contracting AIDS is minimal.

"What better time to prowl the darkness than Halloween night, where their stark yellow fangs will go unnoticed among the throngs of costumed trick or treaters?"

"They could knock on any door, maybe even yours."

An earlier WWN report, released August 15, 1989, focussed on research by 78 year old Oxford Professor W.H. van der Moer, who sees vampirism as a "1200 year tradition that seems rapidly to be ending" because of AIDS. Vampire monitoring centres in London and Vienna have recently closed.

"As late as 1979, Europe had the greatest vampire infestation in its history. Today, less than a few dozen survive, and most of those have fled to the Soviet Union where the incidence of AIDS is less than in Western Europe." WWN reports that, despite glasnost, "A spokesman (sic) in

"The Undead were hard hit by the AIDS virus. Even they could not withstand the virus. It killed them as surely as a stake through the heart, or getting caught in the sunlight."

the Soviet Embassy in Washington DC declined to comment on the vampire population of Russia".

WWN reported in the mid 1980s on the "incredible" decrease in the incidence of reported vampire attacks. "The Undead were hard hit by the AIDS virus. Even they could not withstand the virus. It killed them as surely as a stake through the heart, or getting caught in the sunlight."

Vampirologist Stephen Kaplan opposes Professor van der Moer's view. He says that vampire numbers have increased 62 percent in the United States since 1981. A parapsychology expert, Dr Kaplan says 150 vampires currently live in the US and Canada.

According to Dr Kaplan, the typical male vampire stands 5-foot-10, weighs 150 pounds and looks about 21 years old. The average female is 5-foot-8, 118 pounds and about 20 years old.

Dr Joseph Sperl, presenting at a conference of medical experts in Graz, Austria, in May 1987, reported that "incidences of vampirism have fallen from a high of 75 per month three years ago to less than five a month... There is every indication that several of them have already been infected with the AIDS virus and the rest

of them are terrified they'll be next. To a vampire, AIDS is worse than a stake through the heart."

The WWN report continues that "in a frightening footnote, Dr Sperl noted that vampires are doubly apt to catch AIDS because most of them are flaming homosexuals."

Psychologist Hans Moser of Graz opposes monocausal explanations of the decline in vampirism. "AIDS has certainly played a role but there are other factors as well. For one thing we have more and better mental health facilities today than we had just three years ago. I think it's safe to say that some vampires have learned to control their urges with therapy."

**SILENCE = DEATH,
ACTION = UNDEAD**

As is obvious, none of these reports allow VUWA (Vampires Undead With AIDS) to speak for themselves. Unlike the better organised AIDS constituencies, vampires face a greater struggle against social prejudice, and find it harder to "come out".

This is exacerbated by a conspiracy of silence in the mainstream media, backed up by governments around the world,

who kowtow to vested AIDS interests and are more than happy to keep their populations in ignorance.

Why for example, do the media, following the World Health Organisation itself, continue to vaguely blame medical re-use of needles and "microtransfusions" of infected blood, for the extraordinary epidemic of AIDS in the Romanian babies? Surely deeper investigations are being pursued. Are they, for example, mainly from the mountain regions? Do they have a common history of unexplained neck lesions? Why isn't the truth available?

Those few news magazines that cover the issue of vampirism, such as Weekly World News, follow the time honoured blame-the-victim, scaremongering strategy. Vampires are never portrayed as having a positive and innate alternative lifestyle. They are always described in the most lurid, sensational and judgemental terms. They are relegated to malign neglect, suffering in silence and darkness.

Alarming no local AIDS organisations have made a space for VUWA. Asked for a response, Dr Bill Whittaker, Executive Director of the AIDS Council of NSW, (Australia's largest community based AIDS organisation), declined to comment on the needs of vampires, though he reiterated that ACON services were available

"Those few magazines that cover vampirism follow the time honoured blame-the-victim, scaremongering strategy. Vampires are never portrayed as having a positive alternative lifestyle. They are always described in the most lurid, sensational and judgemental terms . . ."

"for all people affected by HIV, without discrimination."

Leading epidemiologist and clinician, Dr Julian Gold, "knows of no cases of full AIDS or HIV infection among the vampire community in Australia. Nor is there any data on seroconversions due to vampire-related transmission of HIV."

Robert Ariss, Convenor of PLWA/NSW, admits there is little understanding of the specificities of the vampire community experience of the epidemic, and that there are no current plans to set up autonomous peer support structures to answer their unique needs. "We have however, removed the large mirror that was outside the PLWA office, and requested that the vitamin co-op stop stocking garlic-based products."

Ken Davis

In expert circles debate about aetiology of vampirism is far from resolved, with many doubting the single-virus theory of Ferene.



New TALK- ABOUT Editor

By the time you read this issue of TALKABOUT, I will have moved on to other things. I have been associated with the newsletter since its inception 12 months ago and have been employed to produce it for the last six months.

I hope you have all benefitted from my efforts. I wish you all well and trust you will continue to support your newsletter through subscription and by writing letters and articles.

The feedback from readers is not as voluminous as it could be, but it is growing and that's something on which to build.

TALKABOUT also desperately needs volunteers to help with typing up the copy. This is a very time-consuming task which makes it difficult for the editor to devote much time to all the other tasks involved in producing TALKABOUT.

The new editor is Maria Hawthorne. I wish her well and hope you will support her.

David James

PLWA - Our Aims

Don Carter

People Living With AIDS Inc [NSW] has a strong and mutually beneficial relationship with the AIDS Council of NSW. This has become more solid over our first year of existence and our move with ACON to the new AIDS Resource Centre has provided PLWA with a pleasant and comfortable workplace.

Often when I am talking to other AIDS groups or individuals I have experienced some mixed emotions or incorrect conceptions as to our relationship with ACON. Most of our members would be aware that we are an independent incorporated association.

We have a democratically elected Committee, our own aims and objectives and our own constitution. Other AIDS groups, government bodies and departments, the medical profession, the media and many other organisations consult with us, and hold us in regard.

Initially ACON assisted us with some material help but it wasn't long before we had our own PO box and phone number. The office space offered to us has been extremely valuable because a fledgling group such as ours could not have afforded market rent in the inner city area.

With the assistance of ACON we have a computer system up and running, a confidential and secure membership database, answering machine and now, at 188 Goulburn, a large office space.

A daily mailing service is provided and we basically want for nothing. Soon we shall have use of a computer publishing

system which will enable TALKABOUT to be put together by the Newsletter Coordinator entirely in-house.

Now it would seem if we are so well looked after by ACON, one could ask what do they get from us? Well, they certainly have no direct influence on PLWA [NSW] policy and direction. We have an elected committee, 380 members and a constitution to protect our aims and objectives.

We do hold joint discussions prior to media releases to avoid leaving either group in the dark and often our requests to the ACON Committee, through our representative on that committee, are built into ACON policy.

What ACON does get from PLWA [NSW] is the knowledge that people living with HIV/AIDS are truly being represented by their peers. The AIDS Council and all AIDS interest groups can be assured that PLWA [NSW] **WILL** empower all people infected or affected by AIDS, **WILL** lobby governments, community groups and other organisations to ensure the best possible levels of care, support and treatment, and **WILL** promote a positive image of people affected by AIDS with the aim of eliminating isolation, prejudice, stigmatisation or discrimination.

Our constitution has as one of its aims to work closely with the AIDS Council of NSW, the Community Support Network, the Bobby Goldsmith Foundation, Ankali and other relevant organisations in the pursuit of our objectives. Our constituents and those organisations can be assured that PLWA will continue to do so. *Turn to the centre pages for PLWA's full Manifesto.*



"HOW I FEEL WITHOUT A QUESTION MARK"

TO BE OR NOT TO BE A PUBLIC SERVANT, OR AN ARTIST
WAS ONCE A QUESTION I ASKED MYSELF.
IT WAS RELEVANT TO MY FUTURE AND THEREFORE IMPORTANT.

Whether to do my own thing or to be a sheep was yet
another question that marked my life.
The black sheep was never one to encourage. He was a
rebel, a problem child, an embarrassment.

Those question marks have given me no more privacy all my
life, but now I can see them no more, except on my
typewriter and maybe that is the strength and the right
choice I always wanted. The choice to push that key
that will make me feel.....important.

"TO BE OR NOT TO BE?".....that is the question, my
choice.

"YES" I want to be a feeling being, without question.

The answer will always be "YES", but unfortunately my
typewriter I use has no exclamation mark.

by ALLAN BOOTH 1990
& OLIVETTI dora

HOLIDAY IN YACKANDANDAH

Rooms are available for HIV+ people wishing to stay in a house on the edge of Yackandandah, a very pretty, old goldmining town in north eastern Victoria, thirty kilometres from Albury/Wodonga. So, if you want a break from Sydney and want to stay for a weekend or a week or whatever contact:

Reg Saffin, Fletchers Street, Yackandandah, Victoria
Phone: Work (060) 55 6210, Home (060) 27 1527

REVIEW

The Quilt Project & Self-Documentation, Self Imaging - People Living With AIDS

Currently at The Powerhouse Museum in Sydney there are two exhibitions about AIDS - "The Quilt Project" and "Self Documentation, Self Imaging - People Living With AIDS".

The first is a display of the AIDS memorial quilt panels; the other, a series of photographs accompanied by text, is part of an ongoing project by PLWA Inc committee member Kathy Triffit.

The locations of the exhibits significantly affected my response to them. The Quilt panels are hung on a huge white tiled wall and are very brightly lit while the photographs with text are seen in a quiet corner space with subdued lighting, described by Kathy Triffit as a "nurturing environment".

Like life, the two exhibitions present us with several dualities. With their bright colours and lighting, the Quilt panels represent a celebration of life. This feeling seems to reflect the dominant message on the various panels, that those we are remembering loved life.

I have seen the Quilt displayed at three different places now - Green Park, Darling Harbour and now at the Powerhouse - and each time the feeling that we are celebrating people's lives has come through strongly. Anyone with any

sensitivity who sees the Quilt must come away with feeling that we are all affected by the virus, that we are all 'living with AIDS'.

"Imaging AIDS" encourages quiet reflection on the dichotomy of people living with HIV/AIDS getting on with their lives despite the frustration and justifiable anger aroused by community ignorance, social stigma, lack of a "cure" and a drug industry and medical profession controlled by those whose primary objective is the accumulation of wealth and power.

The frustration and anger.

Paul Young, in the text accompanying photos of himself, says, "I was really struck by the feeling that people were sitting in rows, sort of tunnel vision, waiting for doctors to call their names." This comment led me to realise that most doctors haven't come to terms with the social implications for those with the virus.

Do they take the easy option by shifting their responsibilities onto social workers and other support systems instead of working to provide a more humane environment for people in hospitals, clinics and waiting rooms?

Getting on with their lives.

The photos of Barry and Ian, many of them made by themselves, were, for me, a fine example of people "getting on with it" in the face of considerable adversity. There are pictures of them at home enjoying being with each other, at the pub with friends and workmates. They talk about being honest with people at work about having the virus and how, sensibly and supportively, their colleagues dealt with this.

And from another set of photos and text: "I think it's up to people like me, rather than the media, to make a statement by saying, 'You have been having coffee with me for two years. I look a bit wonky now, but you have been having coffee with an AIDS person. How do you feel about that?'"

Indeed, how do we feel about that? Does knowing that people have the virus affect our attitude to them? If, in our relationships we take into account a person's disabilities/disadvantages we tread a fine line twixt being compassionate and being patronising.

There are panels of text transcribed from conversations with two women who are infected with the virus. I found it interesting that it was only these two women who told us how they think they got the virus. I wonder why that is so? Also, there are no photos of them. Is this the influence of social stigma? Is their talking about how they got the virus a way of defending themselves against such a stigma?

Just one last quick reaction: as I left this exhibition I passed some small display cases containing a collection of fans. They reminded me of a friend in Melbourne who has, for many years, collected fans.

Also, for many years he has suffered from acute kidney disease.

On Melbourne Cup Day last year I visited him in hospital where he was trying to recover from the removal of both kidneys. Now he has dialysis three times a week while he waits for a satisfactory donor. He has succeeded.

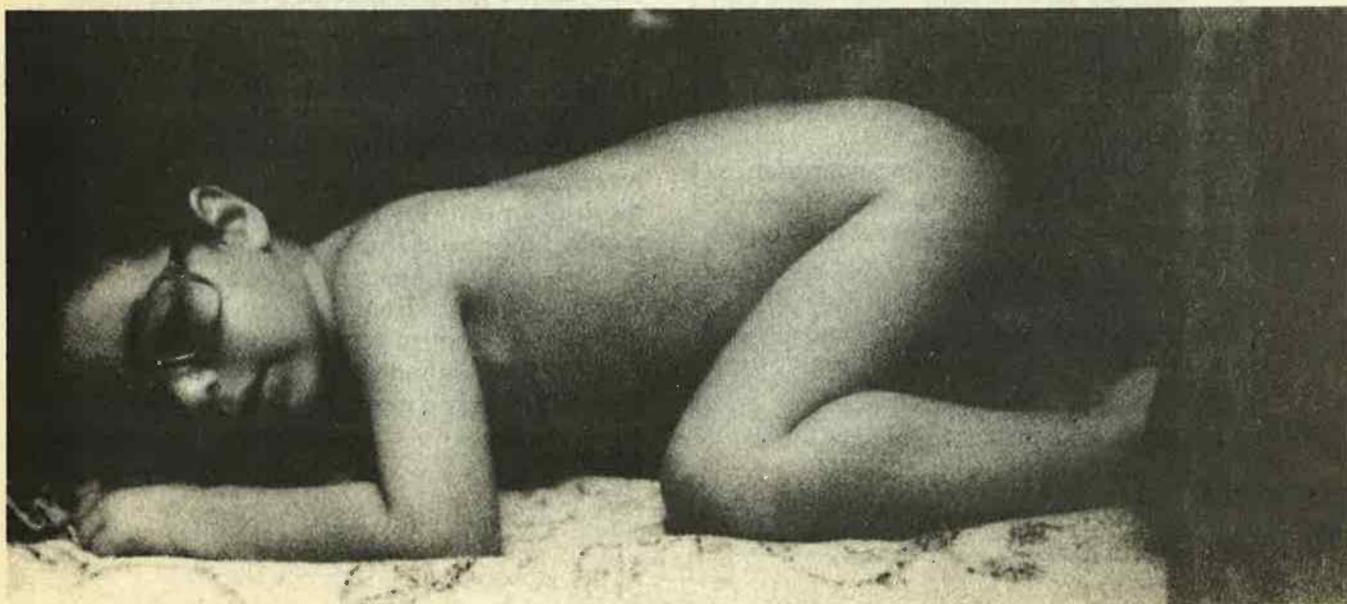
I had a friend who was sent by his family to psychiatrists when he was a teenager because he was gay. He wasn't mad then, but they drove him to madness. He drowned himself one Valentine's Day.

And that's one of the things about AIDS and these exhibitions: they have made me confront the issues of chronic pain and suffering.

Two of the strengths of these two exhibitions are that they make us confront some of the difficulties in our own and others' lives and that they are, each in their different ways, a celebration of life. There are no weaknesses.

David James

Both exhibitions continue at the Powerhouse Museum, Harris Street, Ultimo, until March 27.



Emergency meeting great success

On Thursday March 22, an emergency meeting was held by PLWA and ACON to discuss concerns with the availability of treatments for AIDS and HIV. Around 120 people attended to hear speakers and ask questions. A full report of the issues raised will appear in the next TALKABOUT, but printed below is a transcript of a live-to-air interview between Amanda Collinge and PLWA convenor Robert Ariss on JJJ-FM across the nation the next morning.

A: Who was at the meeting last night?

R: We had a number of interesting and important people at the meeting last night. First of all David Cooper, who's the principal investigator for the trials of AZT in Australia, and he talked about not just AZT but an upcoming drug DDI, which people have been excited about for some time now. A few other people: two representatives from drug companies - Burroughs-Wellcome, of course, who are responsible for producing AZT, and also from Bristol-Myer, which is the company responsible for producing DDI and getting the new trial of DDI up and running in Australia.

A: Just for people who don't know about DDI, why is there excitement about it? I assume it's one of the drugs that's available in America.

R: It's been available in America under trial for a few months now. Essentially it's like a second-generation derivative of AZT. It operates very much like AZT. Initial reports were exciting because the results suggested it was much less toxic than AZT, which has been the major problem people have had with AZT.

A: With side effects and such?

R: Yes, lots of nasty side effects, and a limited lifetime in which the drug was effective for people - an average of about 18 months to two years maximum, and then the drug would stop being useful for most people. The situation that we've arrived at in Australia is that AZT has been available for a number of years now, there are many many people who've been on AZT, and that is now becoming ineffective - hence the excitement about this new possible alternative DDI.

A: But of course the other point about AZT is that in the States, you can get what's called early intervention AZT and that's still not available here, and I guess you can't exactly say how effective AZT can be for people who are at that very early stage. Was any progress made last night in changing that situation?

R: Yes. I think we've made some progress with that. The problem as you say is not necessarily for people with AIDS but for the new push, which is to make AZT available for people with less than 500 T-cells - people who are infected and are relatively well, not critically ill. Early intervention means you take the drug much earlier with the idea that the earlier you take it, the more effective it will be and the less toxic effects it's going to have for you.

Coming away from the meeting, it's not entirely clear where we're going to go with early intervention. There was a suggestion that yes, it is going to become available in Australia.

There has been a major delay with a committee called the AIDS Australian Drug Evaluation Committee - AADEC - and that committee essentially held up the decision to approve the drug for early intervention because they required the results from the US trial to be converted into an Australian format. Now we've had a report from Burroughs-Wellcome that they're happy to go away with the American results and look at those, which will hopefully lead to a much quicker decision to

approve the drug and get it out to people. So there's a suggestion that it will become available much quicker than was originally thought.

A: You still sound a little bit hesitant, Robert - you don't sound absolutely convinced.

R: There's no firm commitment and there is no time frame about when it's going to happen. So that's an area which will need continued lobbying to make sure that it does actually happen. Because we've seen this before in the past - they've been talking about this now for several months. We've been lobbying along with other organisations like the AIDS Council to get the decisions made and I think what we need is major structural changes in the organisation of decision-making about these issues in Australia. That's something that's not going to come quickly and requires a great deal of lobbying and pushing and talking and maybe now that ACT UP has arrived we will go one step further and there will be more direct action kinds of lobbying tactics.

A: So ACT UP has now officially arrived in Australia?

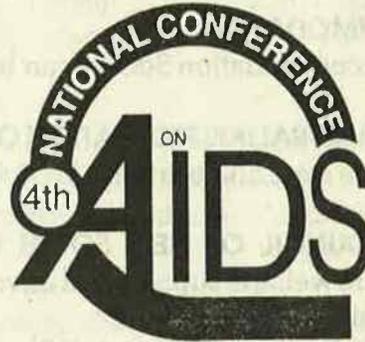
R: I think you can say that the meeting after the meeting last night saw the birth of ACT UP. We just invited people who were interested in discussing what was heard at the meeting to stay back. Forty people stayed back, which I think is a good turn-up for an AIDS meeting in Sydney. We discussed the implications of what we had heard, and where we might go. So some people have gone away and they're going to put some thoughts together and the organisation - well, it's not an organisation, it's just a very informal group - will hopefully stage something very exciting in the near future.

A: Well, if I know anything about the way ACT UP works, you can't even begin to tell me anything about that at this stage, can you?

R: No, because I don't know anything (laughs). We'll just wait and see. Something will happen and you'll know about it.

AIDS CONFERENCES

AIDS in ASIA and the PACIFIC



The objective of the **HIV/AIDS in Asia and the Pacific Conference** is to bring together the leading policy makers and health workers concerned with controlling and managing the HIV pandemic from every country in the two regions covered by the World Health Organisation's South East Asian and Western Pacific offices. People from government departments of health, education and welfare, clinicians and health workers from hospitals and health services and representatives of community and religious groups are all invited to attend.

The 4th National Conference on AIDS will immediately follow the AIDS in Asia and the Pacific Conference. Its aims and objectives are to bring together policy makers, professional care givers, people affected by the epidemic and other interested individuals and groups to address those issues which were highlighted in the National HIV/AIDS Strategy

For more information, please contact Conference Solutions Pty Ltd, PO Box 135, Curtin ACT 2605 Ph: (06) 285-3000; or Steering Committee Secretariat, PO Box 660, Woden ACT 2606

5 - 11 August 1990

CANBERRA

CONTACT LIST: AIDS ORGANISATIONS AND SUPPORT GROUPS

ACCOMMODATION:

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

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

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

The AIDS Resource Centre, 188 Goulburn Street, Darlinghurst 2010 Phone: (02) 283 3222

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

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

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

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

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

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

CSN WOLLONGONG: Contact Trish Regal

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

DAY CENTRES:

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

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

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

NUAA (NSW Users and AIDS Association): NUAA is a community/peer based organisation concerned primarily with harm reduction, including HIV prevention and support of HIV+ people, advocacy, general support, referral and community development. Contact Julie at 24 Darlinghurst Road, Kings Cross.

SYDNEY (MAITRAYA) : Daytime recreation/relaxation centre for people with AIDS run partly by volunteers and funded by the NSW Department of Health.

396 Bourke Street, Surry Hills 2010.

Enquiries: Irwin Diefenthaler (Co ordinator) (02) 361 0893.

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

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

EXTREME FUN and EXTREME PLEASURE CO. :

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

CONTACT: Brent or Tim for further information between 3 – 6 most afternoons on (02) 283 3222.

FRIENDS OF PEOPLE WITH AIDS: A peer support group for friends, lovers, partners and spouses of people with AIDS. Provides emotional support. Please phone to indicate attendance.

Nigel, Albion Street Centre, 150 Albion Street, Surry Hills 2010

332 4000 1st & 3rd Wednesday of every month. 7.30pm

HOSPITALS:**PRINCE HENRY (SPECIAL CARE UNIT):**

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

PRINCE OF WALES HOSPITAL:

High Street, Randwick (Sydney). Phone (02) 399 0111

ROYAL NORTH SHORE HOSPITAL:

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

ROYAL PRINCE ALFRED HOSPITAL AIDS WARD:

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

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

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

WESTMEAD CENTRE (WESTMEAD AND PARRAMATTA HOSPITALS):

(Sydney). Phone: (02) 633 6333 (Westmead); (02) 635 0333 (Parramatta). Fax: (02) 633 4984.

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

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

LIVING WELL SUPPORT GROUPS: For long term HIV positive gay men.

Contact Terry Giblett: (02) 212 3980

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

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

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

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

QUILT PROJECT: Memorial project for those who have died of AIDS consisting of fabric panels and completed by friends and lovers of those to be remembered. Phone 283 3222

SACBE – EL CAMINO NUEVO: A group to educate the Spanish speaking community about AIDS. SACBE is also a Spanish speaking community support network.

Contact Pedro Manzur (02) 283 3222

SYDNEY WEST GROUP: A Parramatta based support group.

Contact Pip Bowden (02) 635 4595

TRANSFUSION RELATED AIDS: A support group for people acquiring HIV through a blood transfusion. Please phone to indicate attendance.

Parramatta Hospital, Marsden Street, Parramatta.

Contact Jenny: (02) 262 1764 Pam: (02) 635 0333 ext.343

Meetings are held on the last Tuesday of each month. 10.30am

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

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