

No. 73 February 1997

Talkabout

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

◆ Where We Speak for Ourselves ◆

Fletcher Jetspre



Kathy Triffitt

DARLINGHURST + SYNDROME



Reinscribing

7:00 PM @ Green Park
Tuesday 18th, Feb. 1997

Is an event produced for the Sydney Gay and Lesbian Mardi Gras by the PRIDE Sydney Gay and Lesbian Community Centre and Artspace.

Pleasure

Lighting Design Karen Norris
Sound Design Stacey Stambulidis

PRIDE Gratefully acknowledges the assistance of the NSW Health Department.

The Event will be on video for archival purposes. For further information call 02 9331 1333, or e-mail PRIDE @ geko.net.au

NSW HEALTH
DEPARTMENT

FREE!

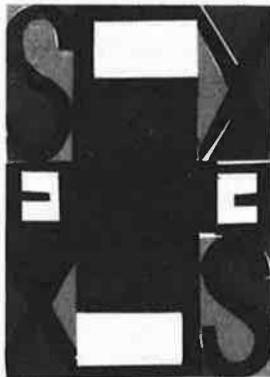

SYDNEY GAY & LESBIAN MARDI GRAS

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This month's cover

by **Steven Brunner**. *Talkabout* can justly claim to have been a major player in the drive to get positive people's right to sex openly acknowledged, and the associated delights and difficulties openly discussed. This is the third time *Talkabout* has done sex. The first time, (1991) we were probably the first PLWHA magazine in the world to devote an edition to frank discussion of sex. The second time (1993), we were at the cutting edge with photos of positive people doing *it*. (well, pretending to). A hard act to follow? Not at all, it just gets better and better!

Talkabout

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Letters submitted to *Talkabout* or its editorial co-ordinator are assumed to be for publication in whole or in part unless specified otherwise. If you would like to be involved with *Talkabout* call Jill on 9361 6750 for the date and time of the next Newsletter Working Group meeting.

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Deadline for next issue: February 14



✦ In the USA, HIV personality Shawn Decker has recently received a grant to produce a CD compilation of works by HIV positive musicians. Music must be original and all styles will be considered equally. Forward your work to: The Daniel Murphy Project, PO Box 2094, Waynesboro, VA 22980, USA. The project is named after an HIV+ haemophiliac who died last year. Shawn's web page: <http://www.cfw.com/~sdecker>.

✦ Pop artist Kenny Scharf has designed an alternative to the Red Ribbon, the "AIDS Monster". Feeling that the ribbon is too weak a symbol, Scharf created a creature made up of red spike-like formations, to represent the virus. "This is an actual visualisation of the virus", Scharf said. "I gave it an evil face. It is important to confront the monster and say, 'We can look at you every day and still go on and kill you'". (*CDC Daily Summaries*)

✦ The Joint United Nations Program on AIDS (UNAIDS), has released its end of year statistics for 1996. By November last year, UNAIDS estimated the global total of HIV+ people to be 22.6 million. A mere 0.1% of them are in Australia and New Zealand, with 3.7% in North America and 6% in Latin America. South & S. East Asia account for 23% and Sub Saharan Africa for a whopping 62%. There were an estimated 3.1m new infections in 1996 and 1.5m deaths due to HIV/AIDS. So far, a total of 6.4m people have died during the epidemic. (*UNAIDS*)

✦ A workshop to consider human rights for people with HIV/AIDS held in Tanzania included medical and legal professionals, policy makers, employers and AIDS patients. The event, held January 13-15, was sponsored by the Tanzania National AIDS Control Program and the United Nations Development Program in Tanzania. Participants discussed ways to guarantee human rights for people with the disease. (*CDC Daily Summaries*)

✦ Glaxo Wellcome, the London based pharmaceutical company that makes 3TC and AZT, is expected to control more than 50% of the world's \$1.3 billion AIDS drug market this year. Sales of both drugs are expected to increase substantially over the next 12 months. (*CDC National AIDS Clearing House*)

✦ The number of reported HIV cases in China nearly doubled last year, China's news agency reports. The official number of HIV+ people is now 3,341, with 177 people with full AIDS. But public health officials say the actual number of infected Chinese may be as high as 90,000. (*PWAC NY Coalition Newslines*)

PLWH/A news

AS *TALKABOUT* WAS GOING TO press, PLWH/A staff and Committee were immersed in 'Strategy Days', which basically means we were reviewing our resources and plotting out our activities and priorities for the coming year. A report on the outcomes of this process will be published in the next edition of *Talkabout*.

Welcome to Erycka Fars, who joined the Committee in January following the resignation of treasurer Paul Maudlin. Thanks to Paul for his commitment and hard work in this position.

Talkabout staff, members of the Editorial Working Group and other interested individuals had a planning day in December. Staff reported on the nuts and bolts operations of our publications and we spent time brainstorming what issues should be covered in the coming 12 months. Carers is the theme for March and other topics which we made a commitment to include the arts and culture, women, family, prisons and spirituality.

It was decided that we would make an effort to have regular input from indigenous and rural people living with HIV. Other issues which were recognised as requiring ongoing discussion in *Talkabout* were: relations between different groups in the HIV communities, dementia, and changing life prospects due to improvements in treatments.

We also planned to look at improving paper quality in *Talkabout* and expanding our distribution. There was some discussion of advertising, which has been gradually increasing - as you can see from our colour covers, all courtesy of advertisers. While our income from ads has been increasing, we recognised that there is a limit to how much is acceptable. We will be guided by the readership survey on this issue.

If you would like more information about the planning day, please call Jill for a copy of the minutes.

That Strategy

THE THIRD NATIONAL HIV/AIDS Strategy, launched on December 18, has been welcomed by leading HIV/AIDS organisations.

NAPWA President Alan Brotherton noted "The Strategy's recognition of the specific needs of people with HIV and the role positive people can play in prevention education is an important development over previous strategies."

NAPWA endorsed the Strategy's recognition of the importance of ensuring timely access and effective use of the new treatments.

AFAO National President Bill O'Loughlin, stated that AFAO supported the Health Minister Michael Wooldridge's firm commitment to increase the level of accountability of the funds devoted to HIV/AIDS at the Commonwealth and State level.

Both Brotherton and O'Loughlin stated that they looked forward to a continuing productive relationship with the Government, building on a past successful partnership.

At the launch of the Strategy, the Health Minister committed the government to making a decision on viral load funding by April this year. Later that day the Minister also contacted Roche Pharmaceuticals and received a commitment from the company to continue funding free viral load tests until April. This news was welcomed by the community and Chiron Corporation has since agreed to do the same for their viral load test.

Missing out

AN INTERIM REPORT INTO ACCESS to Home and Community care (HACC) services for PLWHA has found that they are being inadvertently denied access to services such as meals, transport and personal care. The report was commissioned following concerns last year that many PLWHA are living in poverty.

The project's worker, PLWHA activist Bill Rigney, found that HACC policy relating to access

was often unclear and/or not in place, "therefore most service providers were not aware of their service delivery obligations".

The project has documented in detail where there needs to be improvements in the delivery and provision of services. There will be a further report on this in the next edition of *Talkabout*.

Back to work

A WORKING GROUP HAS BEGUN looking at the issues and needs of people living with HIV/AIDS who wish to re-enter the workforce. The need for a group to investigate and create a training program was revealed through community consultations conducted by various HIV/AIDS groups.

The organisations participating in this working group include PRIDE, PLWH/A (NSW) Inc, ACON, NorthAIDS, Alternative Networks, Central Sydney Area Health Service, GMFA and members of the HIV community.

The group will be discussing the areas of skills rebuilding, health, disclosure, physiological implications of returning to work and resumé preparation. It aims to offer information and training for those who wish to re-enter the workforce. Watch this space for information on the working group's activities.

- Greg Allen

Vaccines

ON DECEMBER 12 THE US OFFICE of AIDS Research announced that Nobel prize winning virologist Dr. David Baltimore will be in charge of HIV vaccine research at the US National Institute of Health. The news has been well received by the HIV/AIDS community in the US, as it is widely agreed that only a vaccine will be able to stop the world-wide AIDS epidemic.

Little has been happening in vaccine development, with only a handful of pharmaceutical companies having comprehensive HIV vaccine programs, and governments not providing the



Jade and Anne-Marie, volunteers with the AIDS Memorial Quilt, peek between the folds of the Quilt display at the screening of "The Celluloid Closet" on January 14. The screening, arranged by Queer Screen and Palace Films, raised over \$1,600 for the Quilt.

PHOTO: MAZZ IMAGES

leadership to push industry efforts. A 1996 report, "Industry Investment in HIV Vaccine Research", emphasises that government must fund the basic research effort into key questions, such as identifying important immune responses, which private investors can then investigate.

- Jo Watson

Mice baby shock!

A NATIONAL CANCER INSTITUTE (NCI) study of AZT in mice has recently been hitting headlines in the US because it suggests that AZT may cause tumours in children born to mothers taking the drug during pregnancy.

The study raised questions about potential long term effects, finding a significant increase in liver, lung, and genito-urinary tumours in pups born to mice given high doses of AZT.

On January 14 a US panel of government scientists and re-

searchers met at the National Institute of Health to discuss the study. The meeting was convened to quell the concerns it raised, and to present earlier findings from a Glaxo-Wellcome study completed in 1994, which found that there was an increased risk of vaginal tumours in mother mice, but no significant increase in tumours in their pups. This study used dosages meant to imitate actual clinical practice.

The National Institute of Allergy and Infectious Diseases (NIAID) stated that it's not surprising that the two studies had different conclusions, as they were testing different hypotheses. As well, there is difficulty about to what extent trials on mice can be taken as models for what might happen in humans. In the NCI study, for instance, the doses given to mice were substantially higher than would ever be given to humans.

A physician from the Paediatric AIDS Foundation stated that nothing presented at the meeting

B r i e f s



◇ As *Talkabout* went to press, Phillip Medcalf (PLWH/A Convenor) and Aldo Spina (ACON Peer Education Manager), attended a community meeting about the closure last year of ACON Mid-North Coast and the future provision of services in the area. Phillip and Aldo facilitated the meetings held in Taree, Port Macquarie, Coffs Harbour and Kempsey, on January 31 - February 2.

◇ Following the successful participation of indigenous people at Turning Point last November, Rodney Junga and Neville Fazula are now sharing a position representing Aboriginals and Torres Strait Islanders on the Executive of the National Association of People Living With HIV/AIDS.

◇ The AIDS Trust and the Museum of Contemporary Art are raffling a limited edition Keith Haring print (value \$6,000). Proceeds from the raffle go to NorthAIDS, the Trust and MCA. The raffle will be drawn at the end of March. Tickets available from the AIDS Trust (9221 2955), the MCA or NorthAIDS.

◇ A hydrotherapy class for positive women started at Royal Prince Alfred Hospital in mid-January. Hydrotherapy is a gentle form of exercise in water which improves fitness levels and may improve immune functioning and wellbeing. The class is held on Wednesdays 4.00 - 5.00pm. Interested? Contact Belinda Weir on 9690 1222.

◇ CSN Newcastle was busy around World AIDS Day with assisting commemorations at John Hunter Hospital, and an unfolding of 9 blocks of the Quilt in Civic Park. Several new Hunter panels were handed over to the Quilt Project. Line dancing by Santa-style CSN Carers was a highlight of CSN clients' Xmas luncheon party on World AIDS Day.

◇ A 10 week group for gay, lesbian or heterosexual couples which explores the meaning of relationships where one or both partners is HIV+ starts at ACON Sydney in late February. It will be run by experienced counsellor & psychotherapist, Sharon Snir. For info call Sharon on 9206 2000 or Alex on 9206 2018.

◇ The Sydney PWA Living Centre is on the Internet! People with Internet skills are needed to help train PLWHA who would like to use the Centre's facilities. Can you help? A couple of hours on a Friday afternoon doing one-to-one training is the type of commitment envisaged. Contact Colin Dent at the Living Centre on pwa@eagles.bbs.net.au or call 9357 3011 for more info.

proved cancer risks in humans. A researcher from NIAID also stated that interim data from several ongoing trials evaluating the effects of pre-natal antiretroviral therapy show that no tumours have developed among children who have been followed for almost four years.

The points agreed on by the NIH panel can be summarised as follows:

- the data's meaning was unclear, but the studies needed to be brought to light;
- the evidence thus far doesn't warrant a change in treatment;
- NCI scientists and other researchers would continue to try to probe the long-term effects of AZT treatment;
- the proven benefit of taking AZT late in pregnancy - cutting the odds of infecting the unborn child from 25% to 8% - far outweighs those concerns;
- for the moment AZT represents the best therapy, but illustrates that too little is known about AZT's long-term effects and that doctors must be forthright in discussing the issues with women.

- Jo Watson

BGF supported housing

THE BOBBY GOLDSMITH FOUNDATION Supported Housing Project expects to open its doors in March, when the Project's ten units will be ready for occupancy. The Project will provide long-term housing with limited on-site support to people with advanced HIV disease. Applicants must be eligible for Department of Housing Priority Housing and financial assistance from BGF.

The Project is not a medical facility, hospital or hospice but aims to provide some support in co-operation with other community support and health services available in the home. It will not be able to house people with high needs for care, but will provide some assistance with daily living.

It is expected that demand for the Project will be high and that

vacancies will occur infrequently. The guidelines for referral and eligibility for the Project are being developed in consultation with community organisations and specialist HIV service providers to ensure that the housing is allocated in a fair and equitable manner.

- Alison Cunningham,
Project Manager

Mardi Gras

ART LOVERS WILL FIND PLENTY TO savour during Mardi Gras.

"What is Love?", an exhibition opening on Valentine's Day for three weeks, will benefit the AIDS Trust of Australia. The exhibition, which is the brainchild of *Talkabout's* cover artist this month, Steven Brunner, will feature the original works of more than 20 prominent artists including William Yang, Ian Thompson, John Douglas and C. Moore Hardy.

As well as 40 commissioned photographs, paintings and illustrations the exhibition will feature sculptures and 3D art. The opening night "Love Celebrations" will include performances by artists such as Jamie and Vanessa, Gary Stewart (Sydney Dance Company) and Dean Walsh (Club Bent). The exhibition opens on February 14 at Toast II Gallery, 85 Commonwealth St, Surry Hills.

Check out John Douglas' exhibition "Angels over Australia" at the Polymorph Body Art Gallery, 82 Enmore Rd, Newtown, Tuesday February 11 - Sunday March 2 (Charlie's Angels as you've never seen them before - but their hair is still perfect!). 60 percent of the proceeds will be donated to a permaculture based children's refuge in Uganda. John has been contributing artwork to *Talkabout* over the past few months (including October and December covers).

"The Darlinghurst Syndrome" is a collaborative performance/installation of the stories of Fletcher Jetspre, Captain Moonlite, Paul Young and Sharlene (HIV positive sex worker), which haunt the boundaries of Green Park: the

Wall, St Vincent's, the Sacred Heart Hospice and the Jewish Museum.

Devised by Fletcher Jetspre (positive artist, formerly Andrew Clarke) and Kathy Triffit (Self Documentation, Self Imaging: People Living With HIV/AIDS), "The Darlinghurst Syndrome" is about history, myth, corruption and denial; the tyranny of prejudice and silence and trial by media. It will appear in Green Park on Tuesday, February 18 at 7.30pm. The performance is supported by the PRIDE HIV/AIDS Community Development Project. It's free.

Then there's Resonance, an exhibition of positive artists' work drawn from art and craft classes at the Sydney PWA Living Centre. Resonance will be at PRIDE Community Centre from February 3 - 29, and at the Green Iguana Cafe from February 10 - March 2. For more info call the Day Centre on 9357 3011.

A short film by writer/artist David Jobling (soundtrack by Damien Miller), will screen as part of the free Celluloid Salon session of Queer Screen at the Dendy in Martin Place on Sunday Feb 23. "With Love from David Jobling" is a celebration of the nude male figure.

PLWH/A will not be hosting Parade Viewing Rooms this year. However, you will still be able to relax in the PLWH/A Time Out room/s at the Party. See our ad on the inside back cover for details of our Mardi Gras activities.

Euthanasia

EUTHANASIA HAS AGAIN BEEN IN the news following the death on January 2 of Mrs. Janet Mills under the Northern Territory's Rights of the Terminally Ill Act. Mrs. Mills, who had a rare cancer went public with a press conference after trying for three weeks to obtain all of the necessary signatures needed to use the Act.

According to John Robinson of the NT AIDS Council, people with HIV/AIDS would have difficulty using the legislation. A



CSN volunteer carers (they don't all look like this) at the ACON Treatments Education Campaign Launch at the Lizard Lounge, Thursday December 19. Ex-Executive Director of ACON Don Baxter and Chris Gratton, ACON President, launched the last campaign of Don's reign.

The poster and booklet campaign aims to explain the changing picture of how HIV works, tests and treatment options. ACON's HIV Living project will start treatment support groups in February as part of the campaign. To book call 9206 2011. Copies of the booklet are available at ACON branches and the PLWH/A office.

PHOTO: JOHN TRIGG

group of Northern Territory doctors - one of them a HIV public health doctor - have stated publicly that they will have nothing to do with it. Meanwhile, the Private Members Bill of Mr. Kevin Andrews, which seeks to overturn the NT legislation, has passed the lower house. It has yet to be voted on by the members of the Senate.

- Vincent Dobbin

Illawarra move

1997 IS GOING TO BE A BIG YEAR for us! And to set the scene we are moving our office to a larger, much more suitable building, right in the centre of town. During February we will be located at the top of Crown Lane, up the road from the Crown Street Mall, just near Rawson Street, the HIV Prevention Service and Department of Housing. So keep in touch to find out about the official opening party!

The Illawarra Area Health Service has begun a strategic planning process to determine pri-

orities for HIV programs and, ultimately, to link these with funding. All services and consumers are invited to participate - contact Brian O'Neill (Director Drug and Alcohol, HIV Prevention, IAHS) on (042) 288033 for more info.

Exciting new initiatives for the Branch in 1997 include a Volunteer Program which has already begun its planning phase and should be ready to start recruiting new volunteers early in the year; a Carers (including significant others) Support Group which meets fortnightly at Our Pathways Inc.; and an HIV Services Directory which will include GAY/HIV friendly services, practitioners, organisations, groups etc. in the Illawarra/Shoalhaven areas, and needs volunteer support.

We will be marching in Mardi Gras behind an ACON/CSN Illawarra banner. All members, volunteers, clients and friends are more than welcome to join us - call (042) 26 1163 for more details.

- Jackie Braw

B r i e f s

✦ The Fourth Conference on Retroviruses and Opportunistic Infection was held in Washington DC on January 22 - 26. Widely acknowledged as one of the most important meetings of the year for HIV scientists and practitioners, and presented new information on HIV 'eradication' experiments, first reports on the long-term use of protease inhibitors, evolving knowledge of HIV pathogenesis, protease inhibitor resistance and failure rates, and timelines for access to the next generation of therapies. (There will be a report on the Conference next issue.)

✦ "A new paradigm for HIV treatment" is how one observer reacted to the news that AIDS researchers have made a breakthrough by combining two different protease inhibitors into one drug. Different combinations were tested, and these results have been presented at the Washington Conference.

✦ Agouron Pharmaceuticals have filed their new protease inhibitor Nelfinavir (Viracept) for FDA approval. The results from their clinical trials will be reported soon.

✦ New drugs in trial phase in the US at the moment include: BW1592 - a new nucleoside analogue from Glaxo-Wellcome, 141W94 - a new protease inhibitor being developed in a joint venture between Glaxo-Wellcome and Vertex, and DMP 266 - a new non nucleoside reverse transcriptase inhibitor (NNRTI), being developed by Dupont Merck.

✦ There is a new antiviral (PMPA), a nucleotide analogue, being developed by Gilead Sciences which has shown that it could block SIV (simian immunodeficiency virus) in macaque monkeys, even when given 24 hrs after exposure. PMPA protected 100% of the monkeys tested. (SIV is similar to HIV; the virus is so close to HIV-2 that many believe that humans acquired HIV-2 by SIV infection from monkeys. No animal ancestor to HIV-1 is known.) Another study also found that PMPA reduced SIV in chronically infected macaques by 99%, or past the limits of detection; the virus reappeared when the drug was stopped. Also, a 10% PMPA gel protected monkeys from vaginal transmission, suggesting the possibility of a means of preventing sexual transmission which could be controlled by women - which could have great public health importance. In December 1996, Gilead announced the initiation of Phase I/II; clinical studies in humans.

- Jo Watson

OPI update

FOR OUR PATHWAYS A MEMORABLE year's end - a very moving tree planting ceremony in our stunning garden; an encouraging response to our red ribbon stalls at Berry Markets and Nowra Fair shopping centre - over \$700 was raised; a catered poolside BBQ donated by Tara Country Retreat and a raffle on OPI's behalf raised \$200. All topped off with a country and western silly season/Xmas party at the house.

We are now open on Tuesdays, Thursdays 10.00am - 5.00pm and Fridays 10.00am - 8.00pm (open late for a weekly video). Drop-in on those days for tea/coffee, lunch, peer support and activities. Massage is still available on Friday afternoons and Reiki every other Saturday.

January included a bus trip to Culburra beach, a garden working bee and a growing response to the Carers' Support Group every Thursday fortnight at 6.30pm. We also welcomed several newcomers to the centre.

February promises to be very busy starting with a pesto-making spree and a fit of peach-preserving using produce from our vegie patch and orchard. Look for our trash and treasure/preserve and pesto stall at Mardi Gras Fair Day - very CWA!

We will also be co-hosting ACON Illawarra's local launch of ACON's new treatments campaign at the OPI house with invited speakers including complementary practitioners involved in acupuncture, herbal medicines, naturopathy, yoga, massage, etc. The launch will take place Thursday Feb 6th at 11.30 and everyone is welcome. Lunch will be provided.

March will see us joining the Mardi Gras Parade, and a bus trip to Mt Annan Botanic Gardens on Saturday 22. A champagne fundraiser theatre evening to see 'The Importance Of Being Earnest' will also be held in March - tickets \$15 and available from OPI.

- Cameron Sharp

The Committee and staff of PLWH/A (NSW) Inc farewell Don Baxter, who retired from the position of ACON Executive Director in December. Thanks for your work and support over the past few years.

We welcome Bernie Coates, the new Executive Director. Good luck in a challenging job! We look forward to a productive relationship.



People Living With HIV/AIDS (NSW) Inc.

Current committee:

Phillip Medcalf: **Convenor**

Claude Fabian: **Deputy Convenor**

Vincent Dobbin: **Secretary**

Erycka Fars: **Treasurer**

Chris Holland, Andrew Kirk, Ed Moreno,

Rolf Petherbridge, John Trigg,

Shane Wells, Bill Whittaker

Current staff:

Ryan McGlaughlin: **Manager**

Luke Smith: **Finance/Admin Officer**

Greg Allen: **Community Dev Officer**

Jo Watson: **Research Officer**

Larry Wellings: **Positive Speakers Bureau**

Co-ordinator

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Workshop Report

WAGGA, WOLLONGONG, WEST AFRICA

LIVING HETEROSEXUALLY WITH HIV/AIDS

WHAT DO WEST AFRICA, WAGGA, and Wollongong have in common? They're the places of origin for some of the 35 HIV positive heterosexuals and their partners who attended Australia's first workshop for HIV positive heterosexuals, "Living Heterosexually with HIV/AIDS" in Sydney on November 30.

This free one day workshop, an initiative of Project CLASH, was funded by the AIDS Trust of Australia. Importantly, the HIV positive heterosexual community in NSW received its very first donation of \$800 from PLWH/A (NSW). Thank you.

Project CLASH has for the past four years been the only self help group providing a focus for HIV positive heterosexuals and their partners and carers. The major aim of this workshop was to extend our contact with our target group. This had been achieved to some extent during 1994-95 through our Freecall number, support group meetings and social activities. However the Project was constantly being asked by people outside the central Sydney area, to provide a venue where they could meet other HIV positive heterosexuals and their partners.

The workshop was a result of these approaches and the content was planned on the basis of priorities named in a survey well in advance. People emphasised complementary therapies, new medical treatments, intimacy and sexuality in positive/negative relationships, spirituality, disclosure, and diet and nutrition.

The workshop was held at the Sacred Heart Hospice Breavement Service and was co-ordinated by

Patricia Austin, Gina Svolos and myself.

About eight couples attended and other participants were single. There was about a fifty-fifty split of men and women. Many of those attending were new faces to me and over half the people had not met each other. Childcare was provided (thank you to CSN, who donated the use of a vehicle to take the older children to Australia's Wonderland).

The day started with a lively discussion by Marilyn McMurchie on the usefulness of new medical treatments and what doctors should be able to offer. Most of us felt that this was a brighter talk than would have been possible several years ago.

She was followed by Sister Margaret Mines of the Tree of Hope (a centre for carers). In an emotional session, she talked about the many ways in which we can develop spiritually, referring to lessons she had learned in pastoral care with HIV/AIDS patients and their families at St Vincent's Hospital since 1984.

Peter de Ruyter and Hilda High gave further evidence of how our bodies could be better managed through complementary therapies and good nutrition. Participants were pleased to have many questions answered in these sessions.

We all had to do hard work in two breakout discussion groups, discussing what we could do to ease difficulties in these situations:

- Imagine that you're positive or negative. What makes intimacy difficult for you with a partner of the opposite hiv status?
- I am thinking of disclosing my HIV, or the status of my partner, to another person. What will make this a safe thing to do?

Everyone said the workshop was very topical and successful. In the evaluation, people commented that it was: "great to be with people who are in similar circumstances, and to simply be oneself"; "good to hear the views of HIV negative heterosexuals", and that they valued having "our own input". I received a Christmas card from one couple who wrote: "Attending the workshop took half of our worries away".

Participants provided the organisers with valuable insights into what to do next. Future directions are seen to be centred on: treatment decisions; family planning and pregnancy; increasing rural participation; strengthening support systems; getting ACON to acknowledge HIV heterosexuals in its literature, activities and services; and lessening the isolation between the gay/lesbian HIV community and HIV positive heterosexuals.

CLASH will review how we operate as a result of the workshop. We realised that an important reason for its success was that positive people were able to bring their partners, and in future we have to think of ways to make attendance at CLASH events easier, more practical and inclusive of partners and children.

**- David Barton, Convenor,
Project CLASH (Collective Lobby
and Support for Heterosexuals
with HIV/AIDS)**





Uplifted

HIV POSITIVE PEOPLE (SUCH AS myself) seldom get to see live performers tackle issues directly related to our situations, perhaps because there is so much 'HIV/AIDS burnout' around and people like to focus on other ways of raising awareness e.g. posters, art exhibitions, memorials and prevention campaigns.

It has been a long time coming, but now Sydney has a regular evening of performance at the PRIDE Gay & Lesbian Community Centre focused on addressing HIV/AIDS issues in a fresh way that is inclusive of PLWHA both on the stage and in the audience.

It may not seem like the most enthralling subject – but as a PLWHA I think it is more than enthralling. It is educational, uplifting, challenging, thought provoking, highly entertaining, emotional, engaging, unique, healing and way overdue.

PRIDE has only just begun to scrape the surface of talent and passion in our community regarding this monolithic subject. It is an honour to see and hear the thoughts and feelings of artists mapping out their vision on the stage.

As a positive performer I have never felt so empowered before. PLWHA get care and support on many levels but this is the first opportunity I for one have had to occupy a community space and reveal emotionally charged concerns in an uncensored and uplifting way.

I salute PRIDE and everyone associated with creating Performance Positive. For my money it is

the most culturally significant thing to happen to the gay and lesbian community all year. I hope with all my heart that it continues and gains even more support from the punters, both positive and negative, because this is the stuff that gives us insight and hope. This is as important as the treatments we use.

Laughter is a great medicine and so is acceptance in this cultural drought. The drought has broken! Bring on the dancing boys and positive people, it's their turn to shine.

– David Jobling

Free choice?

SINCE THE LAST INTERNATIONAL AIDS conference I have noticed a disturbing trend in the way that HIV treatments are being promoted.

While I have chosen not to take HIV treatments for a variety of reasons, I have never sought to influence other people's decisions and I have always respected the individual's right to make an informed decision. The current pro-treatment views of service providers, i.e. the militant and dictatorial "treatments now" message, is becoming more and more abhorrent.

It is apparent to me that many are finding some of these treatments to have adverse side-effects, yet they are not being listened to when they recount their experiences. In many instances, when they withdraw from their treatment regime they are bombarded with negative judgemental attitudes from their service providers, peers etc. which have sometimes been quite vicious. The reaction to

those who choose not to take HIV treatments has been equally negative. I know of people who have stopped using certain services because they fear further ill treatment in regard to their decisions.

Whilst I have an excellent GP who respects my decisions, even when they are counter to his personal opinions and/or medical training, I am constantly asked to consider treatments, viral load tests and given drug company pamphlets. Although I find this irritating I understand that he needs to know my decisions are informed and consistent over an extended period of time. I do, however, have many friends and acquaintances who are being pilloried because they question the efficacy of their treatments, or have decided to refuse or withdraw from them. We need to develop a more balanced approach to treatments and those who do not wish to take them.

The current situation, like that experienced when the odious HEAL was about, is not conducive to informed decision making, nor does it give adequate respect to people who wish to exercise their legal right to refuse treatment.

– James Urban

Complementary concerns

Complementary Therapies and HIV/AIDS, a conference held in September 1996 by the Australian Complementary Health Association (ACHA), was written up in a recent issue of *Talkabout* [November] by a conference reg-

istrant from PLWH/A (NSW) Inc., John Trigg, the Complementary Therapies Convenor.

I am encouraged by John's reasonably accurate appraisal of the conference, yet would like to clarify some important points.

When planning the conference we wanted to present two days and also encourage people to be able to attend, given the added cost of registration for two days. To provide an effective subsidy, we requested funding from the AIDS Trust of Australia, and the Victorian AIDS Council but unfortunately were unsuccessful.

Given the lack of support and funding we were limited to a one day conference. A non-profit, minimally funded organisation, we receive income from subscription membership, some advertising in our magazine, Diversity, and occasional sponsorship. I have been working full-time as Convenor for ACHA since 1993 and for the past 12 months we've employed a 'Job Skills' worker. We do have volunteer support in the healthcare field. As with our other conferences, and this was the fifth, the planning is done by a management committee of qualified, experienced personnel.

Aspects of the conference were disappointing, yet in no way due to inexperience or lack of time. The difficulties I've mentioned happen from time to time, even with the best funded conferences - yet we are not disappointed with the outcome of the day. Rather, we are pleased, as are most conference registrants, who comprise workers in the HIV/AIDS field, relatives and carers, academics, people living with HIV/AIDS and a diversity of health practitioners.

In response to John's comment on conference speakers: from the few professionals practising Traditional Chinese Medicine in HIV/AIDS, we select the best qualified. The Positive Living Centre Treatments Officer was selected as a representative from an AIDS related organisation. Unfortunately, he was found wanting in his interest and attention to the abstract

brief given to him, and spoke somewhat inappropriately and off the desired topic.

On the whole the calibre, experience and expertise of the majority of speakers was informative and provocative, and conference registrants were pleased with them.

There is plenty of scope for further conferences on HIV/AIDS and complementary therapies and we fully support and welcome further endeavour in this area.

The political action necessary, for which John Trigg asks, is paramount to the ongoing effect of the 'Complementary Therapies and HIV/AIDS' conference. I invite PLWH/A and other AIDS related organisations to establish their interest in taking a stand in favour of complementary health issues in HIV/AIDS.

**- Jocelyn Bennett
Convenor (ACHA)**

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

Notice

The March issue of *Talkabout* will be a carers special issue. Get those contributions in by February 14.

For the next few months we plan to run an occasional series on the issues people face around the improving health, returning to the workforce, and creative retirement activities. Post, Fax or Email those stories, poems and tips!

Olga's Personals

Inner west, 39, Gay, good body, 191cms, green eyes, very fit, professional and well read, likes travel, entertaining, most of usual things. Looking for similar who wants friendship or more.
970205

Gay guy, 28 HIV+, 5'8", slim build. Reasonable health, mentally together and in control of positive status. My interests include dining out, movies, travel, spiritual development, the occasional night on the town. I look forward to meeting a guy + or - who is interested in developing a friendship based on communication, mutual respect, support and caring.
970210

Tweed Heads: 39yo, healthy HIV+, slim, honest, caring guy who loves quiet nights at home; movies, videos, beach, swimming, have own place. Looking for genuine guy 18-45yo to share great times, friendship with view to relationship. Discretion assured. ALA.
970215

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.

WHAT IS LOVE?

A group art exhibition starting Valentines Day, February 14
Over 20 artists including William Yang, Lisa Anderson,
C. Moore Hardy, Steven Brunner, Simon Mark
installations sculpture paintings photographs
Benefit for the AIDS Trust of Australia
at
Toast II Gallery
85 Commonwealth Street, Surry Hills



TAKE A LITTLE RISK

32yo, healthy HIV+ (10 - 12 yrs), happily married, open rel'p. Out, hunky & hot, seeking similar. Reply: **Paul Kidd**.

Do you prefer to have sex only with other positive people?

Generally. You approach each situation individually, I don't have any hard and fast rule. My experience is though, that the people I tend to find that I'm interested in having sex with turn out to be positive. I think it's basically because positive boys are sexier! (laughs)

That's a provocative statement!

Yeah, probably. I don't think it's completely untrue. I think people who are positive have to go through a process of understanding themselves. If you're going to

survive with this virus, you have to have an extremely positive outlook on your life. That means appreciating the time that you have, appreciating the world that you live in and making the most of it. And part of that is about enjoying sex.

Tell me about your relationship?

We have an extremely open relationship. I know a lot of people have sexually open relationships; we have an emotionally open relationship, which means that as well as being free to have sex with other boys, we allow ourselves to have emotional relationships with other boys as well.

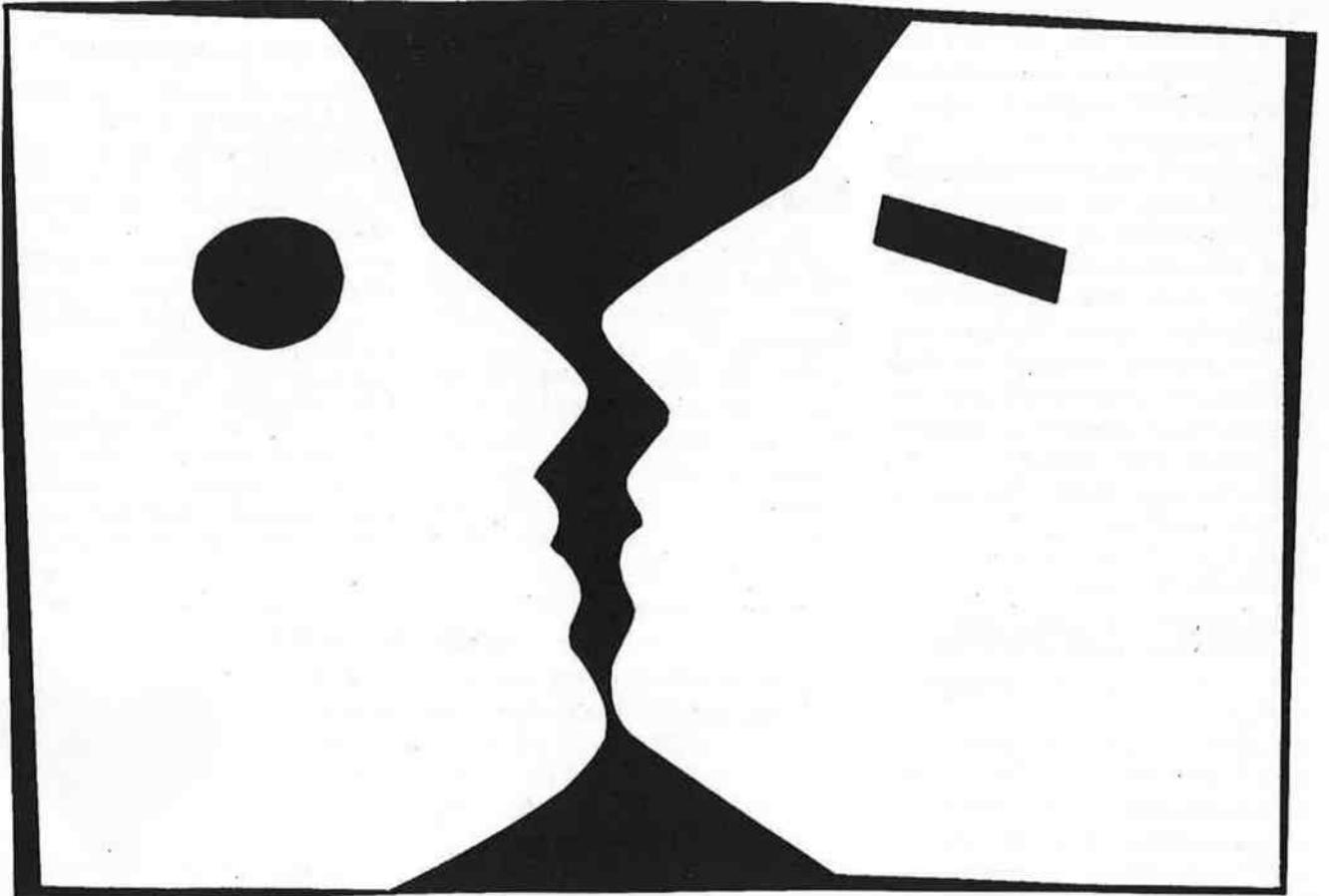
What are your ideas about having safe sex with other positive people?

I think that the most important thing is that positive people un-

derstand the issues around protected sex between positive people. There certainly are risks associated with that, and I think it's essential that people understand what they are. But as long as the risks are understood properly and accepted, then in the great scheme of things, those risks are really quite small, compared to the risk for a negative person, of contracting HIV. My opinion is that it's an extremely manageable risk.

A year ago I was a lot less enthusiastic about the idea of unprotected sex with other people, but now I really feel like it's no big deal. One of the things that HIV positive people have to do, is really enjoy their lives and having great sex is part of that - and sex without condoms is always better.

Do you have any rules in your relationship about the kinds of



GRAPHIC: STEVEN BRUNNER

sex you have with other people?

Not many. For a while, we decided that sex outside the relationship should be safe sex, but we gradually discarded that. It's something you still have to negotiate with each partner. Certainly, if I was going to have sex with another boy and he was positive, and he wanted to have protected sex, I wouldn't have any problems with that. The reality is that very few of them do.

How do you go about disclosing to other people?

Generally I like to get that out in the open as quickly as possible. I usually tell people even before thinking about having sex with them. That way I don't ever have to confront the sticky situation of dealing with someone who will initially say "yes" to sex and then change their mind. If someone's not going to want to have sex with me because I'm HIV positive I don't want to waste my time pursuing them.

There are some situations, particularly sex-on-premises venues, where you don't even speak to the person before you have sex with them. Certainly in that situation I'd always have safe sex. If something was happening that was going to be unsafe, - like if they were going to fuck me and they hadn't put a condom on, I'd raise the subject. I'm just not interested in going home after an event like that and thinking, well, that was not the ideal way of doing it. I've been very lucky in that I've never really had a situation arise where it's been a problem.

Have your ideas about this changed over the last seven years or so?

It takes a long time to get to the stage where you can be open about your HIV status. When I was first diagnosed, I was extremely secretive about it, I was embarrassed and frightened of losing my friends and rejection sexually. Gradually I got past that and got to the stage now where I'm completely open about it.

Do you think that the onus should be on HIV negative men to disclose?

I think that any time that two people are having sex, where there's possibility of transmission of HIV, then both partners should disclose where they stand. I don't think it's necessarily the responsibility of the negatives or the positives.

There are a lot of stories you hear about HIV positive boys who don't negotiate and don't practise safe sex and take the attitude that if the other person didn't want to use a condom, then he was probably either already positive or about to be positive. In a sense that's fair enough. Personally I'd rather not get into that.

Do you believe that positive people are taking a lot of responsibility for safe sex?

Yes. I think that the fear of transmitting the virus to someone else is probably a lot stronger than the fear of contracting it. Particularly for people who are living right in the gay community, in the ghetto and who are aware of lots of people who've got HIV, for whom being positive is not as big a deal as it is for people in more isolated areas. Also, recent developments with treatments have probably made people drop their guard a little bit.

Have those developments changed your attitude to safe sex?

I don't think so. If you have a viral load of zero, you're effectively non-contagious. Now I certainly don't believe that's a licence to practise unsafe sex, but it does mean that unprotected sex is a lot safer. It's an interesting new piece of information.

But the reality is that not much has changed. If you're HIV negative you should be really careful to avoid catching HIV. We positive boys have to be careful too, but I think we have a right to choose to take a little risk in the interests of enjoying and celebrating our lives. That's what we're here for, after all.

Interview by Jill Sergeant

SEX

Viral load and HIV transmission

So your viral load is undetectable? A licence for unsafe sex? Think again, sweetie.

Viral load is the term used to describe the concentration of HIV, usually in blood. The viral load test is used as an aid in making treatments decisions.

The higher the viral load, the more likely HIV transmission is. The lower the viral load, the less likely HIV transmission is. There are very good reasons, however, why viral load test results should not be used to influence any behaviour that may transmit HIV.

It takes some time between when you are given your viral load test result and when the test was taken. Viral load can change quickly - so you can never know what your viral load is right now.

For sexual transmission, the viral load in the semen or vaginal secretions may be quite important (depending on what you're doing and with whom). While there seems to be a relationship between viral load in the semen and viral load in the blood, there have been reports of people who have completely different viral load levels in their blood and semen.

One result of a viral load test may be a level called *undetectable*. This does not mean there is no virus - it just means the current tests are not sensitive enough to give an accurate result for low levels of viral load.

So, while viral load test results are great news for helping in treatments decisions - they are of little use as an aid to decisions about risks of HIV transmission.

- Ross Duffin

The honey pot

By Erycka

I'M A REALLY POSITIVE GIRL. I always have been but as deep as in my cells, only since '89. The first mega impact this 'positivity' had in my life was in my sex life. To tell you about it, I have to remember how it was. Do I really feel like it?

I suppose I do 'cos today I'm grabbing pen and pad with sex in mind. Well let's talk about sex baby! When HIV jumped in my awareness, my knees started to seal. Even the thought of opening my legs gave me a 'sore soul'. I felt full of anger, sadness, despair. How come my warm intimate well of love, my fount of life became a contagious hole? *Keep*

away don't you touch me! To me contagion rhymes with celibacy. I digested the news, time forged my mind.

Since my cohabitation with HIV my survival instinct for happiness is reinforced. Nothing can bury my smile. Show me a grey sky, my eyes will find the blue. So I was a happy Positive single girl who believed in the concept of true love more than anyone around, even if I knew it would not happen to me.

Oh! Oh! I'm talking about happiness love, love, love, I'm drifting away from the sex subject.

Who was the first to unseal my knees? Oh! Yes, I remember, it was a guy who invited me for dinner 20 times before I said yes.

Sitting at the table in front of him, I felt like a 'honey pot'. The

man was not buzzing in the air, but his charm mechanism was rolling, rolling. The guy was a Latin seductive type. I remember him saying that he liked girls full of surprises and me thinking cynically "I'm a lucky bag, guess what's inside".

Anyway to make the story short: Wine, wine, stoli, stoli, eccie, stoli, joint, I find myself lying on his bed & dying for cuddles. HIV was floating in my mind, my body was still, stiff, cold. He looked into my eyes and through the mirror of my soul he saw my inside battle.

"Bring your drawbridge down, let me take you in my arms", he said.

I relaxed slightly then he started kissing me and tears start dropping down. As I was acting like a scared virgin I had to say something, so I let go a "Sorry, I can't let you make love to me, I'm contagious with HIV".

He answered "I don't care" - without fear, he fucked me. So for a few hours I closed the door on HIV. He didn't see me again, I was a "bit dangerous", he said. I didn't care, he was just a fuck.

My knees were finally unsealed and the concept that all the boys will run away from my virus 'flew away'.

From then on I had safe sex here and there looking for love, a time when disclosure was becoming a new nightmare. Although I practised with my faithful teddy bear I was finding it very hard to say "I'm HIV". Not only because of fear of seeing people scared of me, but also because of disgust with the way people can look at me.

You tell your status to your new partner - if he doesn't run away, he fucks you carefully and acts as if he was doing you a favour 'cos you're HIV. And the more days go by, the more your



GRAPHIC: STEVEN BRUNNER

positivity tosses and turns in his mind. He thinks, "she's a nice girl", "poor girl" and his affection smells more like pity than love. Stick your pity up your bum!

I turned my back on many relationships. I believe in true love, the one which grows like a tree, where links are there on every level - mind, body and soul. Affection, my friends gave me rivers. Sex, my hands gave me shivers.

'94 I fell in Love. Morning I would open my eyes and his existence will jump in my mind. Day time, in town, I would see him where he was not. Going to bed at night I was thinking of his smile, his voice his touch . . . in other words, I became obsessed, he was all I could think of. This passion had a back test of torture, I was fighting to forget.

He kept on coming back. My feeling kept on growing. We spent magical nights, all our senses were speaking a common language, hours were flying by. The sun

would rise, we were still awake discovering each other's bodies, finding infinite ways of pleasure giving. In all our sex games condoms were useless; I have not made any mistakes.

HIV - I have to tell him it's in me, or shall I not open my door to him anymore. Oh! No. I would die. I need him, so good to love, but what if my virus freaks him out?

One night I find the courage to tell him. I end up crying with joy. He said "I love you like I never loved before, I'll get used to condoms, don't worry".

I was always right to believe in true love. I was wrong to believe it would not happen to me.

Today the only change occurring in my life from HIV is the few millimetres of the latex bit. Sexual ecstasy has got a lot to do with your mind. Also good sex has got a lot to do with practice & lots of lube!

PS: I wish you all lots of fun sex & love. ♥

SEX

Unprotected sex: STDs (and more!)

Sexually transmitted diseases have different consequences for people with HIV. In positive people, STDs may be harder to treat, they may become opportunistic illness in advanced HIV disease, they may make HIV disease harder to treat (eg the hepatitis) and they may interact with HIV and the progress of HIV disease.

There are many STDs that potentially have an important impact on the progress of HIV disease, including Herpes infections (including CMV), gonorrhoea and the hepatitis.

For example, genital warts (HPV) are associated with cervical cancer (an AIDS-defining condition in women), Candidiasis and cryptosporidiosis can be transmitted sexually, and there is an association between KS and a herpes virus.

So, sexual health has a different importance for people with HIV. And it was one of those things we've known, but often paid just tokenistic attention to because precise information has not been easily available. Or it may have been that other STDs seemed unimportant beside HIV. Some people with HIV choose to live with the risk of STDs.

A recent report for the Australian Federation of AIDS Organisations - "HIV and STD co-infection" by Darryl O'Donnell, available from AFAO - documents the many published studies on STDs and HIV.

However, many of these studies were done before the advent of new treatments - and it is possible that more effective treatments may diminish (or change) the importance of these interactions.

More info is available in an article by Andrew Morgan in *Talkabout*, May 1993 (available from the PLWH/A office), and the Sydney Sexual Health Centre's STD booklets (call 9382 7440).

Oodles of doodles

"Unsafe Sex - Performance Positive" at PRIDE Centre, November 30. Reviewed by Lois Offer.

THIS SHOW CERTAINLY WASN'T unsafe, but it was sexy; almost all the performers were naked at some stage, providing "oodles of doodles" as the man behind me muttered. It centred on sex and risky sex. The quality of work varied, but was of an impressively high standard - the gay community's best theatrical event in 1996. And it was on for one night only!

Highlights included:

David Jobling, in full possession of the stage with a set of acerbic lyrics about infection and sex. Pat Wilson's music and David's singing won the audience's affection.

Dean Walsh, dancer, totally nude, posing with remarkable

grace, flexibility and control, gravely producing condom after condom from unexpected hiding places all over his body. The mixture of sublime male beauty and ridiculous latex activity was arresting and memorable.

Stephen Dunne, the author reading from his own works with a moving honesty that was the metaphysical equivalent of nudity.

Derek Porter and Tristan Anderson, the most moving of all, in a dance performance that drew gasps from the audience as Porter used a real scalpel to cut the word love into Anderson's shoulder. The piece ended with them naked and bleeding in a tender embrace, evoking the same complex emotions as the act of unsafe sex itself.

If you are interested in theatre I suggest you call PRIDE and ask them for a return season. And ask them not to start fifty minutes late next time!

Touch my Heart: intimacy and HIV

David Barton reports from a workshop discussion about sex and intimacy, among a number of men and women who have HIV in their daily lives.

JUST RECENTLY A BIG GROUP OF US sat down and talked about intimacy between positive and negative partners. Simply put, what makes intimacy difficult when one partner is positive and one partner is negative?

A plentiful discussion went beyond

how we would perform sexually and touched on what was inside all of us as human beings. We agreed almost immediately that intimacy with HIV is anxiety provoking and has a lot to do with challenges outside the bedroom. We also accepted that intimacy is about a full disclosure of ourselves to our partners and that worrying about sexual gymnastics is 'for kids'. Intimacy holds a very powerful mirror up to how we feel about ourselves as people dealing with HIV and places each of us in a very vulnerable position.

So what did we learn?

It seems that there are a few principles underpinning intimacy and HIV.

First of all, intimacy works better the clearer you become about yourself – knowing and accepting yourself for better or worse. It also works better as you understand your own feelings during some of the critical negotiations around building intimacy with HIV:

♥ Do you know how to disclose your HIV status safely?

Everyone in the group had been having sex and wanted good enjoyable safe sex in our lives. But it became clear that accepting that there are no prescriptions on how to go about creating an intimate relationship gives us room to work it all out without feeling inadequate if some things go wrong.

The third principle that emerged was that in getting closer to each other, positive and negative partners can deal with different issues. For those of us who were positive the difficulties lay in getting a negative partner:

♥ Do you know how to maintain safe sex practices and cope with mistakes?

♥ Do you know how to help your positive or negative partner change their sexual practices?

So for a starter, just having a solid sense of self on a few issues will allow us to get closer to another person.

The second principle seems to be that there are no prescriptions.

♥ to be a sexual partner as well as a friend;

♥ not to see us as pitiable and diseased;

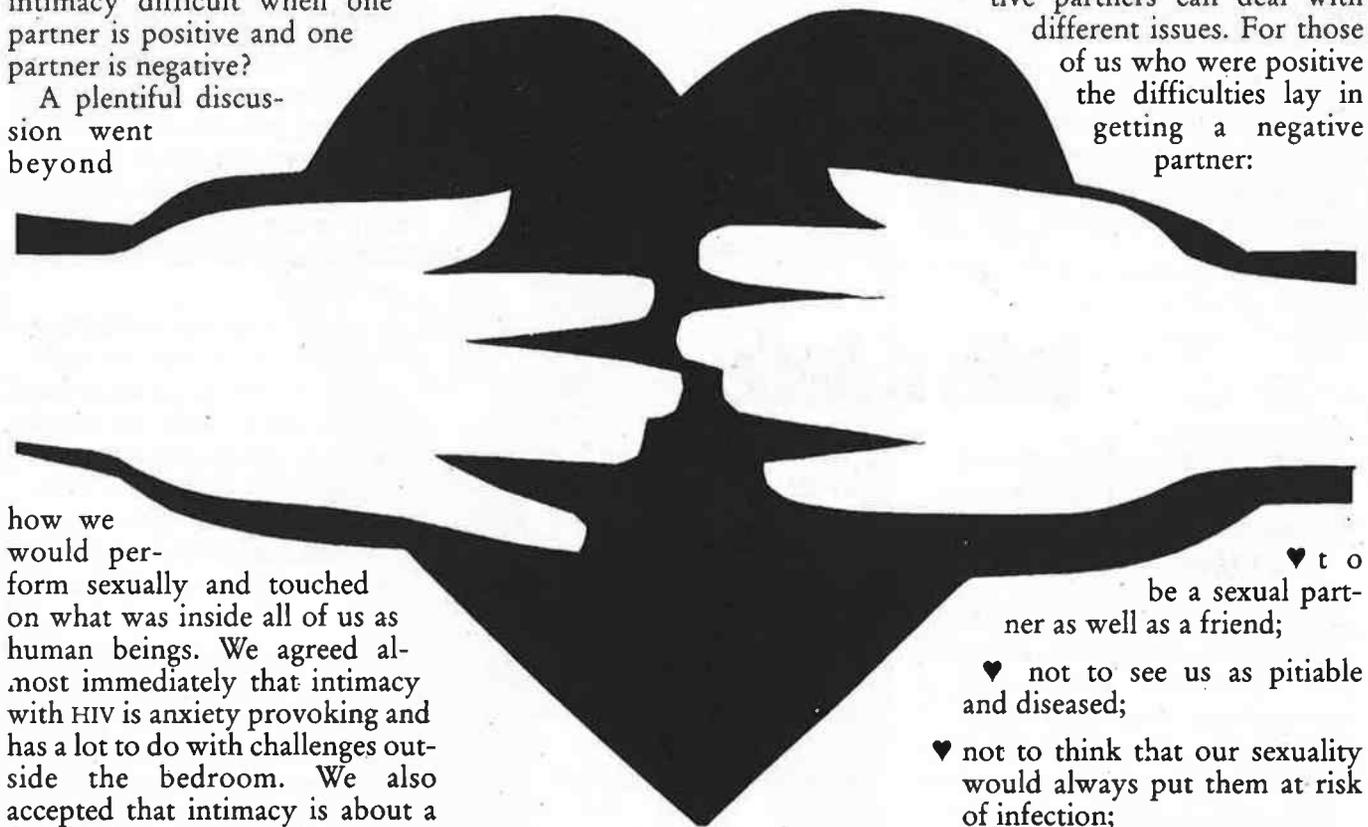
♥ not to think that our sexuality would always put them at risk of infection;

♥ not to feel that sex and intimacy are far too planned and slowly becoming a chore because of the need for safe sex.

We also had to stop the negative partner from becoming 'self destructive' in our imagination if they wanted sex regularly.

For those of us who were HIV negative, the difficulties of living intimately with positive partners were:

GRAPHIC: STEVEN BRUNNER



- ♥ knowing when to initiate sex for fear of bothering them too much for sex;
- ♥ taking all the risks of infection and still not knowing if our positive partner were committed to us;
- ♥ trying to feel sexy with a gloomy positive partner;
- ♥ sensing relief and relaxation only when sex was over and the condom hadn't broken;
- ♥ wanting the condom to break, not to become positive but to become pregnant;
- ♥ changing our sex practices to safe sex, only to scream at a later date "will someone please give me back my sex life".

The more we talked the more we realised a fourth principle. Intimacy is closely bound up with what we do when we are not being sexual. Intimacy grows through sharing countless great and small experiences. But one of the major blights on intimacy in these mo-

ments is fear: a negative partner's fear of loss and grief and a positive partner's fear of illness and death and infecting someone they love and cherish. Fear creates distance between people, when intimacy is about closeness. But sometimes fear becomes a means of self protection - we all acknowledged that at times we had used thoughts of death to keep our partner at a distance and our feelings of grief and guilt at bay.

At the end of our big discussion on intimacy we decided to be truly positive and agreed that accepting ourselves was the basis of intimacy and would make building it into our relationships a lot easier. However, if we are to open that door to ourselves and see who we truly are, then there are also some practical steps to take:

- ♥ talk, talk and talk some more with our partners to understand clearly each other's views on what is physically and emotionally safe in sex and where the boundaries lie;

- ♥ talk even more about the fears and pressures that come with loving and living with someone who is HIV positive;
- ♥ from time to time talk with others in the same situation or with a good, experienced counsellor;
- ♥ do all that body work (e.g. relaxation, breathing, meditation, yoga) that we so often ignore, to let go of the tensions which eat into the peace and safety that intimacy needs to grow;
- ♥ at all times be loving and accepting of ourselves and keep faith in our good intentions.

Finally, we all agreed that the most important thing to do is to take the risk - allow someone to touch our hearts and be intimate with us.

This discussion was held at the workshop Living Heterosexually With HIV/AIDS. See p. 9 for a report on the workshop.

Vitamin A Cream for Kaposi's Sarcoma

- ◆ Taylor Square Private Clinic is studying an investigational vitamin A derivative (cisretinoic acid) as treatment for Kaposi's sarcoma (KS) skin lesions.
- ◆ Early published work has shown a response in 30% of people with KS, reducing the size and number of skin lesions without causing the side effects of chemotherapy or radiotherapy commonly used.
- ◆ Treatment is with active cream or a placebo for 12 weeks. Everyone then receives the active treatment (or earlier if the lesions enlarge).
- ◆ Clinic visits are every four weeks and payment is made to cover your incidental costs.
- ◆ For further information contact Margaret Slade RN or Neil Bodsworth at Taylor Square Private Clinic at Darlington on 9331 6151.

The morning after

Patrick and Neil talk about unsafe sex between people of different HIV status. Patrick is 36, diagnosed as HIV positive eight years ago and describes himself as pragmatic and cynical. Neil is 38 and is HIV negative. He is considered an idealist, but denies this. They have been friends for many years.*

Neil: I think we'd agree that sex between negative and positive men is a good thing.

Patrick: Well, yes, but there's a huge burden on the positive partner that doesn't exist for the negative man.

Neil: What, the possibility that you might pass on the virus?

Patrick: The first thing I thought of when I was told my diagnosis was "I will never do this to anyone else". It's like you hear a judge saying you are now sentenced to death, and I can't do that to someone else. That hangs over any encounter I'm going to have.

Neil: But doesn't it take two to be responsible? Wouldn't you agree that a lot of the straight media are constantly unfairly targeting the positive person only? In the case of positive sex workers, for example, or that young woman the media tracked as she travelled through Australia.

Patrick: I know all that, but the fact remains that in my head I'm always aware of a possible danger. There was an incident about seven months ago when I met a man at an automatic teller machine. He looked as if he was on leave from the army, just my type, and we walked around until we found a building site, where we went and had sex. It was incredible sex, but when I pulled out after fucking

him I found that the condom had broken. I had a feeling of revulsion, both of us were aware of what had happened, but neither of us said anything. He still rings me and we still haven't talked about it.

Patrick: Neil, the guilt is inevitable, still ongoing. I've felt so bad about it since. The burden is always on the positive person, to prevent someone else from dying.

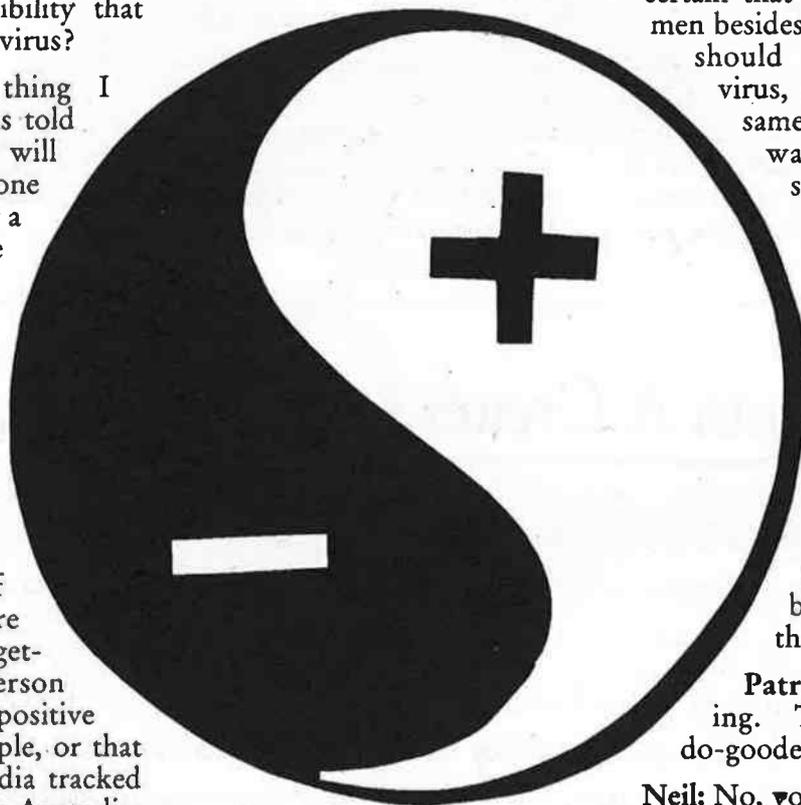
Neil: My experience is of guilt too, but it's from a different angle. I'm certain that many other negative men besides me feel guilty - why should I be free from the virus, given that I took the same risks as others, and I was just lucky? And sometimes being negative means you can feel left out of a fight that other people you care about are totally involved in. Then being attracted to unsafe sex is a way of wanting to share the other person's worst problems. The greatest way of bonding is to take on the virus.

Patrick: That's frightening. That's a kind of do-gooder sex. Death groupies.

Neil: No, you're being unfair.

Patrick: What gets me is that at this stage of the epidemic people are still having trouble with talking about deliberate unsafe sex between HIV positive and negative men. And it does happen.

Neil: I think you're right. I've been in the darkest area of a sex-on-premises venue and I'm certain that insertive sex has been taking place without condoms. I remember one man who was accepting a



GRAPHIC: STEVEN BRUNNER

Neil: But a broken condom . . . I mean it isn't safe sex technically, but surely it's a lower risk, isn't it?

Patrick: That's how I was infected - by a broken condom.

Neil: Oh. (pause) But I still think you shouldn't feel guilty if this happens.

number of partners one after another. I was slightly stoned so I also had that paralysed feeling that maybe I was wrong, standing there horrified, not able to say anything, not entirely certain that I had seen unsafe sex . . .

Patrick: I think you had!

Neil: . . . not knowing if I should say something, or whether it was even any of my business. I'm not the safe sex prefect.

Patrick: But haven't you had unsafe sex at times? Consciously?

Neil: Um . . . well, yes. I was involved with a positive man, and we had unsafe sex.

Patrick: Like what?

Neil: Well, I fucked him without wearing a condom, more than once.

Patrick: I see.

Neil: And for me it was part of a really sincere wish to be at one with him, a concrete way of showing that I wasn't frightened of him, that there were no barriers between us. I'm not proud of the fact that it happened and he was very uncomfortable with it, but it was out of respect, and wanting to be close.

Patrick: And how long did the relationship last?

Neil: Oh, about three weeks after that. But I must admit, now when we bump into each other he pretends not to see me. Usually won't even say hello.

Patrick: Aha!

Neil: Yes, but that's just the Sydney way of dealing with ex-boyfriends. I do think, wasn't I crazy, risking my life for a stuck-up old fart like that.

Patrick: I had a very disturbing experience. As you know, you can't tell my status by looking at me. I was at a sex-on-premises venue, and this man I was having sex with was absolutely on my wavelength. We were very hot, and the scene kept going semi-public. I mean he was inviting other men into the cubicle to join

in for a while, and then he'd send them away. It was delirium-inducing excitement and then in front of this small audience that had gathered, he made it clear he wanted to be fucked – just like that, without protection, and I just played along. I didn't stop things there and then, I just fucked him. We all knew what was happening and didn't stop it. I woke up Sunday morning thinking what have I done? Last night I infected a stranger.

Neil: You can't really be sure of that. Did you come inside him?

Patrick: No – I made a determined effort not to.

Neil: So it wasn't really that unsafe?

Patrick: I have, uh, copious precum, Neil.

Neil: Oh, but surely this is a case of a man who knew clearly what he was doing, and probably getting excited by it. I'm certain for some negative people there is a thrill in taking the risk of infection.

Patrick: Like bungee jumping?

Neil: Or like sex at dangerous beats.

Patrick: You're trying to justify my behaviour – don't you think we're missing something here? There is an enormous weight on me that there isn't on a negative partner. He might choose to jump onto the track, but I'm like the train driver who has to live with the knowledge he's killed someone.

Neil: So do you think it's possible for negative and positive men to have good sex together?

Patrick: Sooner or later the monster will raise it's ugly head.

Neil: Yeah. Well, you know in case you ever get desperate, my offer still stands.

Patrick: Neil, don't even think about it!

**Not their real names.
Interview by Bill Evans.*

SEX

Unprotected sex: Reinfection

So you're both positive? Does this mean that you can toss the condoms and dams? Find out the risks before you decide.

There has always been a theoretical risk that unprotected sex between people with HIV could result in the transmission of more dangerous strains of HIV, which means that you might pick up a strain of HIV which could cause you to develop symptoms sooner. However, evidence that this was a significant or real risk was scant, and so many people with HIV chose to live with any possible risk and do without the latex. More research is now being done on this subject.

The advent of effective treatments adds new dimensions to this question – both because we may live *better and longer* and because of the possibility of transmission of drug resistant strains. (This means that HIV is resistant to – not affected by – the drug).

There have been documented instances of the transmission of resistant strains of HIV and of people having strains of HIV that are resistant to certain antiviral drugs who have not yet been on these drugs.

It's not yet clear how this transmission affects the progress of HIV disease, but it may be significant.

The development of resistance is a key factor in treatment failure. Because the number of effective antiviral combinations is still small and because there is cross-resistance between some of the drugs, then strategies to avoid getting resistant strains – such as protected sex – are important. (Cross resistance means that resistance to one drug may cause resistance to a similar drug).

Celibacy to sexuality

Sonja Ristov is living proof that there are lesbians living with HIV/AIDS. Sonja found out she was HIV positive in 1990 and walked out of the doctor's office a totally changed woman. She described her journey from celibacy to sexuality at the Health in Difference Conference last October.

IT WAS TRUE: I HAD a sexually transmitted disease. One that I could pass on to future sexual partners, and possibly kill them.

Having spoken with other positive women I have found that loss of sexuality is one of the greatest losses and one of the hardest things to get back, if ever. Quite a few women have told me that when they received their diagnosis, and often because of the way the doctor told them, their reactions were not uncommon to someone recently raped. They'd tell me how they went home, stood in the scalding shower, scrubbing away the dirt until there was no hot water left. They still did not feel clean.

Feelings of violation and invasion stay with some women for a considerable time. The monthly reminder of your period: *blood*, the fact that you are infectious. As women we are portrayed as the vectors of infection, the ones who will pass HIV on to the heterosexual community, the innocent.

So how does a lesbian who has been through the soul shattering experience of being diagnosed HIV positive regain her sexuality? I'll tell you. It can happen. You can begin by familiarising yourself with latex products and their various applications. One day latex will become your best friend.

There is not much safe sex information that is lesbian specific. All this 'make friends' with latex is fine whilst in the celibate phase. It is moving on to regaining your sexuality and introducing your latex to others where the hassles begin.

Before being on medications, when

I went out all I had to take was a pocket full of latex and lubricant.

Before getting into bed now, I have to take my three saquinavir tablets - save

some for the Olympics, they

come in green and gold - one d4T - diamonds are a girl's best

friend - 3TC - soft pink capsules appealing to the 'ladies market' - drops and potions from the naturopath or Chinese herbalist.

Try keeping your 'come to bed eyes' and swallowing echinacea. I often think that after watching me swallow all these pills and potions the reality of HIV cannot be denied.

I think back to my first sexual experience as a person infected with HIV. I felt like a teenager again, experiencing the thrills of touch, intimacy and sex. I was frightened, but most excited. I had met someone to whom my HIV status was not an issue. I was lucky that I connected with someone who had their shit together. Although I still raised the issue of safer sex, she produced the latex and lube.

Although we are now well into the second decade of this epidemic, I believe many lesbians are secure in the myth that woman to woman transmission is low to no risk. As lesbians we sit comfortably in the denial zone when it comes to HIV infecting our sisters. We get caught up in the trap of identifying risk groups like S & M dykes, junkie dykes, dyke whores or the dykes who like real cock. We bolster up our 'safe' argument with information that is often scant and untrue. We cannot say

GRAPHIC: STEVEN BRUNNER

how many 'documented' cases of woman to woman transmission of the virus there are.

Without wanting to frighten you I bare my soul, admitting to participating in non-lesbian activities of wild, hot sex with gay, bi and and/or straight men. Not only cock penetration but needle penetration, sticking needles in my arms, longing for the caress of my Heroin Love, the chemical rush to the dance floor, the ecstasy and oblivion of anonymous sex. Yes, I have been a bad lesbian.

As a community we need to look at exactly what we do in our lives and make it as safe as possible. As an HIV positive lesbian I cannot say that I am 100 percent sure that what I do is sexually safe. This scares me.

The path from celibacy to sexuality is one fraught with dangers. The newly diagnosed woman - lesbian, bisexual, transgender or heterosexual - grapples with a world that is completely changed.

It is like trying to stand on a ball. It constantly moves and changes shape depending where the pressure is.

I will never be the person I was before walking into the doctor's for my HIV test and in many ways I don't want to be. The main thing that has helped me to gather the pieces back is the many other positive women I have met, befriended, loved and lost. To meet and speak with other women who have the same feelings as you do. Isolation seems to become less as you get to know more positive women.

I have made it down the rocky path from celibacy to sexuality and hope to continue the experience this weekend at Sleazeball, where I am very much at home.

This article is a condensed version of Sonja's paper, which has been published in the Conference papers.



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SEX

Safer sex for lesbians

For positive lesbians, the possibility of putting their partner at risk is a big issue, just because there's been little research into lesbian transmission and sexual practices, and because woman to woman sexual transmission has not accepted as an exposure category for reporting HIV cases. However there have been cases reported since the mid 1980s which indicate that women are transmitting HIV to each other.

The following guidelines for lesbian safe sex are adapted from an article in "The Body: A Multimedia AIDS & HIV Information Resource", <http://www.thebody.com>.

Wet kissing is safer unless either of you have a sore or cut in your mouth or bleeding gums. Wait half an hour after flossing or brushing teeth before kissing.

Touching your lover's breast, massage, masturbation and body to body rubbing are safe as long as there is no blood exchanged - cover cuts.

Sores or cuts on the fingers, mouth or vagina of either partner can increase risk during vaginal and anal contact. Use a latex glove for fisting etc.

Menstrual blood, vaginal secretions and ejaculate all contain HIV. Your lover can go down on you using a latex dam (or cut open a condom) to cover your vulva.

Sex toys should not be shared without a new condom being put on them for each partner.

SM or rough sex is safer if there is no blood involved. If you are piercing each other clean the needle with bleach. If shaving, use separate razors.

For more info contact ACON and see sex boxes on other pages.

What's to become of me?

Kim Gotlieb takes a deeply personal, semi-fictional look at Sex and the Single (Positive) Man.

I ARRIVE HOME. KEY IN THE DOOR. Push it open and glance, with a certain urgent nonchalance, at the little red light on my ansamachine. Is it flashing? In some way this little light is connected to my heart. I need it to be flashing. I need to know that someone, somewhere wants to be in contact with me. When it is not, my heart misses a beat. So now you know that relatedness is very dear to my psyche and my soul. Being positive has given this project an ever-more-de-spairing aspect.

Last Friday night I went to the sauna. I generally go to the sauna once a week. I have become a self-diagnosed voyeur. Perhaps I have always been a closet voyeur. Or perhaps this expression of my sexuality is a result of the sense of 'impossible dream' which pervades this aspect of my life.

It is the ideal environment for such pursuits. The place is wall to wall with men committed to achieving their 'desired outcomes'. It is enough to revel in the atmosphere of sexual adventuring, to peruse without restraint the quality of merchandise which, like myself, has gravitated to this place for one thing – sex. Yet, I sometimes wonder how much my positive status has relegated me to this position of impotent observer.

What are the dif-

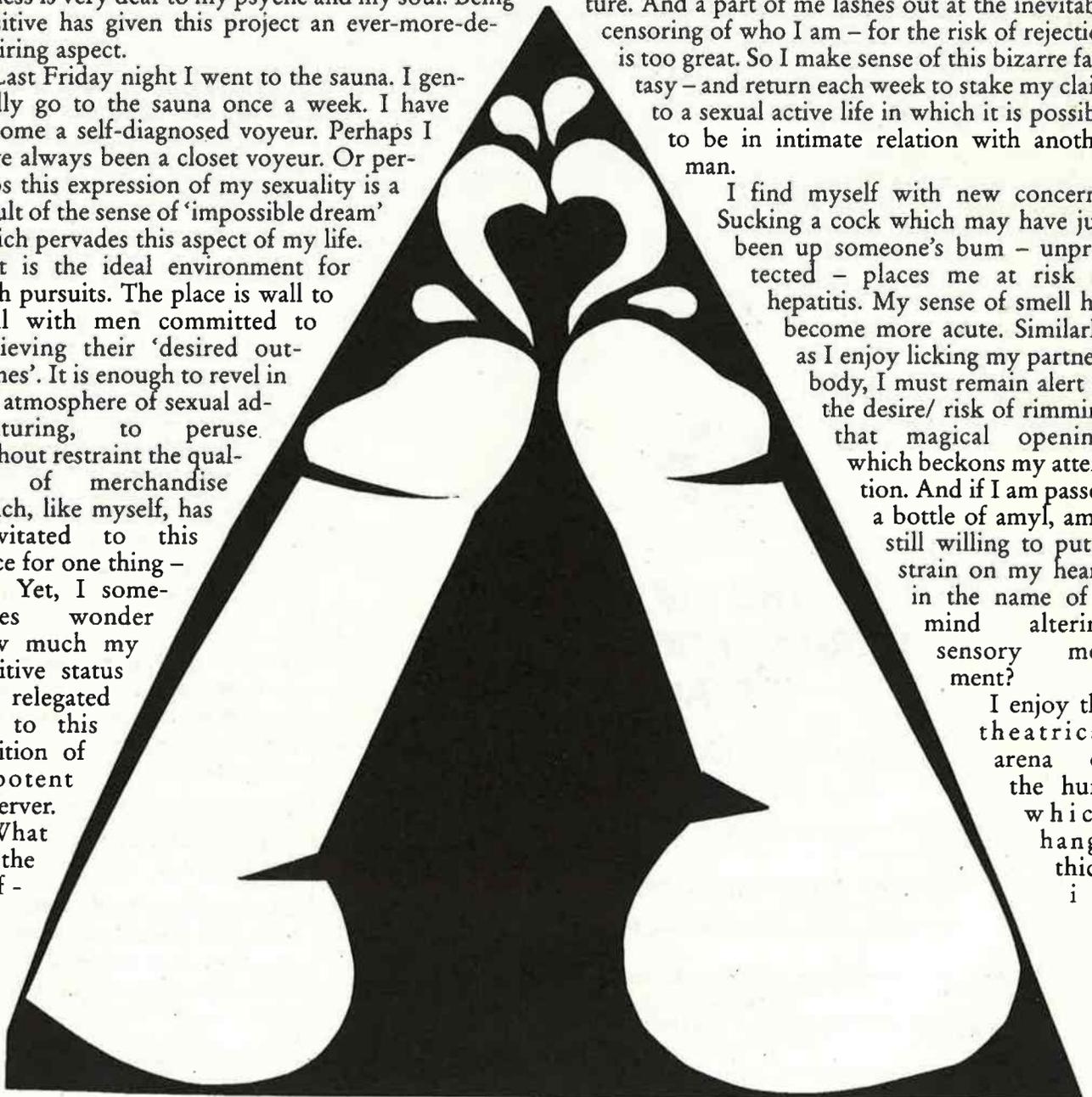
ference-making factors incurred by this decree? Certainly, there is a law which says I should tell anyone whom I have sex with that I am positive – which I defy. Yet, there is a certain guilt which places me in a 'less than' position in relation to any partner.

So I become prone to glory hole and backroom activities in which my identity remains a mystery. Yet sometimes, as I press my body against the hard cold wall of my chosen cubicle, I ache for the intimate contact which my cock and balls can celebrate, while my body is denied access to this much beloved state.

And a part of me screams for my sexualised gay culture. And a part of me lashes out at the inevitable censoring of who I am – for the risk of rejection is too great. So I make sense of this bizarre fantasy – and return each week to stake my claim to a sexual active life in which it is possible to be in intimate relation with another man.

I find myself with new concerns. Sucking a cock which may have just been up someone's bum – unprotected – places me at risk of hepatitis. My sense of smell has become more acute. Similarly, as I enjoy licking my partners body, I must remain alert to the desire/ risk of rimming that magical opening, which beckons my attention. And if I am passed a bottle of amy1, am I still willing to put a strain on my heart, in the name of a mind altering sensory moment?

I enjoy the theatrical arena of the hunt which hangs thick in



GRAPHIC: STEVEN BRUNNER

the air. The opportunity to break-through the social niceties of 'real life' and take what I want and discard the rest - with disdain. And surprise myself at my willingness to pursue that which my eye finds appealing, despite the message of resistance I receive. I am unsure if this is an act of rape - probably it is.

The act of ejaculation has been raised in status. Where once my pursuit was focused on the achievement of this goal, I now find that my come is a precious juice which I am only willing to offer to a worthy recipient. So where I may welcome the sensuous pleasure of arousal, the outpouring of my love juice moves beyond the criteria of carnal gratification, into the realms of relational ideals. There must be an element of romantic intrigue, if our act is to be consummated.

On occasion I make contact with someone with whom the cloistered intimacy of a private room appeals. The criteria are simple, though in my experience rarely achieved. They must feel good, look good, have a well shaped cock and arse, be into tongue kissing, and NOT push their fingers up my arse in the first ten seconds! Then I am engulfed by "that feeling". . . And in the same moment I feel battered by the HIV prevention poster which proclaimed, "That Feeling Will Not Protect You From Hiv." So I am impassioned by the moment, while there is a place in my heart which knows there is much which I will not share with this man.

We go to a room. In the past I would take the initiative to break through the taboos of sauna culture which prohibit communication before Vesuvius has

erupted. Now I know that I am too much at risk of not getting to fulfil this rare interaction which resembles the grand dream for relationship which I cherish. So I remain silent.

I will not pursue activities which would place my partner at risk. So I silently make these parameters apparent. I notice my willingness to overcompensate by a rich offering of sensuous massage and devotion to pleasuring my partner.

Sometimes it takes considerable restraint to step back and allow the other to pleasure me. There is unworthiness there. And a great fear which sounds loudly in my head - sometimes consciously, sometimes beneath the frequencies of my awareness. It says that if he knew who I am, this intimacy would end.

Not only am I positive. I am a political frontliner in terms of issues of homophobia. I am a philosopher, committed to personal growth. I am not mainstream. So I may sneak what pleasures I may, but will I ever experience the magic and the wonder and the delight of lying with a man who has chosen ME to be with . . . in sexual intimacy? Perhaps not. So I am grateful to dip even momentarily into the Ganges of carnal expression. It services the demands of my libido, and provides an environment in which I can direct my pursuit of sexual liaison and the dream of relationship.

Resplendent in the rapture of post-come union, we lie there. This is the time for heterosexuals where the womyn talks about wanting to go to Greece for the holidays, or the man risks speaking of his feelings. It is sublime.

So often the spell is broken by a simple G'day, What's your name? In three short seconds, the culture of the relationship has been shattered - by class, by aspiration, by ideals. Now that I am positive another criterion throws its spanner in the workings of my life. I lie in silence, unwilling to pursue the possibilities of a more significant liaison. I have given up. I am distraught, and distressed - but must be reconciled by the pleasures of the preceding minutes.

After all, I can be grateful that I am well enough to participate in this bacchanalia. I well remember the times when I had lost weight, and felt self conscious . . . or had a rash which stopped me from frequenting such establishments. Then, the times of serious diarrhoea with related flatulence. Or the tell-tale cough. Knowing the risk of tickling my throat with the object of my desire - desperately seeking to assert my expertise in this domain.

In one way this place is ideal for a man, such as me, with a secret. The sauna, like the beat and the sex venue, has always served men whose soul urge was too strong to ignore, yet whose world could not provide an environment which could celebrate such sexual orientation. With hiv we have another strain of identification and another level of secrecy - which slips, almost unnoticed, into the former realm. Yet, for me the pain is different. Sometimes more intense, more alone . . . more hopeless, somewhat bereft of possibility.

Yet the train leaves the station, with a destination in sight. And it is indeed a rare occasion when the whistle from this steam train does not enjoy the deep satisfaction of a good strong tug. ♥

Talkabout
wishes all our readers a
Happy Mardi Gras

Poetry



Lost Weekend

*From pub close Friday night,
until cock crow Monday morning,
we enjoyed love & sex. Non-stop!
Turning what was to have been
a casual one-night stand, into a
sizzling 'Triple J' hamburger,
complete with all the stuffing.*

*But, when that lusty & virile cock
ceased its crowing & the stuffing
dried up: action was called for –
“Monday, Bloody Monday”,
I cried.
And boldly threw him out.*

– Stephen James

Aspects of Love

*I caress & kiss
your limp cock,
in my loving hand
it flutters with arousal,
turning into a beautiful,
full-throated song-bird.*

*I open wide & spread
my moon white buttocks,
& lock your singing bird
in my cool, exciting cage.*

*Music surrounds our space,
as two loving bodies,
one the singer,
one the song,
rise & fall, locked
in joyful harmony.*

– Stephen James

No Love Peeling

*My body screams touch me, my
mouth says No don't!*

*My heart wants to be love, my
head tells me it's not allowed.*

*It's been three months now that
I'm searching two words – two
stupid words to say. One minute I
need to spit them out to him, the
next one I'm keeping them in.
“I'm Positive”. Why do I fight so
hard to hide my positivity? I'm
scared of his fear maybe. I did
nothing wrong, just made love
with no condom. Now I pay a dear
price for such a small mistake; how
many millimetres is this bloody
plastic layer?*

*We shall forget the past, no way of
going back. So I look at my pre-
sent, my tomorrow and something
from a far yesterday refuses to fade
away.*

*Should I tell this man to pass his
way? I'm not starving for sex but
I'm dying for warmth.*

*90 days of inside war – of smiling
front. Last night I saw him again,
we had a lovely dinner while I was
drowning my poisoned secret. It
worked well, this morning I woke
up in his bed and no 'love peeling'
– no proof of safe sex – lay on the
floor.*

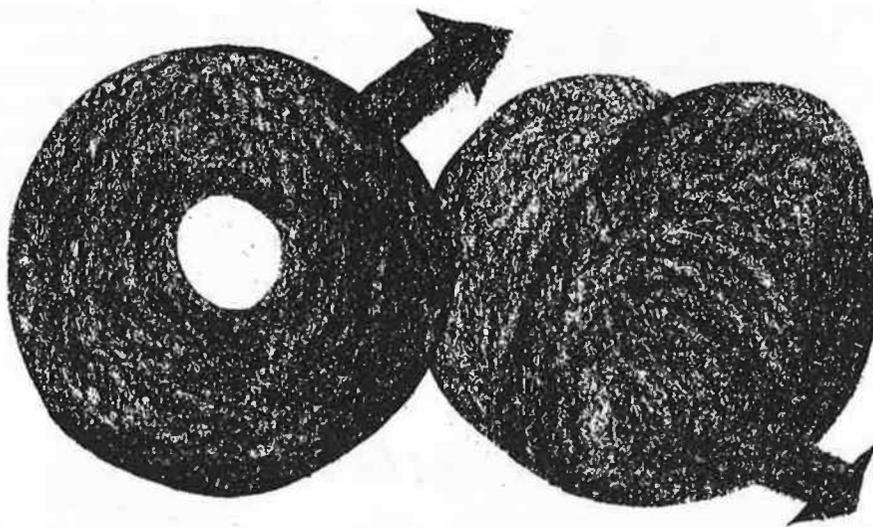
*My god what have I done? What
did I just become?*

A contagious bitch!

*I told him one day too late so he
agreed and went away . . .*

*Undoubtedly, unsafe sex is the
stupidest nightmare to face.*

– Erycka



GRAPHICS: CRAIG

Princess Saquinavir II

(the bitch is back!)

by Scott Berry

WELL THIS IS GOING TO BE MY LAST article in this series. Unfortunately I just don't have the time to keep it up every month. Thanks to all of you who kept reading and especially those of you who gave me feedback about this section of *Talkabout*. I thought I'd finish by following up on the article called 'Princess Saquinavir'. It seemed that the article was well received by many of you and I got lots of calls about it - even from outside NSW.

The reign of Princess Saquinavir

You might remember that in the October edition of *Talkabout* I told you about my introduction to combination antiviral therapy. I began taking AZT, 3TC and saquinavir in August last year and *have I got some gossip for you*. I am an 'undetectable'. I'm pretty sure that's not the same as being an 'undesirable' (I'm already one of those so I don't think I'd really notice the difference). Yes, I've had undetectable viral load now for more than six months and my Tcell count is increasing. But what does it mean?

First of all, I still have the virus inside me - I'm not cured. Undetectable viral load basically means that this drug combination has stopped the virus multiplying in my blood to below 500 'copies' per ml. The Chiron test is not sen-



PHOTO: SANDRA THOMPSON
TIARA COURTESY OF DRAG BAG

sitive enough to find the virus below about 500 copies.

Those who believe in the eradication theory (that we may be able to destroy HIV by inhibiting its ability to multiply in our bodies over time) will certainly want to attempt to get their viral load to undetectable levels. However, there are others who believe that simply reducing viral load to anything below 10,000 copies is enough for them. Not everyone gets their viral load to undetectable levels and that's not necessarily a bad thing. Talk to your doctor about this or call Alan or Barry, the ACON Treatments Officers on 1800 063060.

My friends were very happy about the result. I thought I'd be happy about it but felt numb and confused. We're still learning

about this new viral load test and how to use viral load and Tcell results together. There is general agreement though that reducing viral load will have clinical benefit and that seems to be proving true in real life.

My own Tcell count has increased by more than 100. I started treating with a Tcell count of 600. Three months later the result was 680 and now its 740. I'm a prime example of why it's important to consider treatment before your immune system is depleted by the virus.

After a while I started to feel the relief of having undetectable viral load. I felt hope and excitement about the future for the first time since I'd been diagnosed. Unlike Princess Di I felt my reign would be a long and fruitful one.

The burden of royalty

Wearing a crown is not all it's cracked up to be! Yes, there's all the glamour and glitz. Yes, there's all the fabulous frocks and shoes; the launches, openings and public adulation. But, what about the pressure, the late nights, early mornings at the beauty parlour!

And I can hear you thinking the question everyone seems to ask: 'What about side effects?' Well, most of the time I am absolutely fine. But I have noticed that every few weeks I have a number of days where I feel 'heavy'. I wake up feeling like I've had a night out and I feel only marginally better through the day. It does pass, I get

back to feeling great again; and it didn't happen before I started taking the drugs, so I can only assume there's a connection. But I'm a bit of a pragmatist about these things. I'm quite happy to deal with one or two annoying little side effects when the results are so fabulous!

The most suprising reactions have occurred in my emotional life. I began to notice a growing dissatisfaction in the first few weeks after my viral load result. This became a small depression that grew into anxiety, until finally, I had to take some time to think about what was happening to me. It's become clear that I need to re-frame my life. I'm wondering about the decisions I've made in my life since I've been positive and whether I'm happy with these now.

I made decisions based on what I thought would be possible in a relatively short period of time - I worked on one to two year plans. I re-trained and began to work at a new profession thinking I would at least be able to contribute something worthwhile to society before I died. I've worked incredibly hard since I've been positive because I felt that time might be running out and I've wanted to make my mark.

I'm tired.

I've begun to mourn the fact that I've lived for six years in a personal crisis - waiting for illness to 'strike' at any time. I always tried to resist that way of thinking but it's only now I feel some space from my personal crisis, that I realise I was ultimately unsuccessful. It's as if I couldn't see this stuff when I was stuck in the crisis. Now that I feel some space from the crisis I feel more vulnerable than ever before.

I've begun to mourn the friends I've lost. I feel especially emotional about the ones I've lost most recently. If only they could have had access to these drugs earlier.

I've begun to cry about HIV again. I haven't been able to cry for more than two years. I became an iceberg in the face of AIDS. Now I'm thawing out. And there's a lot of catching up to do.

It's not that I'm certain about all these new drugs. It's more like I've taken a break from the 'war zone' - I'm on shore leave - and I can deal with my emotions in a way there is just no time to do when I'm in the war.

These are pretty 'upper class' problems when compared to the prospect of living with HIV related illness and death. That was certainly a major possibility before I started taking these drugs and it continues to be a possibility even now. But I've also begun to notice

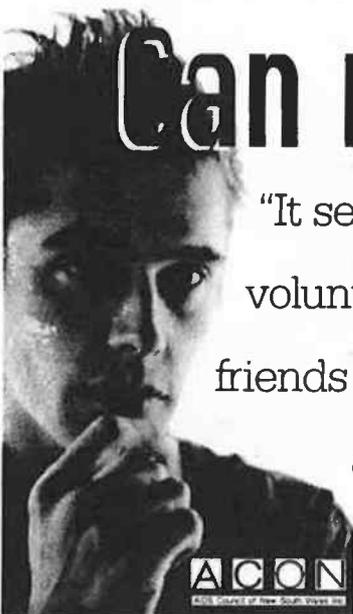
these kinds of changes in my friends with AIDS. If the drugs are working for them then they're having to consider the prospect of living longer with a depressed immune system and perhaps some chronic illness. It's better than dying but it doesn't mean there aren't a lot of issues to work through and new adjustments to be made.

A princess must carry on with dignity

Some people in the HIV community sector have assumed that, because of the new drugs, positive people won't have as many issues to deal with. It seems to be based on the premature idea that we aren't going to die anymore. I think this article clearly demonstrates that there are many more complicated issues emerging from this new environment than originally thought.

People will continue to die, to get sick and have complicated emotional responses to living with HIV or AIDS. New treatments and blood tests and new understandings of HIV in some ways offer a more complex life for PLWHA.

Nevertheless, this princess will straighten her tiara, put on a flowing gown and walk into the future with dignity (and hopefully a few reporters snapping her photograph for the tabloids). ♦



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Fair Treatment



8th Annual ASHM Conference 14 - 17 November 1996

By Jo Watson

THIS WAS IT. AFTER AN EXCITING and significant year in HIV treatment and care, the Australian Society of HIV Medicine (ASHM) was again hosting its annual four day conference*.

The theme was "Preventing Transmission; Promoting Health", and a multidisciplinary approach provided opportunities for networking and lively interactions. Information exchange is obviously the main aim of the conference, but with the previous 12 months producing dramatic changes in treatment practices, the introduction of new antiretrovirals and viral load testing, there was an added desire to explore the different choices available for PLWHA, and look at how diverse and informed actual prescribing practice is in this country.

Conference delegates included representatives of research and professional organisations, ASHM members, and registrants from overseas, as well as activists and community sector workers. Over the four days there was an overwhelming range of over 200 presentations, poster displays and plenaries.

Twelve pharmaceutical companies were registered as trade exhibitors, with all their colourful accessories. These ranged from cappuccino machines and portable icecream fridges, to jars of lollies and chocolate slices. All drawing attention to their product and ac-

companying clinical literature, of course!

Those readers who have been following *HIV Herald* and *Positive Living* reports will have a good idea of some of the main treatments debates. There was considerable interest in the answers to such dilemmas as when should you decide to start combination therapy, what combination to take, how many drugs and when to make changes. For a more detailed overview, see the Saag report (Oct/Nov 1996 *HIV Herald*).

There are no hard certainties in all of this, and individuals must consider all the variables in their life, including their lifestyles, but there is powerful consensus that combination therapy is the way to go for maintaining health longer and more effectively, and that monitoring your health with viral load testing is essential in good clinical practice today.

The conference followed up many of the announcements which had come out of Vancouver in July, but as well there were presentations from overseas speakers with particular specialities in Asian, South African and European experiences.

The 'local touch' was a vast array of clinical and social studies, showing that there are some innovative and important projects being undertaken around the country. I was particularly interested in the projects which are being undertaken by the National Centre in HIV Social Research

(NCHSR), and those coming out of the community and health services.

The NCHSR made presentations on three programs of research which focused on different but related communities affected by HIV. They were: PLWHA and their carers, gay and homosexually active men, and youth and the general population.

One obvious gap, which frustrated many community representatives, was the continuing absence of representative studies involving women, children, and family dynamics. The exception to this was a paper presented by the staff from Sydney Children's Hospital which was titled "Life with HIV: a perspective from children and parents". This looked at the material produced by a support group for children and parents living with HIV. A powerful piece, and well received.

Psychosocial experiences were discussed, for example in papers dealing with euthanasia, and the implications of the treatment advances for PLWHA; and in posters such as those looking at sexual activity before and after seroconversion, and the long-term impact of routine sexual health checks on sex workers. In a special session, "Social identity and Community", various community representatives discussed the perspectives of people of non-English speaking backgrounds, gay men and women within the positive community. An interesting discussion after-

wards looked at various definitions of community, but as is so often the case with conferences, just when it started to liven up, it was time to move on.

Other sessions looked at clinical trials from the perspective of participants, including the day-to-day realities of being involved in them, as well as possible parameters for the design of future drug trial protocols. This discussion emphasised that community access to new drugs could not be compromised by trial recruitment and the demands of information collecting.

On the final day a valuable session looking at information technology and HIV was only attended by a very small number of people. This was specifically aimed at medical practitioners' need to be able to pass information from the internet on to their positive patients. How to absorb the growing mountain of information available, and disseminate it quickly and appropriately is an urgent issue for

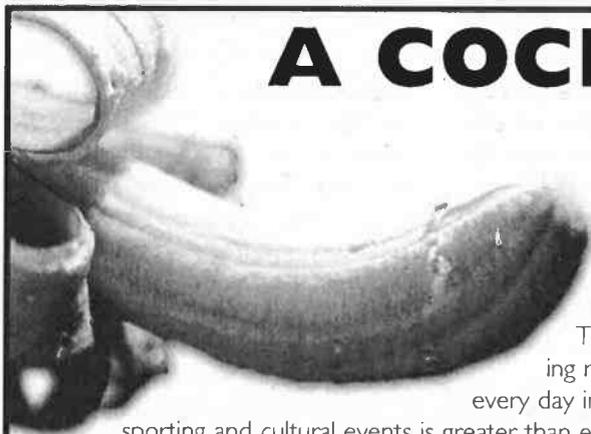
many of us involved in this work. The session took practitioners through the most practical and valuable sources available on the 'net', and discussed ways of passing this information on to 'connected' patients via Email conversations; an exciting approach to the possibilities of 'interactive consults'.

It was also pleasing to note that many of the HIV activists and organisations in this country are as informed as the medical and scientific communities because of these developments in information technology. This does open up the sharing of information, and empowers the positive community to engage with their doctors in a strong and useful manner about their health maintenance and monitoring.

The Conference helped identify issues which are still to be recognised and addressed in more detail. It highlighted areas where there is still debate and controversy, as

well as those clinical practices which have moved from new to accepted standards of care. For many of us it also identified the numbers of practitioners who were not present, and therefore not able to benefit from the valuable exchanges and presentations. Hopefully, with the wonderful conference abstract book, and interactive computer disc, available from ASHM, they have still managed to stay abreast of HIV medicine, research and community responses in Australia today.

** The ASHM Conference was held in association with the National Centre in HIV Virology Research, the National Centre in HIV Epidemiology and Clinical Research, the National Centre in HIV Social Research, the Australian and New Zealand Association Society of Nurses in AIDS Care, and Social Workers in AIDS. For more information contact Jo on 9361 6011, or Email: PLWHA@rainbow.net.au.*



A COCKTAIL WITH NO SIDE EFFECTS

The 1997 Sydney Gay & Lesbian Mardi Gras Festival is a fruity mix of potent goodies to celebrate our lives, communicate with our peers and educate the world.

Taken in the prescribed dose it can leave you feeling refreshed and invigorated. With openings on every day in February, the range of community, arts, sporting and cultural events is greater than ever.

As in previous years, Mardi Gras, in conjunction with PLWHA is running a donated Party ticket scheme, providing viewing space on the Parade route and Time Out Space at the Party. To take advantage of these contact PLWHA.

Taste the heady cocktail that is this year's Mardi Gras - eat your fill and go back for more - there are some fruits you can never eat too much of.

1997 sydney gay & lesbian 
Mardi Gras

The HIV Services Access Project

THE HIV SERVICES ACCESS Project is a new (12 month) project based at the Australian Federation of AIDS Organisations (AFAO). The project will be looking at the impact of culture, geographic location, gender, sexuality, disability and injecting drug experience on a positive person's ability to access HIV/AIDS services, particularly AFAO member organisations: AIDS Councils, PLWHA organisations, the Australian IV League and Scarlett Alliance (sex workers' organisation).

The Project uses a framework called Access and Equity. Access and Equity is a plank of the Social Justice Strategy developed by the previous Federal Government to ensure that all citizens can participate fully in the social, political and economic life of Australia. Access and Equity sits alongside Federal commitments to Multiculturalism, Equal Employment Opportunity and Affirmative Action. These are the four main planks of the Social Justice Strategy for Australia.

In the context of HIV/AIDS, Access and Equity is about making sure that every HIV positive person has the opportunity to participate in decisions about their health. But it is not only about making sure that all positive people have an opportunity to access HIV/AIDS services; equally important is that all positive people receive the same high quality service that those organisations are there to provide.

Most positive people will have an experience or two of not getting what they needed from an HIV ser-

vice. In his article in the National AIDS Bulletin in August 1994, Larry Wellings discusses the impact that prejudiced attitudes around issues of ethnicity, sex work or drug use have on an HIV positive person's ability to access a primary HIV health care service or a community based service. The saying, 'Once bitten, twice shy' becomes extremely pertinent.

The people who enjoy the highest quality outcomes from HIV/AIDS services are positive gay men living in the inner suburbs of the most populous cities. Positive gay men have devoted a lot of energy to ensuring that their community gets the latest treatments information or the best quality hospital care. Most positive gay men are highly informed and skilled when it comes to making decisions about living with HIV and AIDS. This is reflected by the involvement of positive gay men in the decision making processes at service and government levels.

Unfortunately, there are HIV positive people who don't have the same opportunities to participate in decision making about their HIV, and who may miss out on crucial information regarding their HIV status and their health. For example, workers from the Multicultural HIV/AIDS Support and Education Service suggest that some people from non English speaking backgrounds still only discover their HIV status after being admitted to hospital with an AIDS defining illness, and that HIV positive indigenous Australians are often incredibly isolated and die in hospital alone.

The HIV Services Access Project will be working with HIV/AIDS services and PLWHA to develop creative ways to address the diversity of HIV positive people and their HIV related needs. The answers aren't easy to come by because some of the issues are extremely complex and wide ranging. This Project is about talking to HIV services about the many ways in which they can respond to the diverse HIV population and put into practice Access and Equity, which tries to ensure that all HIV positive Australians get a 'Fair Go'.

For more information please call me on 9231 2111.

- Patrick McGee,
HIV Services
Access Co-ordinator



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

Talkabout

WHERE WE SPEAK FOR OURSELVES

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

PLWH/A (NSW) Inc. is part of a worldwide movement to empower people with HIV infection, their friends, supporters, family and lovers to live full, creative and meaningful lives free from fear, ignorance and prejudice. Help yourself and others affected by HIV to create a positive, friendly and supportive environment in which we can all live with HIV & AIDS - join PLWH/A.

PLWH/A membership

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

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

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

Membership status is strictly confidential.

Talkabout annual subscription rates

Please note that *Talkabout* subscribers also receive *With Compliments* Newsletter six times a year for no extra charge!
All *Talkabout* subscribers will also receive the new *Contacts* booklet quarterly.

Individuals

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

Organisations

- Full - \$80 per year (business, government, universities, hospitals, schools etc.)
 Concession - \$40 per year (PLWHA organisations, non-funded community based groups etc.)
 Overseas - A\$120 per year
Please specify number of extra copies _____ (Extra copies only available within Australia)

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

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Thank you!

We want to have you at Mardi Gras!

1997 sydney gay & lesbian Mardi Gras

There are many exciting opportunities for people to **GET INVOLVED** at the 1997 Mardi Gras. PLWH/A (NSW) Inc needs your assistance for our part in this important Festival.

Join any one of our exciting events

31 January 1997 Mardi Gras Festival Launch
at the Opera House steps

9 February Fair Day
28 February Swimming Carnival Raffle
Float for PLWH/A



Time-out Room

We will be setting up two Time-out rooms at the Mardi Gras Party. One in the Medical Services area and the second in the RHI building adjacent to the sponsors viewing room.

Sponsored Ticket Scheme

Applications open Monday 20 January for people who wish to enter the ballot for tickets to the Mardi Gras Party. Applications close Friday 14 February 1997.

Who can apply? People living with HIV/AIDS who identify as Gay or Lesbian and hold a current DSS Disability Support Pension Card (DSP).

Where to apply? PLWH/A Office Room 5, Level 1, 94 Oxford St, Darlinghurst.

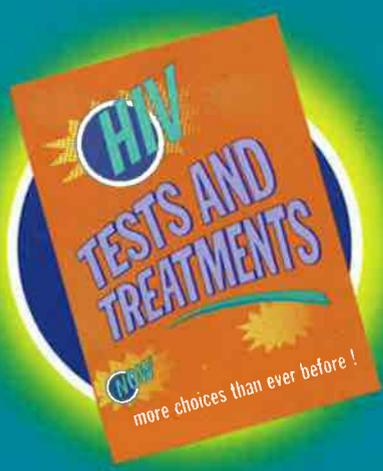
Contact Greg Allen at our office on 9361 6011

NEW
INFORMATION

NEW
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NEW
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**Introducing the latest breakthroughs
in the testing and treating of HIV.**

Like the new Viral Load tests – the most effective way of measuring how actively HIV is reproducing, and if treatment drugs are working. Plus there are an ever increasing number of new and improved drugs to treat HIV. To find out about these, and other important developments, pick up this free booklet at all good health service outlets and venues or call

1800 816 518
or TTY (for the deaf)
02 9283 2088

