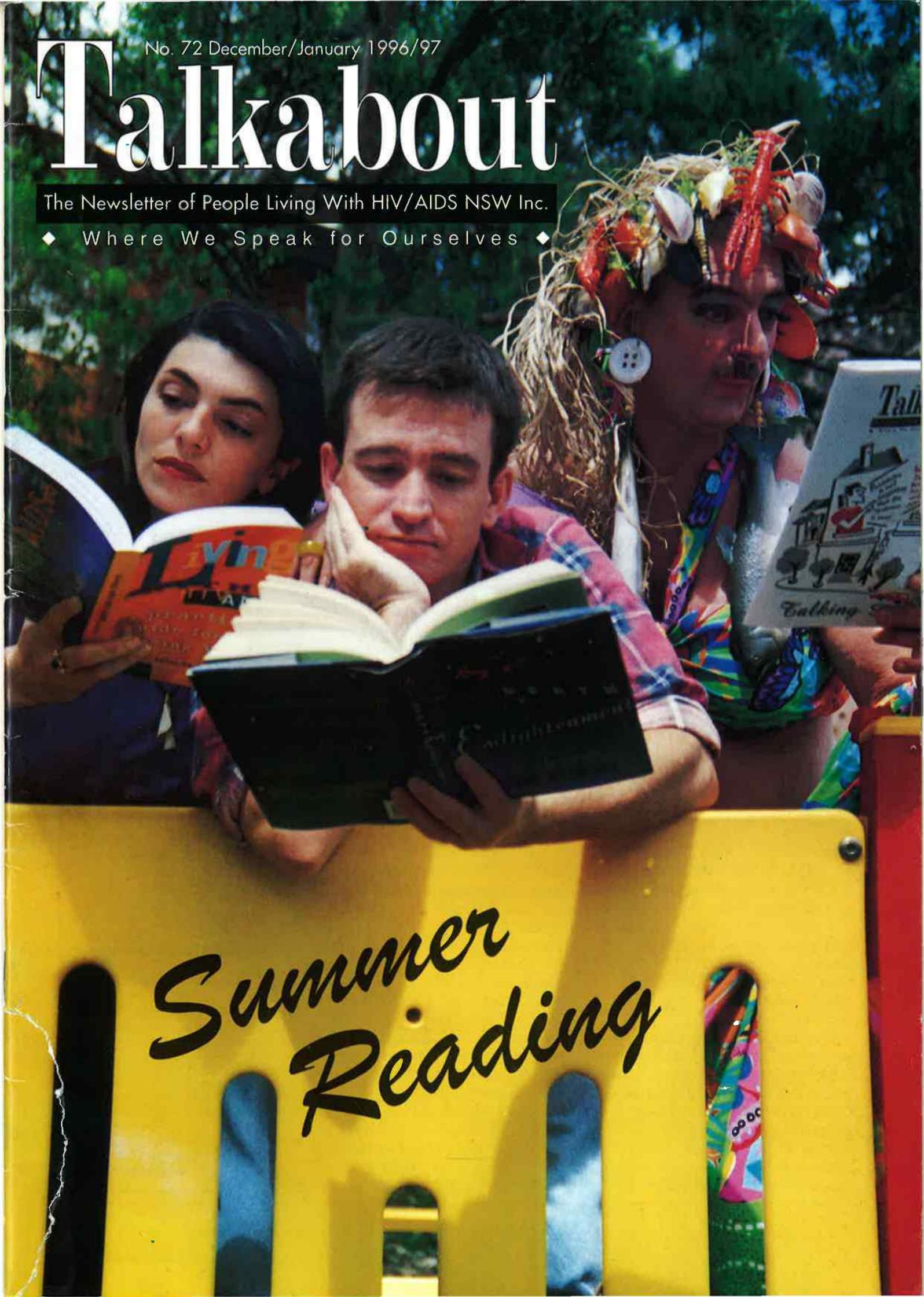


No. 72 December/January 1996/97

Talkabout

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

◆ Where We Speak for Ourselves ◆



*Summer
Reading*

Once I was an AIDS virgin

I'M EXTREMELY EMBARRASSED TO tell you that I got a World AIDS Day Outstanding Contribution Award.

I have to admit, I'm ambivalent about the Awards. In my job, it's usually paid me to sit on the fence about issues such as this (I think it's called being objective). I could see the point of having the Awards (before I got one), because public recognition of people's work and commitment is always a good thing, but I've also got sympathy with those who argue that the money spent on them could be better directed.

Now that I have an Award, it is very nice to get the recognition. It is encouraging to know my work is valued, especially when sometimes I feel like I'm only getting this magazine out each month by the skin of my teeth.

On the other hand, I do feel uncomfortable accepting an Outstanding Contribution Award, when I know how many other people are out there who are equally – or more – deserving of it.

Talkabout would not be what it is today without the contribution and influence of many, many dedicated people. I'm particularly pleased that quite a few of them are also Award recipients this year: Ross Duffin, Alan Brotherton, David Urquhart, Paul Canning, Kath Vallentine, Kathy Kum-Sing and of course Robert Ariss.

I came into this job six and a half years ago as an 'aids virgin', knowing more about prevention than anything else, but confident that I could do the job. What a learning curve!

I've been fuelled by my passionate belief in the equality of all human beings, their right to have a voice and the value of their ideas; by my faith in communication as a powerful tool; and by my fascination with how people live – not just people with HIV, I read history and anthropology in my spare time!



Straight white girl (me) with Black drag queen (Leggs Galore) holding the first monthly *Talkabout* with Aboriginal cover. Enough diversity?

PHOTO: JAMIE DUNBAR

Time and again I'm told that what people like most about *Talkabout* is the personal stories. Well that's what I like the most and I think that's one of the major reasons the publication has been so successful. The stories inspire people and help reduce their sense of isolation.

Many times I've been sitting in an interview with my dictaphone, barely able to suppress my excitement at what the interviewee is telling me, as they reveal the most wonderful strength or insight or wisdom (often at the same time saying "I know this probably sounds confused" – it doesn't!) At those times I think "This is gold!"

When I started working on *Talkabout*, I took to heart the cover motto: "Where we speak for ourselves". Given that I'm not HIV positive, that was quite a challenge, but the way I solved it was to take on the role of a facilitator, or a conduit between individual story tellers and others who may find their stories, insights and information useful. I still see that as my role, and I think it's worked.

The other thing that I've taken to heart is the goal of properly representing all the different kinds of

people living with HIV, as well as all the different issues affecting them. I don't think I've covered all the bases yet, but I do know that I've worked bloody hard at it.

This is an important goal not just for all the various interest groups, it benefits everyone else too. I was surprised to learn, travelling to Africa, that positive people there – almost universally heterosexual, and living in third world conditions – really liked *Talkabout*. And if they learn from us, then just as surely, we can learn from them.

I see my Award as a measure of the value that *Talkabout* has for PLWHA in NSW; that it is achieving what the founders of PLWH/A envisioned. That is extremely gratifying. Thank you for your support.

– Jill Sergeant



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This month's cover

by *John Douglas*. Unlike our glamorous cover models (Eryka, Scott and the newly crowned Ms Mururoa – see briefs p.6), we hope you “Slip, Slop, Slap”, while perusing our summer reading special in the park (see reviews, p.23). And if you're after something a little more serious, check out comments from people attending the National Conference of People Living With HIV/AIDS, held in Sydney in November (see p.16). Happy silly season!

Talkabout

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● The HIV/AIDS & International Development Network (HIDNA) will be hosting a Conference in Melbourne on December 9. The theme will be "Emerging issues in HIV/AIDS: Women and Children at Risk". Topics include: refugee women new to Australia, women in Rwandan refugee camps, child sex tourism, and women and children in Papua New Guinea, Nepal, and Cambodia. For more info call Carys Jones at HIDNA on (06) 285 1816.

● Austrian body painter Karl Macchamer has invented a liquid condom that can be painted directly onto the penis. A bottle of the latex costs \$8 and coats an "average-size" penis three times. The only problem is keeping entertained during the seven minutes it takes to dry. (Poz)

● An average of 111 Kenyans died from AIDS each day between January 1995 and June 1996. Assistant Minister for Health Basil Criticos said the figure represents only a third of the actual number of people believed to have AIDS. AIDS officials have estimated that more than 1.7 million people in Kenya may be infected with HIV by the end of the year.

(CDC Daily Summaries)

● A national AIDS prevention and control centre is being established in China, according to officials at the Ministry of Public Health. The estimated number of HIV cases in the country is between 50,000 and 100,000. (CDC Daily Summaries)

● Although Cambodia had virtually no AIDS cases five years ago, the country now has the highest HIV infection rate in Asia. Health officials estimate that 1% of the population, including 2.5% of pregnant women, is HIV+. The spread of the virus is attributed to prostitution and a lack of condom use. (CDC Daily Summaries)

● Of the total number of US AIDS cases reported by Sept. 30, 1996, 7,472, or 1%, were among children aged less than 13 years. Most children with HIV contracted the virus from their mothers (perinatally). The number of children infected perinatally from 1986 to 1996 peaked in 1992. In 1994, research showed that treating HIV+ pregnant women with AZT could reduce such transmissions by two thirds. Recommendations were issued by the Public Health Service in 1994 and 1995 for HIV counseling of pregnant women and voluntary testing and treatment. The number of annual perinatal infections decreased 27 percent from 1992 through 1995. The rate of perinatal transmissions may have declined, in part, due to the recommended use of AZT. (CDC Daily Summaries)

AROUND 300 PEOPLE FROM around the country, including a significant number of indigenous Australians, were welcomed to the Sixth National Conference of People With HIV/AIDS in Sydney on November 9. It was a great opportunity to catch up with old friends and to make new connections with other positive people.

Alan Brotherton, President of the National Association of People Living With HIV/AIDS, (NAPWA) which hosted the conference, listed the turning points which the Conference title referred to: improvements in treatments, with an associated drop in the AIDS death rate for the first time in years; the issue of equitable access to those treatments; a new Federal Government for the first time in the epidemic's history; a new National Strategy on HIV/AIDS (the third, still in draft form); and a changing social climate in which it appears to be more acceptable to express intolerance (the Pauline Hanson phenomenon).

Chris Puplick, President or Chair of a string of important organisations, including the Australian National Council on AIDS, discussed the Third Strategy, highlighting what he saw as its strengths and potential challenges. Among these challenges are the need to address userphobia within the HIV-affected communities; how to keep the Strategy "sufficiently flexible" to respond to changes in the treatments picture; and understanding Aboriginal and Torres Strait Islander issues.

Guest speaker Martin Delaney from Project Inform in the United States (also in town for the Australasian Society for HIV medicine - ASHM - Conference) sketched out the overall treatments picture at the opening plenary. Cautioning that "There's a limit to what we know", he commented that while the new triple therapies are a significant advance and lives will be extended, this is "at the price of almost equally dramatic new demands on patients" -

meaning the requirement to stick to dosages and schedules and not take 'holidays' from treatment.

Delaney set out what we know about the protease inhibitors (PIs), what we don't know, and where the science is "fuzzy". He pointed out that the CD4 increases people get on PIs are "not the same as restoration of immunity" in all cases, and that not all people benefit from the new combinations.

People who benefit the most, Delaney said, are those who are using at least two drugs that are new to their bodies. He also commented that the three PIs available are quite different from each other and that there's a lot we still don't know about them because they were released onto the market while still in relatively early development. One thing we don't know, for example, is how people will cope with being on PIs for long periods of time - the longest period there is data on so far is about two years.

In Delaney's opinion, people should start combination therapy early, but he acknowledged that caution was equally legitimate, given what we don't know about the drugs.

Delaney concluded with an outline of future directions. We are moving towards: improved diagnostic techniques and drug formulations; more therapies are in the pipeline; work is being done on developing less expensive, "more natural" treatments (e.g. hormone based), and on immune system reconstitution; and there is some evidence that eradication of HIV may eventually be possible.

If turning points were the stated theme of the conference, a subplot was definitely 'inclusion' of people who are marginalised, even among others with HIV - women, Aboriginal people, young people, etc. A number of sessions explored different aspects of this issue. The take home message from a panel on "Identity, Difference, Inclusion and Marginalisation" on Sunday, was that PLWH/A organisations need to become more aware of access and equity issues for marginalised groups and make an

effort both to incorporate these people into their organisations, and to assist them to lobby agencies (such as AIDS Councils) for better service.

For the first time at a NAPWA Conference, efforts to include indigenous Australians resulted in a strong presence of Aboriginal people. Rodney Junga, 13 years HIV positive and an HIV/AIDS activist and worker for ten years, gave an emotional speech at the opening Plenary. "Silence still equals death", he said, calling for positive people to unite across their differences and work together.

Aboriginal people and their supporters spent most of Saturday together working on a set of recommendations for NAPWA. Issues of concern included isolation from services and information, a lack of action within Aboriginal health bureaucracies, and the need for Aboriginal health care workers to have HIV/AIDS training.

Other topics discussed at the Conference included complementary therapies, youth, the media, retirement, the Internet and peer support. PLWH/A (NSW) was well represented at Turning Point with several staff members making presentations.

Unfortunately, interest in the broad cross section of people living with HIV seemed to stop abruptly at the Tasman sea – the presentation "HIV+ in Aotearoa – New Zealand" was cancelled due to lack of interest.

Highlights of the Conference included Suzana Murni's speech at the opening Plenary (see p.14), AFAO President Bill O'Loughlin's address on the need for addressing racism, David Jobling's performance in a session late on Sunday, which was appreciated as a funny and uplifting way to end the conference, and the Aboriginal delegates' moving presentation during the closing plenary.

There will be more material from the Conference in the February *Talkabout*.

– Jill Sergeant



Nine year old Shaune was entered in a Sun Herald Competition. His prize was meeting Diana, Princess of Wales, on her recent visit to Sydney. Shaune, who is HIV positive, presented Diana with a garnet red-ribbon brooch on behalf of the Luncheon Club AIDS Support Group Inc. (These are on sale for \$350 – call Carole Ann on 9389 7477.)

PHOTO: CAROLE ANN KING

Day Centre

IN LATE NOVEMBER DECISIVE action was (finally) taken on the long simmering issue of where and how the Sydney PWA Day Centre is to operate.

Community organisations and concerned individuals rallied to support the Day Centre and in a last minute change of direction on November 20, South Eastern Sydney Area Health Service (SESAHS) signed an agreement on the future of the Day Centre with representatives of PLWH/A, the PWA Living Centre Inc, and PRIDE.

Under the agreement, SESAHS made a commitment to sign the lease on the Day Centre premises for 18 months (instead of three years) and, working with ACON as interim Project Manager of the Day Centre, locate and refit new and more appropriate premises, and seek additional funding. The details of ACON's role as interim Manager were under negotiation at the time of going to press.

A Project Management Committee is to be made up of representatives of the Area, PLWH/A, ACON, and the Day Centre.

"I'm pleased with the initial agreement with SESAHS, to work towards having the centre moved to a more central location within 18 months", said PLWH/A Convenor Phillip Medcalf. "Our next challenge will be to get backing for this process from the AIDS and Infectious Diseases Branch of the NSW Health Department. It's up to the Management Committee to push for that support."

Pearly whites

YOUR ORAL HEALTH CAN BE A crucial factor in the progression of your illness and general well being. Dentists have been saying for years that gum disease is a common problem for HIV positive people, that can lead to a severe loss in quality of life. For example, painful gum disease may prevent people eating and they lose weight as a result – not a good look, as you well know.

For the past two years, the Periodontal Research Group (PRG), a group of dentists at the United Dental Hospital in Sydney under the leadership of Associate Professor Stephen Yeung, have been studying the benefits of regular dental care for people with HIV. All participants receive initial

Briefs



• Times of change for ACON with the announcement of the new Executive Director. Bernie Coates, currently ED of the South Australian AIDS Council, will replace retiring ED Don Baxter early next year. The new ACON President is openly HIV+ Chris Gratton.

• One of our lovely cover girls this month, Salmonella, won the coveted title of Ms Mururoa, Queen of Gay and Lesbian Sydney, at the annual ACON Fundraiser on November 9. The star studied event benefited the Vitamin Service. [PS: She's the one with the lobster].

• Congratulations to Carole Ann King for winning Energy Australia's Community Spirit Award. Characteristically, Carole Ann accepted this well earned award on behalf of the Luncheon Club, rather than herself. Part of the prize was a weeks holiday in Coffs Harbour - which Carole Ann plans to use as a stepping stone to possibly setting up a Luncheon Club in the area.

• The Luncheon Club celebrated its Third birthday on November 4 with a pillow fight (Participants got to take home their pillow, courtesy of Aussie Boys). The annual Xmas lunch (with all the trimmings, Santa, & Xmas Hampers) will be on Monday December 16. There will be carols on Fri December 20 at Green Park.

• David Lowe Consulting has been appointed by the AIDS/Infectious Diseases Branch of the NSW Health Dept to conduct a review of HIV-related poverty in NSW, concentrating in South Eastern Sydney, Western Sydney, Newcastle and Lismore. The review is expected to recommend strategies for addressing HIV-related poverty.

• Spirituality, alternative therapies and intimacy between positive and negative people were hot topics on the agenda for Living Heterosexually with HIV/AIDS, a one day Sydney workshop for possies who are straight on November 30. At the time of going to press, speakers included Dr Marilyn McMurchie, Peter De Ruyter, Hilda High and Margaret Mines. Organisers expected about 30 positive people and their partners to attend. There will be a report on the workshop in the February *Talkabout*.

• Also on November 30 (why don't they consider our deadlines?!) Performance Positive II explored unsafe sex. Why are so many of us still engaging in unsafe sex? Why aren't we talking about it? Well known performers, including Alex Harding, Miss 3D and Stephen Dunne provided some answers to these questions from their personal cutting edge. The night, which was to be videoed, was organised by PRIDE. Watch this space for info on what went down.

treatment to get their mouth in optimum condition, and are then randomised into two groups, one of which has three monthly check ups and maintenance work, while the other receives no follow up care.

While no results are yet available, "clinical observation has supported our view that people who are monitored and treated, have better oral health", says Yeung. "We're looking for evidence to support our claim that there is a need for constant dental care for people with HIV."

Within the next few months preliminary results will be analysed, and if the difference between the two groups is too great, the study will be terminated so that all can receive the better treatment.

The study has not been directly funded and so the PRG have not had the resources to increase the number of people on it, although it is still short of a statistically ideal number and they have a waiting list of potential participants. "I hope that the preliminary results will encourage funding bodies to support this study. So far, dental care doesn't seem to have been a priority for funders", says Yeung. He would also like to see more dental care services incorporated into HIV units.

If you are interested in joining the trial, your doctor can refer you to the PRG. Health Care Card holders will receive care free of charge, others will be treated but may be asked to pay a fee.

Legal aid cuts

ANTI-DISCRIMINATION ADVOCATES from the HIV/AIDS Legal Centre, ACON, the Inner City Legal Centre and the Kingsford Legal Centre have condemned legal aid cuts, saying many victims of discrimination will no longer be able to run their cases.

HALC Co-ordinator Ed Moreno said the Federal Government's slashing of the legal aid budget means that state and Federal anti-discrimination laws are less accessible to people on low

incomes. "Sixty percent of HALC's casework is discrimination related. That means that more than 400 of our clients a year could be affected", he said.

HALC predicts that there will be an increase in unfair contracts, insurance policies and discriminatory practices because companies will no longer feel they have to settle, as they can rely on the complainant not having sufficient resources to challenge them. Moreno pointed out that some cases which have been resolved have often resulted in policy changes by the relevant company and have therefore benefited all Australians.

The legal advocates are calling on the Federal Government to reverse its decision.

Your slice of the PIE

ADVANCES IN TREATMENTS IN THE past year have created a pressing problem - how to get accurate and useful information out to more HIV positive people. The Positive Information & Education Project (PIE) is an exciting new project set up to do just that - amongst other things.

PIE is a joint initiative of NAPWA and AFAO. It aims to identify the information and education needs of positive people and address some of the major issues at a national level.

The Project is directed by a Steering Committee made up of people living with HIV/AIDS and other experts from across Australia, which has already approved a 'Question & Answer' treatments campaign, to be published in the community media.

The first thing the Project will be doing is consulting with PLWHA and service providers around the country. The resulting report will help us develop a national PIE Strategy. The Project's next priority will be to develop resources and education campaigns for PLWHA and workers in the field.

The National Treatments Project, which publishes *HIV*

Herald and *Positive Living* is now part of PIE. In 1997 we'll be establishing a Standards of Care Project to promote a nationally consistent response to the care of people with HIV/AIDS; and a project to assess the specific needs of people with HIV/AIDS who do not speak English as a first language.

For more information, call me on 9231 2111.

– **Scott Berry, PIE Co-ordinator**

Positive women

HOW WOULD YOU LIKE TO SPEND three relaxing days with no food to prepare, no alarm clock to wake-up to, having massages, going for bush walks, hanging around the swimming pool or playing tennis, and participating in fun workshops while the kids are being entertained?

All this is free and possible. All you have to do is let me know that you are interested so I can go ahead and do the organising bit. Please try to get back to me as soon as possible, it would help me a great deal.

The retreat is to be held on January 22nd 23rd and 24th. These three days are for Positive women, their partners and kids, and will be alcohol and drug free.

RSVP to Erycka Fars on 9206 2049 ASAP.

Resonance

“RESONANCE” IS AN EXHIBITION of positive artists being run by the Sydney PWA Living Centre during Mardi Gras 1997.

Works displayed will be the result of art and craft classes for positive people currently being run at the Centre. The classes provide PLWHA with an opportunity to express their experience and feelings. All aspects of living with HIV/AIDS can be explored through art in a safe, welcoming environment using a variety of mediums from papier mache to painting and costumes.

The exhibition will be at PRIDE Community Centre, Feb 3 - 29,



Talkabout scooped two Awards at the AFAO Media Awards on October 25. Our special rural issue, 'Voices from the Land', won equal 2nd with QPP Alive in the 'Special Category' – the winner was Positive Living; and congratulations to our regular artist, Jim Chan, who won an award for his cover illustration of our Discrimination issue in March. Pats on the back all round. Pictures (l-r): Sandy, Jill and Jim.

PHOTO: MAZZ IMAGES

and the Green Iguana Cafe, Newtown, February 10 - March 2.

For more information about the classes or the exhibition, call Robert Attwood at the Centre on 9357 3011.

OPI Update

WHILE CO-ORDINATOR CAMERON was away in October, Our Pathways Inc. was staffed by volunteers. It was a great opportunity for members of the community to have more of a hand in the running of the house. Cameron has returned safe and well and we are pleased to see him in one piece from his adventures in Nepal, but there is still a need for volunteers so if you want to get a little more involved please call us.

October was a busy month. Saturday October 5 was an especially good day with a talk given by Judith Pryke, a dietitian from Port Kembla hospital. Judith gave us lots of good ideas and information and I'm sure she went away having learnt a lot more about the issues facing the community.

Several OPI regulars have almost finished the first decoupage

extravaganza – not content with something small they started by decoupageing a table! And some of our members from down Nowra way hosted a wild night of carousing and memorable partying on the last weekend of October.

The vegie garden is looking great, flower garden's blooming and if you would like to help out (even if it is just to water) come along on Tuesdays. We are already beginning to prepare lunches with our own organic vegetables which is really thrilling.

OPI celebrated World AIDS Day with an open day and remembrance ceremony on November 30 and a stall and BBQ at the Berry Bazaar Market Day on Dec 1.

As well as lunches on Tuesdays, Thursdays and Saturdays, massages are also happening on Fridays with the Hands On massage volunteers. Early bookings are essential (call (042) 29 2944).

As you can see we are having a busy time of it but we're never too busy to stop for a cuppa so come and visit.

– **Frank Vellozzi, Secretary**

Briefs

X Commonwealth funding for the 2 approved Viral Load Tests (Amplicor PCR - Roche and Branched DNA - Chiron) is still non-existent. This is totally unacceptable, as it threatens the subsidised availability of these tests during 1997. Immediate action by the Minister for Health, Michael Woolridge, has been demanded by AFAO and NAPWA. This is a priority because of the clinical necessity of using viral load tests for the best standard of care in HIV management and therapy choices.

• DDI (Videx) is now available in a new orange flavoured formulation with a mylanta component, which should help those having nausea and stomach upsets on ddi. The improved formulation is meant to dissolve in 2 minutes.

• Bristol-Myers Squibb, manufacturer of ddi and d4T (Zerit), has released new data showing that the two drugs are more effective when used together. Talk to your doctor or Treatment Officer for further information if interested in these options.

• Isis 2922 is a compound active against CMV retinitis. It is used as an intravitreal injection, and is available from Prince of Wales Hospital. (Jo Watson)

• A free herbal medicine clinic for positive women, staffed by a volunteer herbalist, is open at ACON on the last Wednesday of every month. It costs around \$15 to fill your herbal prescription at Newton's Pharmacy, York St, City. Call ACON for more info on 9206 2000.

• Organisers of the KM1 Herbal Formula Trial continue to be put off by the Department of Corrective Services in regard to including NSW prisoners in the Trial. Their initial application to the Dept. was in October last year; they have now been informed that a decision on their appeal will not be made until next year.

• Feeling tired or stressed? Having difficulty managing at home? Perhaps an occupational therapist can help. Northern Sydney Area Health Service have recently released a series of pamphlets which explain the uses of occupational therapy, give hints on how to manage, and list the numbers of occupational therapists working in HIV/AIDS. The pamphlets are available from the PLWH/A office, or call Mary or Sarah on 9926 7855.

• The National Complementary Therapy Working Party (NCTWP) was established at Turning Point to take action to increase the availability of complementary therapy (CT) information and treatments to PLWHA. Initial priorities are to lobby AFAO and the AIDS Councils to employ Complementary Therapies Treatments Officers, campaign for increased concessions/rebates from Health Insurance funds and work towards a national CT conference.

Illawarra news

RED RIBBONS ARE GOING TO BE everywhere this year as a result of the incredible lobbying and persuasive marketing efforts of Glen, Thelma and the rest of the crew. Just about every shopping centre in the area, several schools and of course Crown Street Mall will be covered in Red Ribbons by December 1!

We all slipped out of our boardshorts into something more glamorous for the fabulously successful Cocktail/Mocktail fundraiser on November 15, which raised over \$500 for our Positive Well Being Fund and OUT NOW.

Our Xmas bash for all staff, volunteers and clients will be on December 13. Call us for details.

David Webber, as acting Manager for the last month, has done an absolutely fabulous job of keeping the place running smoothly, while the gorgeous Joseph has been compiling a report on the gay needs assessment, which will illuminate the existing 'patchwork quilt' pattern of gay life - positive and negative - in our neck of the woods, and set priorities for our future work here.

Congratulations to CSN Illawarra, Lynne Jolife (CSN carer) and Phillip Geaghan (OUT NOW) for their World AIDS Day Awards. Thank you for your dedication and hard work!

Merry Xmas from all of us at ACON/CSN Illawarra, and our sincere thanks to all those who work so hard for our communities.

- Jackie Braw

Stop Press

THE ENTIRE PLWH/A COMMITTEE were re-elected at the PLWH/A Annual General meeting on November 26. No-one else stood for election to the Committee.

Office-bearers on the Committee remain the same. Bill Whittaker has replaced Chris Holland as alternate treasurer.

Nevirapine

NEVIRAPINE IS AN ANTIVIRAL drug which belongs to the Non Nucleoside Reverse Transcriptase

Inhibitor class (NNRTI). It works differently from existing HIV antivirals, and is another option for those who are needing to consider various combinations in therapy. It has been available in Australia through compassionate access only.

The Therapeutic Goods Administration delayed approval of Nevirapine at their meeting on October 3 & 4, despite US approval of the drug in June.

This is of great concern to the positive community sector, as delays in getting new drugs can mean progression to AIDS and serious illness for some patients, or death. AFAO and NAPWA continue to lobby regarding this issue.

- Jo Watson

Olga's Personals

Passive Only. 42YO HIV+, looking for active 1-1 partner for r/ship if suited. Not really into scene, but enjoy social dances & socialising with friends. Looks unimportant, easy going & good personality.

One pensioner, partner/carer and dog looking for three to four bedroom home to rent (longterm) in the Blue Mtns/Katoomba area. Must be within comfortable distance to town centre, train and services. Looking at anything from 130-165pw. Enquiries D.Finch or A.Pearce on (02) 9360 2951.

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 no 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. To protect your confidentiality, make sure the envelope is clearly marked Olga's Personals.

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 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.
- Olga can only accept one ad, per person, per issue. If more than one ad is submitted, extras will be published over following months.

Talkback



A week for us!

AFTER READING "WHY I HATE World AIDS Day" in *Talkabout* (November) I would like to offer some thoughts:

Why not a PLWHA WEEK? Not focusing on the prevention of HIV/AIDS or the education of the broader community about safe sex, but on People Living with the virus (not 'affected by' please - living with) inside their bodies. A week of activities that focus on people living with the virus could be owned and run by NAPWA or PLWH/A Inc. It could empower people with the virus and focus on the themes/issues that we see fit.

World AIDS Day comes around in the middle of the Christmas frenzy when people are putting dollars and cents into their own social rituals (I've always thought December 1st was a stupid day to have it in that regard). What about something towards the end of the financial year? Tax deductible donations may increase at that time. If people living with the virus owned this event (made up of a series of functions, drives and media campaigns) they could create programs that would continue and develop with the final outcomes of various projects coming to an end on World AIDS Day, thus making a connection that is currently lacking.

For example, kick off an education campaign in schools with speakers, essay/art/colouring-in, play-writing competitions, media/press awards for the best reportage etc . . . All of this would afford us an opportunity to own an awareness campaign that helps us determine who we are, what we face, and what we can offer society.

World AIDS Day provides a focus for the 'World-community' but it's out of our hands, we have very little control of it. If we originated a PLWHA WEEK that possibly continued through the year, at the very least it would give us a greater level of self/community-determination.

Otherwise, we just seem to be token pawns in a 24 hour frenzy of denial.

- David Paul Jobling

Postaids? No thanks

I WRITE TO COMMENT ON THE article 'Transformation' by Scott Berry in the November *Talkabout*. Although I agree with Gary Dowsett's views on the ways both positive and negative gay men have incorporated HIV/AIDS into their identity and everyday lives I believe that the term 'Postaids' is more than alienating, it is fear provoking.

This term, without a detailed explanation such as offered in Scott's article, will always be interpreted literally, to mean that the crisis is past, we can now relax and feel less oppressed by safe sex education messages, and the issues so important in the lives of positive people can now be downgraded to mere concerns.

Eric Rofes in *Reviving The Tribe* also proffers the 'Postaids' concept but without creating and releasing such scary, uncontrolled and unnecessary terms as 'Postaids'. It seems that academics often create animals such as this and take no responsibility for the damage and injury they cause. Scott, please don't feed the animal.

On a positive note (no pun intended) to Bill Evans: go boy, tell it as it is! I share your attitude but maybe with a little less passion and just a little more apathy. This apathy was cultivated though involvement at the coal face, the National Steering Committee for World AIDS Day (1995). It taught me that school art prizes and T-shirts had more support than national awareness campaigns or the inclusion of positive images of positive people. Alas, I still smile and applaud at the prize giving and nibble the sizzling sausages, so pass the sauce Bill.

- Greg Allen

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



Sydney Sexual Health Centre

Sydney Hospital
Macquarie St

(near Martin Place Station)

For an appointment or information
382 7440

For recorded information
11646

Services provided:

- > Bodyline clinic Wed 6.30pm - 10.30pm
- > Counselling
- > Free condoms, dams and lube
- > Hepatitis B tests and vaccinations
- > HIV/AIDS tests and care
- > HIV eye clinic
- > Multicultural information and interpreter services
- > Needle syringe exchange
- > Safe sex information
- > STD test, treatment and information

*no medicare card required

Tribute

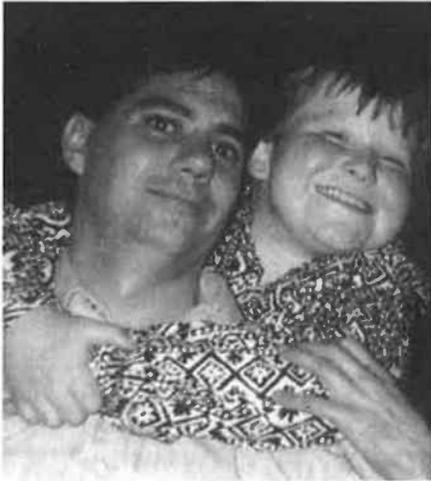


Smiling Eyes

Glen William Eastwood

28.5.64 - 25.10.96

*Youngest son of Dawn, (dec.)
and John. Brother of Sherry,
Lillian, Greg, Grahame and
friend to us all.*



THE EYES OF THIS BOY SHONE bright, a tint of innocence always sparkled through. His personality bubbled and was only matched by the smiles and laughter which personified his life. This was the boy we called Glen.

From a bubbly little boy who we grew up with, came a kind and compassionate man who we loved.

Whether you be family or friend, if he embraced your life, your life can only be better for it.

Quality of life is not based on length but on the type of character you build in the time you are given. The character we called Glen based his life on truth, honesty and kindness. Glen made time for people and his ability to make light of most situations made him a man we all felt at ease with.

Glen's life was an adventure and throughout it he touched people's hearts and souls in so many ways they can never be changed. The journey for Glen is over now and he joins his mother in peace. For those of us who have been a part of his life, we are left with the memories to share. From time to time something will spark these memories so let us never forget.

May the good Lord be with him. ♦

ACON

AIDS Council of New South Wales Inc.

The AIDS Council of NSW (ACON) is a community based organisation providing a diverse range of services for people living with HIV/AIDS and affected by HIV/AIDS. ACON services include preventative education programs, support, legal and advocacy services. ACON is an equal opportunity employer and encourages people with HIV to apply for positions.

Aboriginal and Torres Strait Islander Mens Project Officer

Aboriginal and Torres Strait Islanders are recognised as a important priority group for HIV/AIDS education and support. This position will see the establishment of a new support and education program targeting Aboriginal and Torres Strait Islander men, particularly focussing on those who are HIV positive. You will need an understanding of, and a sensitivity to, the cultural diversities and the particular issues and problems that impact on Aboriginal and Torres Strait Islander men. You will also have knowledge of HIV, issues for HIV positive people, sexual health issues, gay community, transgender people and injecting drug issues and the impact for Aboriginal and Torres Strait Islander men. This position's main duties are to provide support services and peer education to Aboriginal and Torres Strait Islander men. This work will require you being a contact point to assist Aboriginal and Torres Strait Islander men in accessing services, and supporting community development activities and events. You will need sound communication skills; an understanding of, and an ability to implement community development programs and adult education principles. This position is designated for an Aboriginal or Torres Strait Islander person.

Salary Range \$33,548 – \$34,607 per annum
Closing Date: 3 January 1997

Essential criteria for the above position includes a desire to work with and a sensitivity towards people living with HIV/AIDS. A duty statement, terms and conditions of employment and selection criteria must be obtained before applying. Please telephone reception on (02) 9206 2000 after 11am Monday - Friday. ACON is located at 9 Commonwealth Street Surry Hills.

No agencies please

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

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Aboriginal and Torres Strait Islander Womens Project Officer

Aboriginal and Torres Strait Islanders are recognised as an important priority group for HIV/AIDS education and support. This position will see the establishment of a new support and education program targeting Aboriginal and Torres Strait Islander women, particularly focussing on those who are HIV positive. You will need an understanding of, and a sensitivity to, the cultural diversities and the particular issues and problems that impact on Aboriginal and Torres Strait Islander women. You will also have knowledge of HIV, issues for HIV positive people, issues affecting transgender people, sexual health issues, and injecting drug issues and the impact for Aboriginal and Torres Strait Islander women. This position's main duties are to provide support services and peer education to Aboriginal and Torres Strait Islander women. This work will require you being a contact point to assist Aboriginal and Torres Strait Islander women in accessing services, and supporting community development activities and events. You will need sound communication skills; an understanding of, and an ability to implement community development programs and adult education principles. This position is designated for an Aboriginal or Torres Strait Islander person.

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THE NAMES IN WASHINGTON

For three days in October, The Names Project took the Quilt to Washington for the fifth time. On October 11 - 13, 40,000 panels covered a space over one mile long, or, if you prefer, 24 football fields, between the Capitol Building and the Washington Memorial. It took the three days for the 70,000 names that are represented on the Quilt to be read out. Sue Clark (pictured below) was there.



FOR THE FIRST TIME THE AMERICAN President and the First Lady came to visit the Quilt. The Vice President and his wife were also there, to read out the names of their friends and colleagues who have died.

Two blocks from the 35 other countries who have Quilt Projects, including Australia, were also on display.

Education initiatives from across America and the world were on display at an Education Fair held in conjunction with the display. Our stand had information on World AIDS Day activities in NSW, the Quilt Education Package, Positive Speakers Bureau, Safe Sex Bush Tour, The AIDS Trust of Australia "Friends For Life" and the Chippers and Pickers Project.

It was estimated that 50,000 school students passed through

the Fair on the opening day. A fair number of them stopped at our stall. Itinerant workers have only recently been identified as a potential high risk group in parts of the USA, so the Chippers and Pickers information was extremely timely. Not surprisingly, all of the pamphlets, posters and assorted handouts that I had taken were gone by that afternoon.

On the Saturday night 150,000 people marched in the Candlelight Memorial and then gathered around the reflecting pool between the Washington Memorial



and the Abraham Lincoln Memorial to hear actors, politicians and assorted celebrities, including the beautiful Miss Elizabeth Taylor, speak. Long time AIDS activist and founder of the Quilt, Cleve Jones gave the keynote address. For him, a dream had come true. He got to say "Thank you Mr President". Of course he then reiterated that President Clinton has not done enough, however...

Other events that took place in or around the display included National Coming Out Day,

Hands Around the White House - an event to try and force the President to support a needle and syringe exchange program, The Beat Goes On - a benefit concert which featured Chaka Khan, Bon Jovi and others, and ACT UP's Political Funeral, during which ashes were dumped on the lawns of the White House and photos of people who have died were attached to the White House fence.

On the last afternoon of the display 2,500 new panels were presented - one of those was to our Quilt.

It was overwhelming to be a part of this historical event. To stand in the middle and not be able to see either end of the Quilt. To look down and see so much loss - so much grief. To move to the side and join an ACT UP procession. To be told "You're so lucky in Australia and try to explain that, "Well, not really...". To see the panel that started it all nine years ago - Marvin Feldman. To echo the theme of the display "How Many Names Will It Take?"

Sue Clark is the World AIDS Day Education Officer NSW





Why I hate



World AIDS Day

World AIDS Day has been controversial amongst people living with HIV for many years now. Last month, Kim Gotlieb and Bill Evans expressed some of the concerns and ambivalent feelings often muttered about by HIV positive people and those working in the area. In a welcome response, Colin Clews points out the purpose and successes of World AIDS Day. At last, some dialogue!

LIKE BILL EVANS ("WHY I HATE World AIDS Day", *Talkabout*, November 1996) I too am learning to hate World AIDS Day – although for very different reasons.

My principal reason for this dislike is its capacity to generate ill-informed and contradictory criticisms such as his. For example, it's hard to take seriously criticisms which begin with "I hate the stalls and poster displays . . . where only the converted venture in . . .", then move on to praise them as a good way of communicating with the public.

As a general principle, I wish people would do a little research before they pontificate about the rights and wrongs of World AIDS Day. Apart from anything else it's a waste of everybody's time and energy.

For example, Bill complains that "It grieves me that World AIDS Day isn't as good at raising awareness of HIV as the mainstream media." It grieves me that Bill doesn't mention the fact that the NSW World AIDS Day Education Officer used the AIDS Memorial Quilt to discuss living with HIV/AIDS, discrimination, homophobia, bereavement, grief, safe sex, and safe injecting with some 5,000 school students across NSW last year.

It grieves me that Bill doesn't mention the fact that more than

5,000 people in rural NSW saw the AIDS Quilt during 1996 as part of the World AIDS Day Quilt Tour. And for many rural people affected by HIV/AIDS, this tour gave them the first opportunity to discuss their feelings.

It grieves me that Bill doesn't mention the fact that some 2,000 NSW school students submitted posters on the theme "AIDS Affects Us All" as part of the new World AIDS Day Schools Competition. And it grieves me that Bill doesn't mention the enormous (and frequently, intelligent) media coverage that the World AIDS Day Program generates on a local and State-wide level throughout the year.

When Bill suggests, "Maybe one solution is to use the day to raise big money", I wonder why there is no mention of the AIDS Trust activities (which raised \$183,000 last year) and the thousands of Red Ribbons sold on those ambiguous street stalls.

I don't think Bill realises how many people he is insulting when he suggests that people should "put thought into what you're communicating". Does he really think that the hundreds of World AIDS Day volunteers across NSW haven't thought about what they're doing? Whilst it's very true that the Geneva-based origins of the WAD slogan remain a mystery to us all, NSW World AIDS

Day is considerably more focused so please don't tar us with the same brush. We're very clear about what we're trying to achieve and how we go about that. We're very clear about the design and purpose of our World AIDS Day poster (and it isn't simply to "look nice, Tracey!"). And we're very clear about how to review and evaluate the effort that goes into it all.

Why World AIDS Day?

I'd be the last to deny there are problems with the whole concept of World AIDS Day. It was established as a self-congratulatory event to mark the gathering of world Health Ministers in 1988. The annual theme is developed in Geneva to coincide with the current United Nations Year. None of this has got anything to do with the realities of living with HIV/AIDS and even less to do with local realities.

Nonetheless, it can and should be used as a platform for keeping HIV/AIDS on the public agenda and reminding people of the personal and social impact of HIV/AIDS. This has never been more important than now, when we have a proposed Third National HIV/AIDS Strategy which has more to say about Hepatitis than HIV/AIDS. When we face considerable funding cuts in treatment, care and education/prevention,

and there's a widespread belief that the AIDS crisis is over ("haven't they cured it with that triple therapy?").

There is a need for a broad-based campaign to counter all of this and to maintain ongoing support for the more controversial issues such as sexually explicit information for gay men, needle and syringe exchange programs, and sex education in schools. That's how we use World AIDS Day.

Contrary to Bill's belief, it's not just something that happens on one day. The NSW World AIDS Day program runs all year and culminates in AIDS Awareness Week. It takes the AIDS Memorial Quilt to small towns in NSW to explain the impact of HIV/AIDS. It targets schools, health care providers, community networks and the local media to help get the message across. It organis-

es an annual competition in schools to encourage young people to think about the issues. And it organises the World AIDS Day Awards so that the many, many people who work so hard in the AIDS field can, at least, be acknowledged (something that this industry generally fails to do).

Every year the AIDS Memorial Quilt is displayed in its entirety. People remember those they have lost, people can work through some of their grief, and the rest of the public has an opportunity to see some of the impact of HIV/AIDS.

In addition to these centrally organised activities there are literally hundreds of local events on and around World AIDS Day. There are dozens of street stalls across the State and, surprisingly, they are staffed by people who have thought about what they're

communicating. There are a number of memorial services/ceremonies in which people remember those who they have lost. And, perhaps most importantly, there are many people who organise activities which commemorate World AIDS Day the way they want it to be commemorated.

World AIDS Day may have been initiated as a bureaucratic response to the AIDS crisis but it can only succeed as community action. It is by no means the answer to the AIDS crisis but it is part of the bigger picture. It's not everyone's top priority but it still has an important role to play. And it's not owned by anyone so it's up to you to make of it what you will. But at least, find out about it first!

Colin Clews is the Manager of the NSW World AIDS Day Program.



The side of the World AIDS Day Program we don't always get to see: an AIDS Memorial Quilt Display at Quirindi High School, July 1996, exposes young people to some of the issues we live with every day.

WOMAN OF SPIRIT

PHOTO: JILL SERGEANT



Positive woman Suzana Murni is the founder and Co-ordinator of Spiritia, the only support group for PLWHA in Indonesia. Spiritia (the name is an 'Indonesianised' form of 'spirit') aims to promote a positive image and acceptance of PLWHA.

Suzana knew no-one else who was HIV positive when she was diagnosed two years ago. She volunteered at an AIDS organisation, but all its work was focused on prevention. She found other positive people by asking her doctor to give her name to any other positive patients, and subsequently started Spiritia with the people who contacted her.

Attendance at the Asia Pacific HIV/AIDS Conference in Chiang Mai last year connected Suzana to more positive people and international resources which assisted her in setting up Spiritia. She is now a Key Contact for the Asia-Pacific Network of PLWHA (APN+) and is an Asia-Pacific Representative for the Global Network of PLWHA (GNP+). Talkabout is pleased to publish a transcript of the speech Suzana gave at the NAPWA Conference.

IT IS SURELY A PRIVILEGE FOR ME to be here today in a moment that is still a luxury to most people with HIV in the world. That is: to be an HIV positive person and not be afraid to say so.

The first HIV case in Indonesia was found in 1987. Since then, 438 have been diagnosed positive. The estimation made by the World Health Organisation is way bigger than that. They estimate there should be about 165,000 HIV positive people in Indonesia, which is 377 times more than what is recorded. However, with the number of cases so small, it's not easy for people to see care and support for people with AIDS as an urgent issue.

In my opinion, the number shouldn't matter. But in the developing world, even a huge number of HIV cases doesn't always guarantee that people with AIDS get the amount of attention that they need.

When Asia was dubbed to be a region with potentially the highest rate of HIV infection in the world, I wondered with worry: are we

ready for it? Let's not pretend it's not happening, let's not turn away, but really, are we ready to face it?

Here I am standing in front of you today feeling healthy and proud. When I was diagnosed I thought I would never be this way. I didn't know much. What I knew was that I'd contracted a virus – not only deadly but also shameful. Debates over whether people with AIDS should be quarantined, what rights they should enjoy in society, and other issues similar to these, were played by people around me. People were scared that someone like me might pollute their lives.

I couldn't stand up and defend myself. I didn't know how. That experience was only two years ago. Have things been progressing since then? In most developing countries, not really.

I couldn't get out of ignorance alone. My turning point was the Asia Pacific AIDS Conference in Chiang Mai, Thailand in 1995, where for the first time since my diagnosis my eyes were opened. I started to learn how free people with HIV could/should be. Such a

learning experience is not available in a country like mine.

The Conference also had a positive impact on a lot of other people who attended it. That's why, no matter how difficult it seems to be to achieve "one world – one hope", I have my small but everlasting faith in it. I've seen that together, we can make a difference.

With the fact that the asymptomatic period can be as long as ten years or even more, having a quality life becomes the main goal. However in many countries barriers still exist that hinder people with HIV from having that quality life. Getting access to quality care is difficult where health care providers are not adequately trained. The hospital system is ill prepared to deal with AIDS patients.

There are still influential persons and mass media giving incorrect and uncompassionate information about HIV transmission and creating fear in the general public, making it difficult for those infected to be open about their HIV status. In many countries, the cost

of anti-retrovirals and drugs used to fight opportunistic infections is so high that they are inaccessible to most people.

Moreover, forums that give people with HIV an opportunity to be consulted and involved as equal partners are still very few. As a result, issues being faced by PWA are not adequately raised and attended to. Most policy discussions still focus on protecting 'good citizens' from HIV infection. And some potential funding bodies hesitate to support people with HIV because they should not be supporting what is controversial.

People with HIV/AIDS who are the first to be involved in AIDS activism in their countries often come across people who come to meetings just to see that an HIV positive person looks like instead of listening to what he/she has to say. Often people don't believe that the person has HIV because he/she doesn't look like what they expected. It is physically and mentally taxing for someone with HIV to come forward and fight that misconception when information relevant to living with HIV is almost non-existent.

A lot of people are still expecting to see an 'AIDS victim' to give them a reason to stay away from HIV infection. Some express their pity. And some just refuse to accept that we are not different.

In the situations that I have just mentioned, PWA in developing countries are not too sure exactly how to react to the wonderful progress in treatments that we heard of in Vancouver. In places where people have to work hard just to have something to eat and to keep a roof over their head, drugs will never be a choice, even if they have money in hand.

While the new treatments mean a turning point to some, most people with HIV in the developing world are trying not to lose hope. But to keep the hope is difficult for a bigger percentage of PWA in the world. Something as simple as being allowed to live and enjoy life normally will be the first turning point. ◆



What women want

Over 20 positive women attended the NAPWA Conference, the highest number ever for such a Conference. The women discussed a wide range of issues, including isolation, recording positive women's experiences, gynaecological treatment, caring for and treatment of HIV positive children, women's relationships with AIDS Councils, pregnancy, relationships and the Positive Women's National Network. The recommendations made to NAPWA as a result of their discussions are that:

- ◆ The National Centre for HIV Social Research, Macquarie University:
 - 1 re-fund the study on HIV positive women, in order to finish analysis, and to publish and give feedback to HIV positive women on existing data;
 - 2 Investigate funding opportunities to continue the study by interviewing participants again;
- ◆ Funding is sought for a 3rd National Conference for Women Living with HIV;
- ◆ Funding is sought to support National Network of Positive Women to develop a national newsletter;
- ◆ There be a face to face meeting of state representatives;
- ◆ The needs of young women living with HIV and AIDS are recognised in the provision of services;
- ◆ A worker in each State and Territory be dedicated to women and AIDS and act as a resource and contact for positive women;
- ◆ There be a position on ANCA for Positive Women;
- ◆ AFAO recognises that women have specific issues by funding a womens' policy officer;
- ◆ Funding be provided to update where necessary and reprint the Positive Women book and video "Positive Women Speak Out", "Treat Yourself Right" booklet, and "With Natures Complements";
- ◆ *Positive Living* and *HIV Herald* dedicate at least one page if not more, per issue to articles pertinent to positive women;
- ◆ The distribution of these publications be widened to enable women to freely access them;
- ◆ Women attending this conference contact the co-ordinator of the Positive Information & Education project to ensure inclusion in the consultation process, and encourage other women living with HIV and AIDS to do the same.

(Not listed in order of priority)

GRAPHIC: MERRI COLLIER
COURTESY OF FAMILY PLANNING
ASSOCIATION OF NSW

TURNING POINT

6TH NATIONAL CONFERENCE OF PEOPLE WITH HIV/AIDS

Turning Point was an opportunity for HIV positive people from around Australia to meet and discuss their lives and futures. Talkabout seized the opportunity to sample some opinions from this diverse bunch of people. We wanted to find out what you see as the burning issues for people with HIV.



Tony and Wayne at the conference.

PHOTO: JILL SERGEANT

Wayne Nicol

I come from Cairns and I've been positive for some years. I'm living by myself in units that were given by the Sisters of Mercy to the AIDS people of Cairns. It's a bit lonely because I was used to being around family.

What are the main issues for you as a positive Aboriginal person?

Being alone. My family have come together just recently, but before that it was really hard for them to be around me. There's a person who's a carer, he's a white carer with a black heart. He comes and takes me out.

I've heard that telling your family you're HIV positive is an even bigger issue for Aboriginal people than it is for other people.

When I was telling them that I was gay, they accepted that more readily than my sickness. But now they're coming together because they've had a lot of counselling. The people who are looking after me have counselled all my relatives, saying what stage I'm at and what I'm going through. People

are able to respond to it if they know what's going on.

What do you think about the Conference so far?

Excellent. I've been to a few of them now. One in Alice Springs, that was exceptional. The Arunda people allocated their land for us to have a conference. This one's just as good, bringing all these people here - like I didn't know Tony, we've met now and other people here that I wouldn't normally meet in a lifetime.

Tony Creighton

I'm from the Riverina, Wagga Wagga. That's my home town, I've only been back there for a year. I've been positive for 13, 14 years at least. I live on my own in Housing Commission flats which I got in June. It's not bad. My family are close by. *round Dabo better Dabo*

What are the main issues for you?

No matter where we are geographically, we all have the same

problems. It's either isolation or financial or support systems.

I'm lucky in a sense in that I've been able to access most things, because I've worked in Government departments and I know how things work.

I feel a bit sorry for people who can't get things like *Talkabout*, and other magazines, it's so unfortunate because they are such good publications.

What do you think the PLWH/A organisations and NAPWA should be doing for Aboriginal people who are HIV positive?

If they're going to get funding for specific things, then they need to put people in there who are going to do the job properly and efficiently. Far too often people become complacent and get the job and fuck around and nothing really gets done. You need someone who's really on the ball. There's so much information around, if it could just be collated together and sent out.

Anything you wanted to say about the Conference?

Well I'm a conference virgin. It's an eye-opener. This is the first time I've ever met any positive Aboriginals. And the first time I've met a lesbian who's positive. I'd only ever met one woman, in all the years I've been hanging around. So much time and effort is spent on gay men who are positive, you really don't think about heterosexuals who are positive, lesbians, Aboriginal women, Asian women. It's a huge picture.

Kay

I'm 21, I'm a woman and positive.



What are the main issues for you, as a young positive woman?

Well living out in Western Sydney, there's no active support groups, there's no network out there. There's no information on things such as treatments, for instance, how AZT affects women specifically, because the drug trials have all been done for men. There needs to be that sort of information.

What do you think that the major AIDS organisations like PLWH/A and NAPWA could be doing for you?

Not even ACON has a section at the moment out west where women are represented. Women

need to be represented there. If they want positive women to come in and be recognised as part of the HIV/AIDS community, then they need to give them a voice. Not just Screamline, not just support over the phone, but somewhere where women can come and be comfortable. There has to be adequate childcare support, things like that. Women's issues need to be addressed.

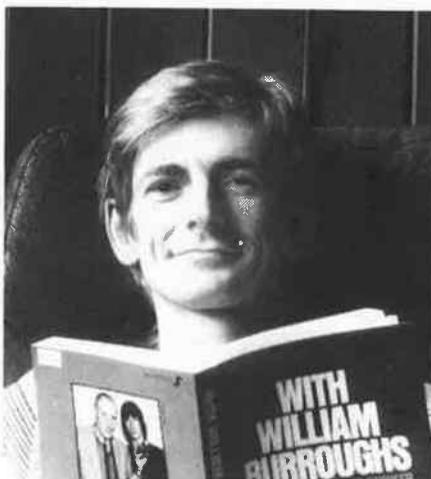
I guess NAPWA and PLWH/A could be pushing for our rights as women and their job would be to define how a positive woman fits into the community. I'm not gay, but I don't consider that to be an issue. When it comes to being positive, and when you're looking at organisations which are specifically designed around the HIV/AIDS community, if you're going to recognise some segments like gay men, which I know is a majority, you need to recognise the minorities as well - this is supposed to be a democracy.

What do you think of the Conference so far? (lunch time, first day)

Well it's great. It's good to sit down and talk about things, but there also needs to be positive action. I think that's important and I hope this conference gives that.

Colin Griffiths

I'm from Brisbane, I'm a member of Queensland Positive People, who elected me to be the NAPWA representative for Queensland.



What are the burning issues for you as a positive person?

Burning issues for me, and I think a number of other positive people, include poverty, access to treatments, speedy approval of treatments, consultation by AIDS organisations with positive people about their needs, and to become self reliant and self determined.

What could NAPWA be doing to facilitate that?

Well I think they already have done something by holding a conference like this, remembering that NAPWA is a voluntary organisation. NAPWA has been very forthcoming in their help and communications with Queensland about this conference, and also about issues that arise throughout the year, which I think is very good.

On the NAPWA Executive there are two members from each State who are supposed to represent the interests of all positive people from their State, but within those states there's other groups of people - injecting drug users, Aboriginal and Torres Strait Islanders, bisexuals... A criticism that has come up today is that perhaps there should also be people on NAPWA representing Aboriginals and Torres Strait Islanders. I think this would be cumbersome. I think the way to go about it would be that State representatives best represent those people and at a State level we should be working at two way communication with other interest groups.

What have been some highlights of the Conference?

On a personal level, seeing some old friends and some old faces. I don't know if this is a highlight, but the shock of seeing so many younger people here. One of the highlights has been so many indigenous people, that I think is just great. Another highlight would be the feeling of acceptance - I feel at home with all these positive people, because generally I'm not surrounded by positive people.

As far as some of the proceedings go, I think when Bill O'Loughlin talked about AIDS organisations being racist that was a really good point. Also, what I'm getting from a number of people around Australia, is that the PLWHA movement is becoming stronger. I think it's time that positive people came out about their positivity and stood on their own feet.

Arone Raymond Meeks

I live in Cairns, my tribal area's Laura. I've been positive for 13, 14 years. I'm an artist and I've been living in NSW, and since my partner of 20 years passed on, I've moved back to my home town.

What are the main issues for you?

For a long time, especially living in Cairns, and knowing probably a half a dozen Aboriginal and Torres Strait Islander people who are HIV, and a lot of other non-Aboriginal people who are HIV, it's the isolation.

The Conference is important for me in that it puts faces to names, and you feel you're not going along this road by yourself.

Also, perhaps demystifying what is AIDS within the Aboriginal community.

Another big issue, which is very personal for me at the moment, is loneliness. Because Cairns is the area that I grew up in, I feel that I have a right that when the time comes, I should be there. But choosing to be there is very difficult, in that I feel there's not very much support at all. I'm hoping that out of this conference, some more networking and more information can be fed back into the community.

What do you think that NAPWA, or PLWH/A organisations should be doing for Aboriginal people?

Certainly, making it a lot more accessible. It's not really accepted within the Aboriginal communities to be gay, let alone to be HIV. I would like to see some sort of brainstorming sessions coming together where we have a national, indigenous conference where we

can set about demystifying these kind of concepts. Because too many of our brothers and sisters are just going back into the communities and keeping it quiet and dying silently. And those who are trying to get on with their life, still live with being HIV, and not being able to share what's going on.

Is this the first NAPWA Conference you've been to? What do you think of it so far?

Yes, it's the first I've been to. I think it's brilliant. For me, again, it's about networking and meeting all of these people and sharing ideas. And it's fantastic to know that you're not doing it alone. Just being in a room with all the rest of the Murries, it's great.

Ken Irvine

I'm HIV positive, IV drug user, Hepatitis A, B, C, Herpes 1 and 2! The triple H.

Andy

I'm a proud faggot, HIV, IV drug users, Hep A, C - don't have B.

What are the main issues for you as a positive user?

Ken: The discrimination both from within the HIV community and the gay community - I don't associate with the straight com-

munity. If you say you're an IV drug user, they really spin.

Andy: The main thing I'm interested in is having the right to do whatever to yourself, and not harm anyone else. And also discrimination and stigmatisation.

Being positive makes no difference. Being positive for me is a positive. There's no negatives around it.

What do you think that PLWH/A and NAPWA should be doing for positive users?

Ken: I know what PLWH/A does, and I don't see that they help IV drug users at all. I don't see that there is the need, in a way. There could be more IV information in articles in *Talkabout*, and maybe the Positive Speakers Bureau could be using an IV drug user, I don't know if they do. In the services they provide, are they provided for IV drug users? Community education, getting information out there to the general community. And NAPWA, I've got no idea what they do, apart from the Conference.

Andy: PLWH/A supplies a good service, but from my experience, as an IV drug user you are blacklisted. That's not pointed at PLWH/A, it's in a lot of the services - ACON, BGF.



Andy and Ken.

PHOTO: JILL SERGEANT

Ken: They don't admit that it's there, but as soon as you say you're an IV drug user . . . [Ken demonstrates shrinking away].

What do you think of the Conference so far?

Ken: I've really enjoyed it. The mix of people is really good – the straight men, there's a lot of women and the gay men . . .

Andy: Gorgeous!

Ken: It's only Saturday afternoon, but the choice of things that are on is good and I've had a really good time.

Andy: It's good, it's very well organised. I like it because I am educating myself and informing myself of what's the latest thing.

Steve Towers

A peer educator at the AIDS Action Council in Canberra.

What are the burning issues you have as a positive person?

I wouldn't really call them burning issues. I suppose at the moment the excitement around combination therapies changing the whole face of HIV/AIDS. Beyond being sick and dying there's suddenly this 15, 20 years ahead of us that we have to start thinking about.

What are some of the highlights of the conference?

That communal feeling of being in a place where there's so many other people who are the same or

similar, it's a really uplifting feeling – one of those 'warm fuzzies' I guess!

Margaret Woods

I'm a positive woman, have been for probably about ten years, had a positive partner. He's been dead four years, and I have two adult children.

I'm just coming to terms with 'coming out'. My children, plus three friends (and therapists of course) are the only people who know I'm positive. Most people thought my husband died of cancer. This is the first National Conference that I've been to.

What are the main issues for you at the moment?

One that I've just faced is telling my children and some close friends. My mother and brothers don't know, and that's a real issue for me, to tell them.

There's a whole lot of issues – gynaecological issues, support issues. Making decisions about treatments, this extra life that may have been given to me – I'm going really well, my viral load has dropped dramatically, I feel wonderfully well. It's comical in a way, My husband was sicker than me and he used to say, don't worry Margie, you'll be okay, but I wasn't thinking about myself.

When he died and I did start thinking about myself, I thought, I'll just last as long as I can and

probably that's not going to be very long – a year, maybe two. I've been taking overseas trips with the money he left me – by the way that's just run out! So I have to get a job now. I've been on a pension. And apart from the financial side, I'm well enough. I want to get a job and start trying to live life as a normal person. I find all that really hard to deal with. It's just so complicated.

What should NAPWA and PLWH/A be doing for you as a positive woman?

I don't know, we're in a minority group for sure. Maybe we need more representation, to make sure we get more information, more support. I don't blame anybody because if you are in a minority your voice isn't going to be heard. I'm just trying to get to a point where maybe I can start doing something for someone else and not just be thinking about me.

What do you think of the Conference?

I'm enjoying it. I was a bit hesitant to come, but someone approached me. I thought, that's not me, I don't feel confident . . . but I'm very happy I came.

Just talking to other people helps me, whether they be positive or not.

Interviews by Jill Sergeant & Rick Lansley

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1996 World AIDS Day Awards

It's time again to acknowledge the outstanding work of those involved in the care, education and prevention of HIV/AIDS in New South Wales.

Outstanding Contribution Award Winners

Outstanding Contribution Awards acknowledge phenomenal effort in contributing to care, support or education in the HIV/AIDS pandemic in NSW.

Andrew Birley

Andrew was responsible for the first Food and Wine Fair and is still instrumental in producing the event six years later. He has taken it from the Food Hall in David Jones to be one of the most popular and financially viable events seen for AIDS fundraising in Sydney.

Levinia Crooks

Levinia has been involved in HIV/AIDS since the beginning. She was President of ACON three times, chaired the BGF Client Services Sub Committee and the Housing Sub Committee and is the driving force behind the Bobby Goldsmith Foundation Supported Housing Facility.

Ross Duffin

Ross has done work with ACON, AFAO, ANCA and NAPWA. He has written a myriad of reports and has been a constant contributor to *Talkabout*, the *National AIDS Bulletin* and *Sydney Star Observer*. Ross has been a tireless worker in HIV/AIDS over the last 11 years and an outstanding spokesperson for people with HIV/AIDS.

Bruce Forrest

Bruce has established the only Aboriginal HIV Positive Network in Southern NSW and has assisted greatly in the development of the NSW Aboriginal HIV/Sexual Health Workers Network. Bruce is recognised nationally for his expertise in the area of Aboriginal HIV/Sexual

health and Aboriginal gay issues and has spoken at conferences and forums in various States and Territories on these topics.

Dr Marilyn McMurchie

As well as being the President of ASHM, Dr Marilyn's contribution to the community is tireless. Her up to date knowledge in the treatment of HIV/AIDS and understanding and caring informal nature is legendary.

Ruth Pope

Ruth is a registered nurse with the Gunnedah Community Health Service. She is committed to the district and the local needle and syringe exchange program and co-ordinates the Safe Sex Bush Tour in the area as well as having a strong presence at the Ag Quip Field Day in Gunnedah.

Jill Sergeant

Editor of this rag. Jill's ability to interact, understand and facilitate the involvement of positive people in *Talkabout* has made it possible for the publication to stand as one of the best of its kind in the world.

Victor Tawil

Victor has been a pioneer of high quality services and support for people living with HIV/AIDS in the Southern Region of NSW. He has established HIV/AIDS Task Forces in Goulburn, Young, Bowral and Bega, trained carers, organised public education forums, and established gay and lesbian support groups. In effect, Victor has left no stone unturned in the South Eastern region of NSW.



Ross Duffin

PHOTO: JAMIE DUNBAR



Victor Tawil

PHOTO: JILL SERGEANT

1996 World AIDS Day Awards

Service Award Winners

Service Awards are offered to individuals or organisations that have given above the call of duty in HIV/AIDS education, care or support.

PLWH/A (NSW) Inc. Service Award Nominees

Alan Brotherton

Alan has been Convenor of PLWH/A and is currently the President of NAPWA. For the past six years Alan has worked as a volunteer and paid worker in many initiatives (including the National Strategy, ANCA, ACT UP, the Positive Speakers Bureau and as an HIV/AIDS educator) that have made access to treatments easier and generally improved the quality of life of PLWHA.

Barbara Delcasse

Barbara, the Co-ordinator of Botany Neighbourhood Centre, has worked tirelessly to ensure that PLWHA have access to the range of services provided through the community sector. Her actions following the Poverty Sucks meeting earlier this year led to the provision of funds for an examination of Home and Community Care services. This project will greatly improve access to services currently underutilised by PLWHA. Barbara's other areas of (voluntary) action include the Food Distribution Network, Quilt Project and Candlelight.

David Urquhart

David has been involved with *Talkabout* since its earliest years. David was the first paid *Talkabout* Co-ordinator (1989 - 1990) and after leaving that position continued to be an active and thoughtful member of the editori-

al working group until his resignation earlier this year. David's dedication, insight, rigorous attention to detail, and political correctness (but with wry humour!) have been an enormous asset.

Vaucluse High

Vaucluse High has an innovative HIV/AIDS education program, started nine years ago by Kevin Gardner and continued by Glen Perry. The school has been involved with fundraising efforts with BGF, the AIDS Trust, the Quilt Project and PLWH/A. The students have donated over \$12,000 to various charities in this period.

World AIDS Day Awards Steering Committee nominations

ABORIGINAL SERVICES:

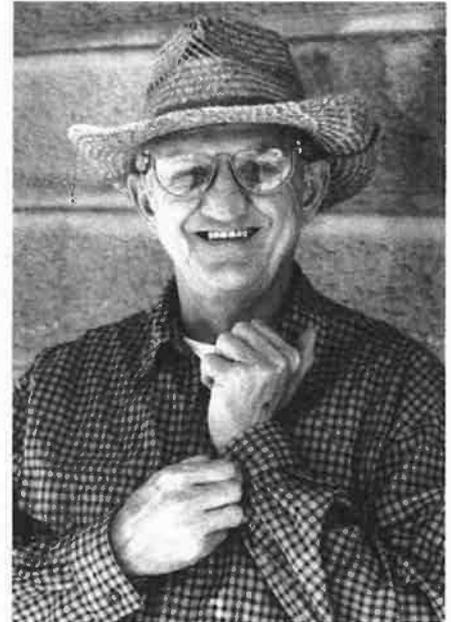
Victoria Jones, Aunty Pat Smith, Raymond Dennison, Kathy Kum-Sing.

ACON ILLAWARRA: Philip Geaghan, CSN Illawarra.

AIDS TRUST OF AUSTRALIA: Roger Medway, Drew Mollineau, John Adams, Penelope Wells.

ANKALI: Greg Handcock, Tadgh McMahon, Angelo Bavaro, Brian Edwards.

BGF: David Austin, Stephen Harvey, Ian Black, Mark Cassimatis.



David Urquhart

PHOTO: AMANDA HOLT



Students at Vaucluse High preparing for World AIDS Day 1992

PHOTO: DAVID URQUHART

1996 World AIDS Day Awards

CSN: Jenny Carleton, Andrew Bredin, David Urquhart.

CSN ILLAWARRA: Lynne Jolliffe.

SOPY: Norma and Brian Nolan, Sue French, Gregory Pride, Steven Ford.

MULTICULTURAL HIV/AIDS SERVICE: Soccer Australia, Gianna Mazzantini, Santiago Pozo, Beverly Hills and Kogarah Intensive English Language Centres.

PLWH/A: Alan Brotherton, Barbara Delcase, David Urquhart, Vaucluse High.

POSITIVE WOMEN: Kath Valentine, Jan Kneen McDaid, Robyn Wakaqalou.

PRIDE: Paul Canning.

QUILT PROJECT: Sue Clark, Rosie Gould, Ian Gould.

NSW Health Regions nominations

CENTRAL COAST: Ray Manser.

CENTRAL SYDNEY: Neil Radford and all the Ward E10 West Volunteers, Harry Franson.

FAR WEST: David Lee.

GREATER MURRAY: Mark Selkrigg.

ILLAWARRA: Vanessa Morris.

MACQUARIE: Lourdes Hospital, Janine Bromka, Majorie Gjessing.

MID NORTH COAST: Craig Gallon.

NORTH WEST: Bernie Green.

SOUTH EAST: South Coast Aboriginal Sexual Health Team.

Public nominations

Annette Slater, Sr Sandra Williams, Alan Strum, Arnel Landicho, Gaynor Mason, Susan Oarman, Richard Osbourne, Dr DC Sutherland, Sandra Berenger, Darlinghurst Community Health Generalist Team, Eileen Wilson, Chris Harcourt, Angela Jose, Margret Barron, Peter Firth, CSN.

Posthumous Role of Honour

Robert Ariss, David Edwards (Daizie), Ron Handley, Ray Hopkins, Robert Racic. ♦



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- Gym/Exercise & Hydrotherapy Ph HIV Physiotherapist 96901222 or 95156111 page 30823
- Mental Health Counselling Ph 97985111
- Multicultural Support & Education Ph 95153098
- Needle Exchange Ph 95153138 Redfern Ph 97188263 Canterbury

- Pain Management/Palliative Care & The On Call Nursing Service Ph 95603866 or 95157755
- Relaxation, Stress Management & Methods for maintaining energy Ph HIV OT 96901222 or 95156111 page 30346
- Sexual Health Advice & Screening Ph 95603057

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Reviews



New York, Ladhak, & 'savage grace'

Sex, Death, Enlightenment,
by Mark Matousek.
Hodder Headline
Australia, Hbk, \$19.95.
Reviewed by Scott Berry.



AT FIRST YOU'D BE FORGIVEN FOR thinking that this novel was going to be a lot of pulp about gorgeous people living in New York. I certainly wasn't convinced after the first two chapters, in spite of the title of the novel, that it might not be another gay lifestyles/Mills & Boon type affair.

Clearly autobiographical, the story begins as Matousek (pictured) finds a job working for *Interview* magazine – the publication founded by Andy Warhol. He describes Warhol as a kind of stoned, separated-from-the-world figure whose vocabulary extends to 'Greeeat' and not much be-

yond that. Shaking Warhol's hand is even better – "I took the limp thing, it was strangely mushy – like boiled chicken".

Through Matousek's writing he meets a series of fabulous people like Anne Rice, Kurt Vonnegut, porn stars, famous housewives, and though he describes the experiences as increasingly empty and meaningless for him, it gives the novel a kind of excitement that this shallow reader just loved!

The novel charts a series of events in Matousek's life. Living in New York in the middle of the Eighties as AIDS begins to devastate the gay community, memories of childhood that won't go away and need to be resolved, an increasing dissatisfaction with his work life – a kind of existential disenchantment – and meeting 'Alexander' (who has to be Andrew Harvey, author of *Hidden Journey*) who introduces him to spiritual concepts and a torrid love affair (that's the Mills & Boon bit).

Alexander takes him to meet Mother Meera, an avatar (or saint) who lives in Germany. The spiritual journey coupled with his world journey take him to India and Ladhak and adds a fabulously exotic tone that complements the earlier chicness of the novel's New York beginnings. There's nothing better than spiritual angst and gorgeous psychic experiences coupled with travelling through India and Ladhak during a messy love affair – don't you agree? But I'm being flippant.

Interwoven through the novel is his struggle to be tested for HIV – he remains untested through

most of the story and receives the result of the test toward the end of the novel. You'll have to read it to find out what the result was!

What is fascinating about the book is that Matousek documents his struggle to understand his sexuality and explore spiritual questions. In this sense it's an important work because it explores a specifically gay spirituality – a subject rarely addressed in our communities.

The story describes the spiritual journey of a gay man with all the trappings of a gay lifestyle and by doing so imbues gay spirituality with a unique gay sensibility. Many of us have found that journeys into the spiritual world have met with rejection and hostility toward our sexuality. We've been pressured to see our sexuality separate from spirituality. Matousek's novel is significant because it places his sexuality and struggles to come to terms with it centrally in his spiritual journey.

Mother Meera's own philosophies seem to support this. For instance she promotes the idea of living life to the full, celebrating our bodies and our lives. She rejects the ascetic notion of discipline and denial of the physical world. She wants us to accept ourselves and says that happiness is the most successful way to enlightenment. She says "You must be ripe if you want to be eaten by God". Most of us gay men are in the business of becoming as ripe as possible if you ask me!

I've often found that the journey into the spiritual world means being confronted with seemingly insane ideas that contradict my

understanding of the physical world. Matousek's book is no exception. On his journey he meets a long term survivor of HIV who says "AIDS is the best thing that ever happened to me". I've always been furious when I've heard people say that. But before you write Matousek off as a Louise Hay freak, he in fact goes to the Louise Hay Foundation where he exposes that hideous 'You are responsible for your disease' concept for what it really is. The book's worth reading just for that.

But the most challenging thing he does is force us to see the spiritual even in the devastation of illness and death due to AIDS. If you like, it's the belief that darkness, pain and suffering are also a part of the spiritual plan, not the devil or a manifestation of evil that is separated from God. He calls this "Savage Grace". Whilst I have some problems with the concept, it's one of those insane ideas that's difficult to comprehend. There is also something strangely appealing about it. Perhaps it

helps to make some meaning even out of illness and death.

I found the novel simply written, sharp, snappy and very honest. I found Matousek's style simple and honest and the book was a real joy to read. Matousek, confronted with his own and others' mortality, is forced to ask questions he might never have asked otherwise. Surely an experience that many of us with HIV are familiar with?

Scott Berry's regular column, 'Gay Men and . . .' will return next year.

Regard . . . as if . . . present

*Sadness, By William Yang.
Allen & Unwin, pbk \$24.95.
Reviewed by Paul van Reyk*

. . . THESE ARE THE WORDS inscribed on a Chinese shrine in the Cooktown (Qld.) cemetery, photographed by William Yang and appearing in *Sadness*. They are startlingly similar to the cry of Presente! (You/they are present) that I heard over and over again in a church in Nicaragua, as the names of Sandanistas killed in the war of revolution were called out during the part of the Catholic mass which remembers the dead. They both have the same function that the reading of names has at the AIDS Candlelight vigils: calls to the living to not merely remember the dead but to experience them in the present.

This is how *Sadness*, too, functions. In words of haiku-like lucidness and economy, Yang calls into the present of the reader the dead members among his friends and family and forges a channel of vitality, as he puts it, that links the living and the dead. By the time you finish the spare prose of its 80 pages, you have had the companionship of a good dozen lives, whose stories (and Yang is a superlative story teller) deepen your

understanding of what it is to be human.

I first experienced *Sadness* in its theatrical form at the Belvoir. I had long admired Yang's photography, but this was the first time I had heard him in performance. It was mesmerising, he could have shut the slide machine down and



just talked. It was as if one of those Chinese scrolls was speaking, landscapes of the human condition conjured from the mists of the barest brush strokes. The effect of reading the material is similar. It's writing that you just know is healing your soul as you read it.

There are two through lines, one charting Yang's experience as a gay man in Sydney living through the years of HIV/AIDS, the other charting his reintegration of his Chinese background into how he perceives and defines himself.

For me, a gay man of a mixed ethnic background living in Sydney, *Sadness* has particular resonances. Yang and I have shared a friendship with one of the central figures in the book, and had similar responses to his death, being "confronted by that indescribable abyss that exists between these two opposites: the living and the dead". Equally, we have both been brought up in Western traditions and have made journeys back to find our other selves. Yang went back to China, I first to Sri Lanka and then to Cochin, India. Yang says of the visit "The experience is very powerful and specific, it has to do with the land, with standing on the soil of your ancestors". This is how I felt standing in the village from which my father's family came.

It's tempting to read our lives as gay men during HIV/AIDS as stories of loss, and the latter as a story of finding, but *Sadness* doesn't allow for simple interpretations. You sense that Yang has found much through the deaths of his HIV

positive friends, and that he feels keenly how much was lost by his childhood upbringing in the Western tradition.

The power of *Sadness* is how the ancestral voices speaking through it (both Yang's Chinese

ancestors, and the gay men who through his writing attain the status of ancestors in the Confucian sense) forge ways for the reader to bridge the abyss between the living and the dead, and to make of loss and finding a coherent whole.

It is no accident that the last section of *Sadness* is of photographs taken at an AIDS Candlelight Vigil and of Yang's home Taoist shrine. Regard . . . as if . . . present.

Life or 'life'?

Life, a film by Lawrence Johnston. Reviewed by Bill Evans.

LAURIE JOHNSTON'S FILM *LIFE* has attracted strong praise and awards from mainstream critics, and only half hearted or luke-warm responses from the gay press. I'm certain that friends of his are saying "Oh well, that's the gay rags, they just try to pull you down, tall poppies and all that". But that's not the explanation.

The reason many gay people are unlikely to warm to this film is that although it's visually brilliant, from within the HIV community it just doesn't ring true. It's a view of AIDS by people who aren't in the world of AIDS, looking in from the outside and getting it subtly but essentially wrong.

The film centres on the experiences of two men in prison, in a special AIDS unit. *Life* is harsh, with occasional moments of humour but moving relentlessly toward a tragic conclusion. The two men display a mateship-oriented affection before the end (there's no sex between them - and right there half my readers have just stopped reading).

The film is European in style, with a cool formal approach; its elegant writing often captures

with precision the speech of ordinary working class Australians. The cinematography is stylised, with an obsession for strong contrasts of light and shade.

But for me it is just too cool and I think it enjoys showing pain. People die, suffer, mutilate themselves, overdose and deliberately



infect others, and these extremes of behaviour are recorded with detachment and thoroughness. I was aware of a detachment or lack of heart that is so different from any of my real life experiences in HIV/AIDS.

A moment that sums this up was when one inmate, crazed with grief and longing, cuts off his penis. The camera stays on his head and shoulders as the sound-

track, the background, the cinematography and the remarkable acting combine for a few moments in a sort of living Francis Bacon painting. It was an ingenious observation of an extreme moment, that for me was unconvincing. In real life people do mutilate themselves, but I suspect they do it in a fairly matter of fact way, out of exhausted despair, quietly.

Now I know that these people are in prison, that life in a special AIDS unit is probably desperately unhappy and that the film has a serious intention. Much about the characters was convincing, yet I can't escape the feeling that the people who created the film did so with only a theoretical knowledge of what AIDS means.

The characters in *Life* live without hope because AIDS is the worst thing that can happen to them. I think the HIV positive people I know work out for themselves how to go on with life. They may act crazy sometimes, but AIDS isn't the worst thing that could happen. Living without joy, without passionate involvement in life, without heart, might be worse.

Talkabout would welcome comment on this film by any prisoners or ex-prisoners who have seen it.

HAPPY FESTIVE SEASON TO ALL OUR READERS

This is the last *Talkabout* for 1996. There will not be another *Talkabout* until February, as we take a well earned rest. The February edition will be a special issue on sex.

Health from the Heart

Living with HIV/AIDS: A Practical Guide for Staying Well, by Peter de Ruyter. Allen & Unwin, pbk, \$29.95. Reviewed by John Trigg.

THE BLURB ON THE BACK OF Peter de Ruyter's new book begins: "AIDS has been around for more than 15 years, but there is still a shortage of practical, effective and safe treatment options." There has also, in that time, been a shortage of practical, effective and safe guides to navigating a course through the mire of health issues which HIV positive people confront. Over time, the effort required just to keep facing this Mt. Everest of life issues becomes harder to muster and one by one, people begin to fall off the mountain.

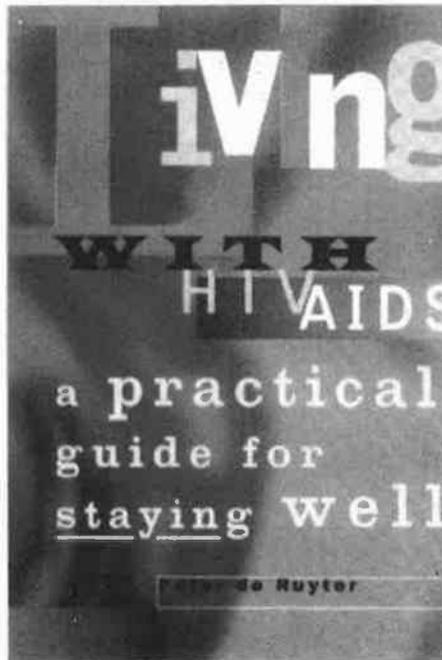
Peter's book can make the journey less torturous, more rewarding and perhaps even life-giving for those who choose to accept his precepts and follow his rationale.

His main thrust is that HIV/AIDS is not a hopeless situation, that it can be successfully managed and that one can learn to live with this virus, rather than fight against it. Living with the virus becomes a partnership which can be developed and controlled. Fighting it means engaging in a battle which can easily be lost.

While much of the book is taken up with practical advice on natural therapies for various situations, a great deal of it is concerned with the mental attitude with which one approaches the issue. There is sound advice on how to go about making changes to those attitudes, even down to the language we use. Think about the difference between 'respond'

and 'react'. A chapter heading reads: "Inner change is more potent than externally imposed change".

In the chapter on creative visualisation, Peter encapsulates what I feel to be the crucial truth behind therapies from any school of thought: "the issue is not whether these concepts are on some ultimate level true or not. The only issue to be addressed is whether or



not something is helpful. And if it is, then just do it!"

The book is not just a 'good read'. In fact, it can be a 'difficult read', requiring re-reading and contemplation in some of the more philosophical chapters. However, it is a good reference to keep on hand. There are chapters on practical health issues; why the smooth operation of basic functions (such as the digestive system) is absolutely necessary for good health and what to do if you have problems in certain areas. There are chapters on the

higher dimensions of health and healing and why a wholistic approach must be integral to the concepts and practice of natural therapies (and indeed, medicine as a whole).

This is not a book which advocates abandoning allopathic medicine. Indeed, Peter stresses that there are times when the so-called 'poisonous' drugs are the only answer. He puts forward a very good argument about why and how they should and need to work together. "The fact is that there are too many variables in this condition and they will not easily or conveniently slot into the narrow and restrictive proving procedures now in vogue."

In his conclusion, there's a powerful guide to looking at one's situation and therapy choices: "Where do you, as the person with HIV/AIDS, fit into all of this? The message is clear and simple. Don't automatically believe everything you are told, simply because some 'authority' - natural or orthodox - has spoken. Don't be afraid to ask questions; do your own research, but be willing to look into treatments not necessarily sanctioned by orthodoxy. Resonate what you are told and what you learn within your own heart. Does it make sense? Does it tie in with other information or your own life experiences or observations? Is the data health-orientated or disease-orientated? Does the knowledge it gives you somehow empower you?"

Read this book and benefit - if only in the way you think about the virus and what it's doing to you. At the very least, you'll gain a new perspective and you might even discover a way of staying healthy and happy which suits you. And that's what most of us are looking for. ♥

Gloria's Food



A PAUPER'S CHRISTMAS

by Ian J. Thompson

SO, IT IS HERE AGAIN. THAT TIME of year called Christmas – the time of goodcheer, goodwill, and giving. Or so we are led to believe. It is the time of the year when we are inundated by television, newspapers, radio and magazines, telling us to spend, spend, spend. Most people in our society get sucked into this and do just that – overloading their already stretched credit cards and working the next eleven months to pay them off. That is the way it is.

For us poor pensioners who have had to do without many of the simple things that most people take for granted all through the year, Christmas can spell doom and gloom. How can we participate? How can we afford to buy our loved ones gifts? How can we afford to eat the seasonal goodies? Most of us can't. This can be depressing. Very depressing. This is not good, because being depressed is not what our immune systems need.

I am here to give you some reasons why you could in fact be quite happy that you can't participate in this orgy of expenditure and gluttony. The main reason is obvious. We can't put ourselves into debt in an effort to please others. We don't have to get caught up in the mad frenzy of jostling our way through the shops and overcrowded streets. Those things are probably the worst experiences that Xmas brings. Unfortunately, even paupers can often not escape the rellies that we may not particularly like and who may not be on 'our side'.

There are things that we can celebrate at this time of the year. The main one being that we are here to see another Xmas, alive, and all being well, maintaining or improving our health with the new treatments that 1996 has brought us. Christmas is, after all, supposed to be about a celebration of a life. Let us use it to celebrate *our* lives. We have survived another year!

We can savour the essence of the season without getting caught up in all the commercial hype. Even with our meagre pensions we can still participate in some giving without having to shop and spend. You don't have to have too much creative ability to make your own Christmas cards. A card made by you, from your heart, is far more personal and valuable than the mass produced image of winter in another hemisphere that most people send.

Buy some card from an art or stationery shop (it's cheap). Cut out your cards and decorate them using inexpensive colouring pencils, crayons or watercolour paint. A sprinkle of glitter never goes amiss. A tip here is to make sure the cards fit the envelopes you want to send them in. For the more creatively challenged, you can cut out some prints or pictures from magazines or old books you may have lying around and glue them to the card. A card can be elaborate or simple. What you write in it is what matters most.

Many pensioners probably think that entertaining at this time of the year (or any time for that matter), is out of the question. This is not true. You may like to

follow some hints here and invite some friends, rellies or your carers over to your home for a meal with a Christmassy flavour to it. You could feed four people for under \$20. Making and serving a nice meal for your special people is much nicer than giving them a handkerchief or new tea towel or something. You make the food – they bring something to drink. You could make a turkey dinner on this kind of a budget. Here is what you need:

Get a turkey hindquarter from the supermarket. These cost about \$3.00 at their cheapest, and about \$4.50 at their dearest. Cook according to the instructions and leave it to go cold before you cut it up. This makes it not only easier to



carve, but you will get more meat off the bones. Make gravy by thickening the juices.

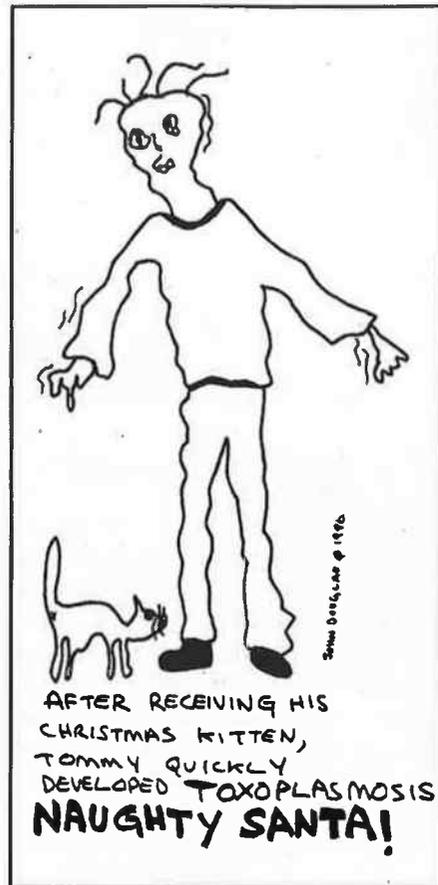
Serve the meat with sesame roast potatoes. These are foolproof and simple. Peel the potatoes to suit the number of guests you are having and boil for ten minutes. Remove from the heat, tip out the water and let them cool awhile. When you are ready to roast them, put them in a baking dish with a few tablespoons of oil. Cut slices in a diamond shape into the potatoes about a third of the way into them. Sprinkle the potatoes liberally with sesame seeds and baste with oil. Put into a very hot oven for about 3/4 of an hour, and baste from time to time. They will turn golden and crispy on the outside.

Serve steamed green and orange or yellow vegetables, such as beans, broccoli, peas, carrots, butternut or pumpkin, corn, etc. with the turkey and potatoes. So far you should have spent no more than \$8 or \$9, max.

You can make some stuffing easily. Take two cups of bread-crumbs (very cheap), cut and finely dice an onion and garlic to your taste, add an egg, two tablespoons of butter, a chopped up tomato and season with salt and pepper. Mix it all together with your hands and compress into a ball or loaf shape. Grease a sheet of tin foil and wrap the stuffing up. Cook it in the oven with your potatoes.

A tasty, simple dessert can be made by adding a can of chopped peaches and apricots - pineapple if your budget can afford it - juice and all, to some chopped fresh fruit such as apple, pear, banana, watermelon etc. Whip up a carton of fresh cream to serve with it. There you have it. A Christmassy flavoured meal to share with some loved ones, and for under \$20.

Enjoy the season, don't let depression get you down. You are here, you are alive, and you can do some giving. Do it. Cheers. ♦



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Service Update



COMMUNITY SUPPORT NETWORK WESTERN SYDNEY & BLUE MOUNTAINS (CSNW)

CSN WESTERN SYDNEY & BLUE Mountains is a volunteer organisation which provides practical care for people living with HIV/AIDS in their own home. CSNW covers a large area taking in three Area Health Services: Western Sydney, Wentworth and South Western. These regions roughly cover the area from Croydon & Burwood in the inner west, to Blackheath in the mountains, Richmond and Windsor in the north, and Campbelltown in the south west.

The services provided include light housework, cooking, washing, ironing and gardening. Although we are an organisation committed to hands on care, this is often combined with emotional support, especially after a carer has been going to a client for a long period of time.

Because of the distance involved for PLWHA attending hospitals, CSNW provides a great deal of transport. This has become one of our most important services, not only for medical appointments but for social outings as well. At Westmead Hospital CSNW provides tea, coffee and biscuits in a room set aside for PLWHA, making visits to clinic semi-social.

In western Sydney it is quite common for PLWHA to return to the family home after many years of city dwelling. This usually occurs when he or she is too sick to live alone and is often the first that parents know of their son or daughter's HIV status. This situation can often isolate a gay man from the community and in this situation, CSNW is called to transport the person to PLWHA centres or social events.



Lesley Daniel, a CSN volunteer, at a Hawaiian night held to raise money for a number of Western Sydney HIV/AIDS services which was held in Penrith.

In western Sydney we try to become involved at an early time when minimal support is required, allowing PLWHA the opportunity to be involved in the community and retain a good quality of life. This is done by organising dances, shows and outings (proceeds going to CSNW and the Western Suburbs Positive Drop In).

CSNW offers a free four day training course to volunteers. Our volunteers come from all areas of the community including housewives, unemployed people and professional people. Carer support groups are held fortnightly in Parramatta and monthly in other areas. New carers are expected to attend regularly for six months. As well as these support groups, carers have ongoing training courses and/or refresher courses periodi-

cally. As we cover such a large area we are always looking for new carers. If you are interested please contact the CSNW office.

Community raised funds provide very important subsidies to the services CSNW is able to provide. From these funds we purchase such things as wheelchairs, commodes, bath-benches and other equipment needed by many of our clients. Recently we made an unusual purchase: a large garden shed, where we can keep unused equipment furniture, saving on storage costs.

But first and foremost, our role is to care for our clients and carers.

- Pat Kennedy & Gerry Tobin

CSN West
9 Charles St, Parramatta
Phone 9204 2404 or
Page 016 020, quote 278 671

Talkabout

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