

No. 76 May/June 1997

# Talkabout

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

◆ Where We Speak for Ourselves ◆



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# Convenor's Report



IN THE LAST MONTH PLWH/A Committee members have continued to make valuable input into a variety of community consultations. These consultations are ongoing and have been mentioned in

previous issues, so I won't repeat them again. Rest assured that PLWH/A continues to advocate in areas of relevant community concern. Rolf Petherbridge has resigned from his PLWH/A Committee position, to be replaced by Les Szaraz. We thank Rolf for all his valuable work and wish him the best! Les has a long-standing involvement in the positive community and we welcome him to the Committee.

The HIV Treatment Forum sponsored by PLWH/A which took place at Albion St Clinic in April was well attended. Thanks to the speakers, (Colin Batrouney and Dr Cassey Workman) and to PLWH/A's Treatments Working Group who organised the forum.

Jill Sergeant, *Talkabout's* Editorial Coordinator for the last

seven years, is taking a well-earned break. For the next few months John Cumming will act as temporary Editorial Coordinator, ably supported by Sandy Thompson and Paul Roberts. *Talkabout's* credibility and quality is due in large part to Jill's dedicated work. We value her immensely and look forward to her return.

The 10th Annual Sydney Gay & Lesbian Mardi Gras Awards night on 28 April was an evening of glamour, congratulations, thanks and recognition. Among the glittering prizes handed out to community members was one for Outstanding Commitment to addressing HIV/AIDS issues, received by PLWH/A's Deputy Convenor, Claude Fabian. Well done Claude!

**Phillip Medcalf**

## Complementary Therapists

PLWH/A (NSW) is developing a directory of complementary therapies practitioners in NSW who have experience with HIV/AIDS.

If you fit this description,  
or can recommend someone who does,  
call Jo Watson, Research Officer



Phone: 9361 6011 or  
Free call: 1800 245 677  
Fax: 9360 3504  
Email: [plwha@rainbow.net.au](mailto:plwha@rainbow.net.au)



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Claude Fabian: **Deputy Convenor**  
Vincent Dobbin: **Secretary**  
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Chris Holland, Andrew Kirk, Bill Whittaker,  
Ed Moreno, Les Szaraz John Trigg,  
Shane Wells

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### This month's cover

**By Claude Fabian.** This fabulous piece, photographed by C. Moore Hardy, is called "Boy's Own Blue". Positive art allows us to express things our vocabulary can't. In this issue we've tried to represent the enormous range, with grassroots pieces from people who don't think of themselves as artists as well as work from artists who are well known.

## Talkabout

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If you would like to be involved with *Talkabout* call John on 9361 6750 for the date and time of the next Newsletter Working Group meeting.

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● "The future of antiretroviral therapy has arrived ahead of schedule", wrote an excited editor of AIDS Weekly in the April 14 issue.

The article reported on the development of a new blood test which allows doctors to quickly determine whether a patient's HIV strain is susceptible to particular anti-HIV drugs. The genotypic assay, dubbed HIV-1 GenotypR Plus, is manufactured by Specialty Laboratories Inc. in California.

The assay is able to identify resistance mutations for all anti-HIV drugs currently approved in the US, and this will be useful in tailoring individualised treatment combinations. It will allow prescribers to choose antiviral drugs that are active against a person's strain of the virus, and to choose them right away, hopefully without the experimentation necessary at present. How long before this HIV drug resistant assay is available for Australian clinicians is unknown at present.

● A US life insurance company is offering first-of-its kind policies to HIV-positive people. "The policies will initially be offered only in Illinois to gauge demand, then be offered nationally, a spokesman said. A \$25,000 policy for a non-smoking, 30-year-old man with the virus will cost about \$300 per month, about six times the premium for a similar person without the virus. The privately held insurer already provides coverage to more than one million people, including some with liver ailments, diabetes and other serious health problems. The move recognizes the advances in treatments for AIDS patients, including cocktails of various drugs that have been shown to stave off symptoms of AIDS in infected people for years.

(April 16 1997/Reuters)

● Traditional Chinese medicine is used to treat infections with mixtures of herbs. When tested in lab experiments extracts from some of these herbs can shut down production of HIV. One of these herbs, commonly called green chiretta (*Andrographis paniculata*) is being tested in Canada as a treatment for HIV infection. Researchers are not sure exactly how it works but it appears to act differently to drugs such as AZT or protease inhibitors. In a nine-week study on 16 hiv-infected individuals, the herb caused half of them to have a 31% increase in CD4+ cell counts, and a 38% decrease in the amount of HIV in their blood. (CATIE 23/4/97)

Sydney herbalist Peter Townsend told *Talkabout* that the herb's Chinese name is chuan xin lian and it may be available in Chinese herb shops. If you are interested in more information consult your therapist or doctor.

## HIV/AIDS Housing - An International Perspective

HOUSING IS OFTEN A MAJOR concern for people with HIV. Recently, a one day conference organised by the NSW Federation of Housing Associations, highlighted a variety of international developments in housing designed specifically for PLWHA.

What PLWHA expect from community housing providers is access to safe, secure, affordable and appropriate housing. PLWHA are frequently denied housing because of discrimination, harassment, expense, or the housing may just be inappropriate. Often our nationality, sexuality, sex or beliefs become a barrier. The negative impact that stress from homelessness or living in poor housing has upon a person's health has been documented time and again.

Flexibility and choice in housing are essential. PLWHAs come from different backgrounds, and hold different beliefs. Their needs vary greatly. Some require specific forms of accommodation that offer varying support levels. Some do not wish to share a home with other people, and some do not identify as gay or lesbian. Women with dependants have specific housing requirements; and we need to be living close to our own diverse communities, medical facilities & support networks.

The Conference looked at this diversity of needs and highlighted the gaps within current housing provision. A number of different international housing models were presented, such as the Bobby Goldsmith housing, the AIDS Housing Project London, AIDS Housing Action Group Victoria, and Herne Bay House New Zealand.

The Conference agreed on the importance of a continuum of housing provision and housing services that compliment each other. PLWHA need a range that best serves their needs. Fast access

to public housing is crucial, as well as access to crisis accommodation, dementia suited housing, respite and supported accommodation, appropriate community based options, rental subsidies, reverse mortgage options, alternative financing - all must be a part of the bigger picture.

The challenges for housing projects are to establish services that protect confidentiality, to develop strong links with generalist service providers, and to mainstream the service and policy issues in order to result in equitable housing access. It is important for housing services and providers to ensure residents have a say in planning and policy development, to ensure that advocacy exists within housing policy and provision.

We must applaud the NSW Federation of Housing Associations for acknowledging that HIV is a barrier to obtaining suitable housing and for holding the conference. The relationship between HIV and housing difficulties has not been acknowledged to any great extent by a mainstream housing body. It was, however, disappointing to see that most people attending the conference were already involved in the HIV housing field and not representative of the many generic housing providers

Shane Wells with thanks to Brett Wake (AHAG); and Alison Cunningham (BGF) For more information please contact Alison Cunningham - Bobby Goldsmith Foundation - (02) 9360 9793.

## EUTHANASIA DEBATE

THE LAST FEW MONTHS HAVE SEEN an extensive national debate on Euthanasia Laws in Australia. And in March, the Senate effectively amended the self - government Acts of the Territories to take away the power to permit euthanasia.

Along with discussion of issues such as the morality of euthanasia and the right of the individual to choose, there was a legal issue for

some of the Senators. The Commonwealth sought to take back from the Legislatures a power the Commonwealth originally gave to them. Self-governments had been granted, for example, to the Northern Territory in 1978, and this taking back by a superior Legislature of self-governing power previously granted, raised a serious issue of constitutional precedent.

Because polls have shown a majority of the population supports the availability of euthanasia laws and because of legal issues such as the one mentioned, it would be reasonable to surmise that the debate is certain to be re-visited.

AFAO has called on the States to act. In a media release of the 25th March, Bill O'Loughlin said, "The Senate has shown it is unwilling to represent the majority of Australians who support the right to voluntary euthanasia. Community polling consistently showed support for voluntary euthanasia in excess of 70 per cent. Euthanasia is not just an HIV/AIDS issue. It affects all people with chronic and life threatening illness. States are able to make laws permitting active voluntary euthanasia as the Euthanasia Laws Bill only applies to Territories. The Premiers were united in their condemnation of the Andrews Bill, and they now have an opportunity to protect the rights of the terminally and seriously ill."

Capital Q reported on the 27th March that the independent state MP's Clover Moore and Peter MacDonald intend to press ahead with their plans to force a state referendum on the issue in NSW hopefully before the next state election. There is also some across the political parties support for advancing euthanasia laws here.

The Voluntary Euthanasia Society of NSW (Inc.), ph (02) 92124782 the first such society in Australia, aims to bring about the removal of legal barriers which prevent doctors from helping patients to die when their lives have become unendurable or when they



*Dr Marilyn McMurchie speaking at the Candlelight Rally on May 4, 1997.*

PHOTO: MAZZ IMAGES

become reduced to mere insensitive existence and promotes legislation under which a person in such a condition and with no reasonable prospect of recovery would be entitled to a painless and dignified death in accordance with his or her express direction.

There have been media reports that in the Northern Territory John Bailey, the Deputy Opposition leader, is canvassing support for the proposal to reduce the criminality and penalties involved if doctors act to assist patients who request it.

The Policy of PLWHA/A (NSW) Inc. is that it supports the rights of individuals to choose the option of voluntary euthanasia after fully informed consent.

Vincent Dobbin

## **Unsafe Sex Increase**

RESULTS OF A SURVEY FUNDED BY the New South Wales Health Department show the proportion of gay men in Sydney having unsafe sex with a casual partner increased from 14.4% to 23.1% in the year to February 1997. Commenting on the survey results, ACON Executive Director

Bernie Coates said some gay men believed that the success of new combination therapies meant AIDS was no longer a serious illness. "This belief is wrong. There is approximately one new HIV infection every day in New South Wales and around five people a week are dying of AIDS-related illnesses." ACON is now working on a new campaign to counter the rise in unsafe sex practices and has called for increased funding for safe sex education programs. "Gay men comprise more than 85% of people in New South Wales with HIV," Mr Coates said, "but education campaigns for them make up only 19% of the total AIDS education expenditure."

## **PLWHA Snapshots**

A REPORT TITLED "PLWHA Snapshots: Treatments, Accommodation and Employment" by Douglas Ezzy, Ian Grubb, Richard de Visor and Diana McConachy has been released by the National Centre in HIV Social Research at La Trobe University Melbourne. It is based on a national survey of 124 PLWHA drawn mainly from the November 1996 NAPWA conference and

## Briefs



● The NSW Department of Health is testing how to effectively deliver the best health-care to people with hepatitis C. If you or someone you know has hepatitis C and wants further information on the trial, (called Hepcare), please call 02-99769641 and ask for the Hepcare project officer, or fax 02-99769663. All information is treated strictly confidentially and is used only for the propose of the trial.

● The Sydney Park AIDS Tree Planting Project invites you to plant a young Australian native tree supplied by Sydney Council Nursery to commemorate the life of someone who has died from HIV/AIDS. The 1997 planting dates are Sunday, 1st June, Sunday, 24th August, Sunday 12 October between 10.30am and 3:30pm in the AIDS Memorial Goves in Sydney Park, at the end of King St, opposite St Peters railway station. Contact: Mannie de Saxe (02-97181452).

● HIV People of the Nepean District runs monthly events in the Nepean for positive people and their supporters. Upcoming events include a free theatre evening, a video night and a midwinter Christmas dinner in July. For Details phone Kay or Graham on 047-2438767 (w), 041-2120611(h) or Norman on 02-93616011(w) 041-2049889 (h).

● The Sydney PWA Living Centre is going through big changes. It is moving from the auspices of South East Sydney Area Health and will eventually become a non - Government organisation known as the Living Centre Association. The transition is being facilitated by ACON. Meanwhile the Centre, located at 14-20 William Lane Wollomooloo continues to provide breakfasts (Mondays to Fridays), lunches (Tuesdays to Saturdays), art classes, computer classes and lots of other activities.

● A new local HIV web site can be found at <http://www.rainbow.net.au/~marki/entry.htm>. It contains links to other HIV sites, a chat room and personal information about the authors.

● Kim Gotlieb, who has extensive experience and training in a range of group facilitation practises, is setting up an experiential group based on collaborative enquiry, looking at the ways we are affected by living with HIV/AIDS. The programme will make a space to consider the questions we ask, the challenges we face, the disappointments we bear, the celebrations we enjoy. Depending on the number of people who are interested he hopes to run a series of weekly three hour sessions in inner Sydney. Contact Kim on 93100931 to register your interest.

also distributed through state based PLWHA organisations. It explores the issues of treatments take up, the effects of HIV on accommodation, and changes in employment status. For a copy of the report call the National Centre on 1800-064 398.

## HIV Futures

In Consultation with NAPWA, AFAO, and other community groups, the National Centre in HIV Social Research (People Living with HIV/AIDS and the Carers) is currently designing the "HIV Futures" survey. The purpose of this survey is to investigate in more detail the issues of employment, relationships and community identification based on a much larger sample of PLWHA. It is called the "HIV Futures" survey because of the centrality of a changing sense of the future to the experience of HIV/AIDS, particularly in the context of the new treatments. If you would be interested in being involved in the "HIV Futures" survey or in helping the Centre contact people who might be interested in participating, please call the National Centre toll-free on 1800 064398.

## Uniting our voices



AT A LANDMARK MEETING IN LATE April, hundreds of Aboriginal and Torres Strait Islander Health Workers met in Sydney for their first national conference since 1978.

The three day conference discussed a wide range of issues including diabetes, mental health, nutrition, sexual health and the use of new technologies.

As the first conference in nearly 20 years, the ground to cover was enormous, so it's perhaps not surprising that HIV/AIDS wasn't given a large amount of coverage and was mainly discussed in the context of general sexual health.

In a plenary on the third day of the conference, Kathy Kum Sing, who has been personally and professionally involved with hiv/aids for over a decade, referred to the first ATSI & HIV/AIDS conference in Alice Springs in 1992, which was infamous for Fred Hollows' statement that hiv positive Aboriginal people should be quarantined so as to protect their communities.

"I know isolation is not the way to go", Kathy said, because she and her family had been isolated from their community when she had spoken publicly at that conference about how hiv had affected them.

She appealed to the conference delegates to "give people a chance to care and love for our people. We must look this in the face, meet it and walk together into the light . . . Fred Hollows was wrong then and wrong now. Please stand with your brothers and sisters on this disease."

Kathy pointed out that aids would be easier to address if the health care system for Aboriginal people was in better shape than it is and said that the Australian government has an obligation to provide programs that are adequate, well resourced and appropriate. She also called on the ATSI communities to take responsibility both at the political level of challenging "genocidal policies" and more personally, in being more open about the behaviours that place Aboriginal people at risk of getting HIV.

Another speaker at the plenary, Scott Wilson from the Aboriginal Drug and Alcohol Council of SA, referred to recent research which indicates that many indigenous IDU are still sharing needles and are often not aware of national safe using campaigns such as "Sped Wise, Speed Safe". A recommen-

dation was made that any national campaigns of this kind include indigenous input to ensure that the messages are getting through.

Smaller workshops looked at HIV/STD transmission prevention strategies. Wayne Hateley and Nura Ward from the Anangu Pitjantjatjara lands gave an inspiring presentation about the strategies they had developed, which included dot paintings, a comic book and men's and women's videos. I've noticed this before at conferences - small local groups are producing fabulous resources. It was a confirmation of the words of another Plenary speaker, psychologist Darren Garvey that we live in "amazing times", when old ideas of assimilation etc. are being replaced by self determination.

The good news from Wayne was that of the 35 - 40% of Aboriginal people who had been voluntarily screened for HIV in their area, in the past 12 months, no-one had been hiv positive.

Following on from this session, a group of South East NSW educators showed their STD educators kit, which has been so successful that they've taken it around the state. One of those involved, Victor Tawil, has just started in a new position training Aboriginal people to be volunteer carers for indigneous PLWHA throughout the state.

The session wound up with the screening of "Umbarra Spirit", a video about the life, death and inspiration of Rossy Smith, a young Aboriginal man from the South Coast who died of aids in 1994. The video, a rich portrait of Rossy's life, features interviews with his family, friends and even nurses who had known him as a child and later cared for him at Moruya Hospital. The video shows the extent of ignorance about hiv during the time of Rossy's illness - not so long ago - and counters it.

Rosy's Mum, Aunty Pat, (who washed the house out with bleach when she first found out he was HIV positive) concludes the video with a strong message: "Just love



**Kathy Kum Sing and her daughter. Kathy has been personally and professionally involved with HIV/AIDS for over a decade.**

PHOTO C.MOORE HARDY

them as you've always loved them, don't hang back on them."

- Jill Sergeant

## **Pride Events**

UPCOMING PRIDE SPONSORED events include a film festival exploring the effect of HIV/AIDS on the representation of queer sexuality in Australian Independent film. The films will be screened at the Academy Twin Cinema, Oxford St, Paddington on June 25.

The fifth Performance Positive will take place at Pride over two nights, June 13 & 14. Get your tickets now, these performances always sell out! Expressions of interest from possible performers are still being sought for this or future events. They should be faxed to Victoria Spence c/o (+61 2) 331 1199 or <mailto:pride@geko.net.au>.

## **COMMUNITY SERVICES UNDER THREAT**

COMMUNITY ACTIVISM HAS resulted in the problem of HIV-related poverty being raised as a reality in need of varied responses.

As PLWHA may be aware, one outcome of the recent "Poverty Sucks" meetings in Sydney was

the HIV/AIDS Access and Equity Project, which looks at how PLWHA access relevant Home and Community Care (HACC) services. The project defines poverty as insufficient resources for people to meet their basic needs. Those resources include both cash and non-cash benefits or resources that HACC services, if appropriate, can provide.

The fact that responses are being made is good news. However, impending changes may affect us all, particularly those interested in social justice and those affected by HIV-related poverty. The Federal Government in the 1996 Budget wrote down the expected savings projected over five years, from doubling user charges in the HACC Programme from 10% to 20% of the total HACC Budget. The changes will come in the form of the introduction of user-pays charges and National Competition Policy in HACC and in the community sector generally. For PLWHA surviving on the Disability Support Pension cost factors are obviously a major barrier in accessing services. So, what we have is the "double whammy" of a reduction in resources in an area already chronically underfunded and the

## Briefs

● NAPWA and AFAO released media announcements on 30 April, informing their constituents that the Commonwealth Minister for Health Dr Michael Wooldridge has agreed that the Federal government will provide funding for HIV viral load testing from mid May. Viral load testing is an essential tool for people with HIV and their doctors to make decisions about when to start treatment or whether the treatments they are taking are working.

Under the new scheme, people with HIV will be able to access HIV viral load testing free of charge in the same way as they accessed the compassionate access scheme provided by Roche.

● A pharmacokinetic expert with Abbott Pharmaceuticals has made some theoretical predictions of interactions with Ritonavir (Norvir) and recreational drugs, based on known drug metabolism routes. These predictions are based on known drug metabolism routes, and hypotheses about heroin, methadone, cocaine, amphetamine, and ecstasy. An Interactions booklet covering these details, and all the legal drugs currently known to interact with Ritonavir, has been distributed to Treatments officers and HIV prescribers.

● Nelfinavir (Viracept) is the latest protease inhibitor to be made available in Australia. Only available through Roche Pharmaceuticals on a limited Compassionate Access scheme at present, it is a promising addition to the Protease inhibitor group. Nelfinavir trials show that participants have generally tolerated the drug well, and it appears to have a different cross-resistant pattern to the other Protease drugs. Nelfinavir also has a specific paediatric formulation.

● Researchers claim a new compound can block HIV replication by interfering with the RNA-binding activity of a viral regulatory protein known as Tat. A recent report says this is the first antiviral drug that specifically targets a protein/RNA interaction, the discovery represents a novel pharmaceutical approach to antimicrobial and antitumor agents. The compound, dubbed CGP64222, was created by a researcher in Switzerland and England. Tat is crucial to the HIV life cycle: after the virus has integrated itself into the host-cell genome, it needs the protein to achieve high-level replication. Without Tat, HIV remains virtually quiescent. The authors of the report suggested that their findings pave the way for an entirely new type of antimicrobial and antitumor agent.

*AEGIS Monday, 5 May 1997 by Charles W. Henderson.*



**The private sector is being asked to compete with existing service providers.**

➤ from previous page

doubling of user charges (i.e., taxation) on HACC users, 93% of whom are on a pension! There will of course be no corresponding increase in pensions. As a budget deficit reduction strategy, hitting relatively powerless and disadvantaged people obviously makes sense to this Government. It also delegates the responsibility of collecting taxes to HACC workers who have previously only collected voluntary contributions. Competition Policy has far reaching consequences for the community sector as a whole and will be revolutionary in its impact. In effect, all government departments, State and Federal, which grant monies, are moving to the tendering out of these services. Existing service providers in HACC, but also, for example, conceivably ACON (which receives funding from the Dept. Of Health) will be required to tender for contracts in competition with other interested service providers (e.g. charities and "for profit" providers) for services they currently provide. The willingness or ability to get fees from people using services will obviously affect the "price" at which organisations tender.

Smaller community based organisations, such as the Food Distribution Network, for which I work, already struggling with inadequate funding, will obviously be disadvantaged in this process. In moving from a community basis to a charitable or for-profit basis for service provision, we also see grave dangers for disadvan-

taged groups in terms of quality of service and advocacy. More generally, the application of market principles or competition conflicts with the philosophical base of community work, which is based on co-operation, altruism and collectivity. The *Trade Practices Act*, previously only relevant to corporations, will now impact on community organisations. HACC service providers in the Eastern Sydney area have been active in opposing these changes and in particular, seeking exemption from Competition Policy for community organisations. We have also been involving service users by providing them with information about these changes and giving them the opportunity to sign letters of concern to relevant government ministers. Should you wish to find out more about these issues or be involved in actively opposing them, please contact me on 96991614 (w) or Bill Rigney, Project Worker, Access and Equity Project on 93196499(w)

**Simon Williams**

**Food Distribution Network**

## State Budget

THE 1997 NSW STATE BUDGET was handed down as *Talkabout* went to press this month. The Home and Community Care Program (HACC) on which many positive people in NSW rely for services, has been allocated \$12.3 million. With an upcoming Access and Equity report expected to make recommendations about improving HACC services for positive people, this funding is timely. Population growth areas of the State, including Sydney's south-western suburbs and the north and central coasts, received \$452 million in extra funding for hospitals and health services. Budgets for Area Health Services have yet to be upgraded. Further reports on the implications of the NSW budget will appear in the next issue, as well as a report on the Commonwealth Budget which is delivered on 13 May. ♦

# Talkback



## Choices

TO QUOTE ANDREW KIRK'S LETTER in *Talkabout* No. 74: "I had a variety of reasons for not practising safe sex. It was and remains a personal choice." What about the sexual partner? What about public health issues? There are some things in life we don't choose to do and seem unpalatable, but must be done. Not unlike paying taxes.

Peter Blazey made his choice not to take treatments and has proved the main side effect from this – he died of AIDS. As a believer in science, I have chosen treatments and now have more CD4 cells than ten years ago plus an undetectable viral load.

**Mark Tietjen**

## Singular

GREGORY KELLY'S LETTER TO THE authors of the ACON treatments booklet raised some issues that have fascinated me for some time. (April *Talkabout*)

Mr Kelly is under a very serious misapprehension. He says that he has been HIV positive for four years and has "never been sick" [sic]. I guess he means he has never felt sick. The truth is that the virus is replicating voraciously and, as a direct consequence, is placing an enormous burden on his body's immune system. Mr Kelly is deluding himself if he thinks that being HIV positive is not cause to act immediately to attempt to suppress viral replication. His doctor has given him the news: "without the therapy ... I will be dead in three years", but he appears to believe that this is simply the doctor "playing God".

The most intriguing contradiction in Mr Kelly's arguments lies in his assertion that what goes into

one's mouth is the "most important thing in the world" and that the treatments booklet advocates a "bad diet".

I assume that he means the advocacy of modern drugs is "bad diet". Mr Kelly is still in the age of the old medicinal folklore that has been handed down over many generations, e.g. slippery elm for nausea, but we have actually moved on somewhat in our understanding of the chemical processes of the body. Modern drugs are highly specialised molecules designed to correct chemical imbalances or to reprogram enzyme activity, such as is the case with the hiv anti-retrovirals.

We are able to chemically manipulate the human body to a degree, and with a precision, unimaginable prior to the latter part of this century. The major benefit of these precise attacks on pathogens is, quite simply, an extended life for the patient.

In conclusion, I would like to support ACON's decision to recommend, in Mr Kelly's words, "a very singular therapy". There is no alternative medical technique that does the required job of stopping HIV in its tracks. If there were, we'd be recommending it too.

**Andrew Kirk**

## Disappointed

I READ WITH INTEREST "TWO hours in Green Park", the review of the *Darlinghurst Syndrome* by Paul de Koning. Although I do agree with most of his comments, I am at the same time disappointed that such a review was published in *Talkabout*. I was under the impression (I must however be wrong) that *Talkabout* is about information and support for people with HIV, not an opportunity to

tear somebody who is also fighting the HIV battle, to shreds.

Let's keep the sarcastic bitchy comments in the gutter press where they belong.

**Adam Scott**

## Darlo success

IF YOU WENT BY PAUL DE KONING's rather crass review in the last issue of *Talkabout* you would have thought that PRIDE's event during Mardi Gras the *Darlinghurst Syndrome* was a completely disastrous, pointless waste of money.

Of course, not everything is going to be perfect when what you are doing is innovative and risky, and there were elements to the *Darlinghurst Syndrome* which — in retrospect — anyone would have done differently. Yet De Koning seems to be furious that the attempt was made.

What attempt? The endeavour to speak to, about and from a section of our community who resemble India's Untouchables. The (literally) discarded people, some of whose lives centre around Green Park in Darlinghurst.

Fletcher Jetsprees work made connections which, and I wait to be corrected on this, no other artist has made. PRIDE saw his work as an avenue through which a light could be shone into dark corners. A method by which 'the other' could meet with the rest of us. De Koning lightly skips over these connections, for example he dismisses in one line the efforts of those who contributed to the banners hung in the park.

Yet those connections did not come about through two red ruby slippers being banged together. They came through PRIDE plunging in the deep end, hiring Jetsprees and Kathy Triffitt (whose

contribution De Koning also ignores) and seeing what would result.

The result, both from Jetspree and Triffitt and from those who put their mark on the banners, was art. The problem for people like De Koning with art is that it is unpredictable and uncontrollable. You can't hold endless committee meetings and feasibility studies and consultations and still produce inspirational work. What you produce is a camel. Art must be free and allowed to spark whichever way.

**Paul Canning**

## Attack

IN THE APRIL ISSUE OF *TALKABOUT* there was a review by Paul de Koning. It was not really a review at all but a personal attack which singled out Fletcher Jetspree. There was no mention of Kathy Triffitt at all. There was an extreme amount of research done by the pair of artists, which is usually considered when writing a review.

I'm interested in the arts and this was a chance to experience a free performance along with my friends and colleagues and later discuss it over drinks. Some good criticism came about, mostly technical to do with lighting and ways in which the performance could be improved, however we all thought the content was interesting, not at all insensitive. Bringing it to the public was quite brave and has never been done before in this manner.

Yes, it is true that some of us have heard of horror stories but believe it or not there are others who haven't.

Not all performances are supposed to be funny. *Darlinghurst Syndrome* is serious. I take my hat off to Kathy and Fletcher. So many people talk of what they'd like to create and how they would do so without ever exerting themselves to do anything. Kathy and Fletcher researched, wrote and worked over a long period of time which shows that they are truly

dedicated artists who work for what they believe in.

The *Darlinghurst Syndrome* is about trial by media, the very thing that Paul de Koning appears to be supporting in the way he wrote his response.

Paul de Koning became aware that the performance would take place after dark – he actually said in part of his critique: "Painfully, almost unwillingly, it finally became dark". This sentence on its own made me realise he didn't really want to be there.

The description and terminology Paul de Koning used in writing about Moonlight's diary is offensive. He said, and I quote: "some poor AIDS-ridden faggots diary", This is shameful, obviously he didn't realise who he was talking about, or did he?

Not attending the whole performance he was able to party up his review by writing "the piece as a whole failed".

I'm sorry but I don't believe so.

**K. Baker (Resonance, Positive Perspective)**

*The Talkabout Editorial Working Group has been in contact with Fletcher Jetspree. He declined the opportunity to comment on the review but said that he has been caused considerable distress by people assuming he is an injecting drug user and discriminating against him, on the basis of a phrase in the review.*

*We apologise for any distress caused by misinterpretations of the phrase "in his smacked out haze". The context is ambiguous and we accept that its meaning should have been clarified before publication.*

## Paul's response

*(Written in response to a letter from Fletcher).*

IT SEEMS I CAUSED A FEW PEOPLE to turn with my review of the *Darlinghurst Syndrome*. I'll clarify a few points here.

I don't know any of the people involved in the production of

*Darlinghurst Syndrome* – I don't feel I've attacked anyone personally, just stated my opinion and perhaps raised some uncomfortable points which remain unaddressed.

It was not my intention to suggest that Jetspree was on drugs at the time of the performance. I was making reference to the narrative, perhaps not in chronological order. I unreservedly apologise to Fletcher for the inconvenience caused by other people's misunderstanding.

Finally, I'm not versed in theatre – I'm the audience. I'm also part of the "Darlinghurst Syndrome" that Jetspree's defenders are saying I can't see. I don't understand what I've said that's been so upsetting, except to state that it's just not good enough to be HIV positive and expect people to laud what you create – it has to be good. I didn't think it was very good at all, because it started 90 minutes late and because it seemed, to me, to be unorganised and stilted and re-hashed. That's my opinion. That's what I said in my review and yet, no-one has responded to that. I can only wonder why.

**Paul de Koning**

## Uncaring

I WRITE REGARDING YOUR RECENT article by Paul de Koning, "Two hours in Green Park".

At first I felt some sort of smug satisfaction that I was not the only one who had experienced "Darlinghurst Syndrome" in the same way, then I started to feel quite disturbed.

Paul speaks of Fletcher's performance as uncaring. Well it seems to me that the only uncaring behaviour is on Paul's behalf.

As for the role *Talkabout* has taken in presenting this article, I am very disappointed. I was of the understanding that the role of *Talkabout* was to inform and empower the HIV positive community, not to criticise. Especially in such a cruel manner. Although I feel critics have a place in the world of the Arts, I would ask that

you leave that role for appropriate publications.

I have to applaud Fletcher Jetspree's courage in standing up to express his feelings in his own way and in his fight to survive living with HIV.

I started out feeling good reading *Talkabout* but by the time I had finished I felt angry and confused, thanks *Talkabout* - not!

**Keith Boorman**

## Different voice

I JUST THOUGHT IT WAS ABOUT TIME that a positive woman put pen to paper. I believe women don't get the same support as men in relation to HIV.

When I went to my doctor to let him know I was going on the KM1 trial he said "oh, you had better stay in touch as you will get sick!" I beg to differ and ask why, when I went on AZT for just two months, didn't he say this, as the headaches and vomiting were unbearable. But then my doctor said it was okay. Maybe for him, but not for me.

Secondly when I had my daughter I was told by the doctor that had I taken AZT and had a c-section instead of a natural birth, I would have had a healthy baby not one born with HIV. I beg to differ once again with this unproven medical hogwash. What I will say is that 'mother nature' was around well before medical science and that AZT is a medical cop out. It's easy to pop a pill and a lot harder to change to a healthy lifestyle.

**"Pansy Potter"**

## Better than sliced bread

"NO, NOT BREAD AND WATER, BUT gourmet meals for five days plus all expenses paid accommodation and entertainment. Yes, that's what's on offer in this next to free promotion. Only \$100 entry fee gets you into this 'sure thing' holiday (or \$40 if you are a pensioner). You'll come out of this next to

free five day weekend away refreshed and revitalised. Why not enter today? Phone David at ACON Positive Retreats today on 9206 2000."

The ad didn't read this way but the effect was the same. When I saw the little ad in the gay papers proclaiming a retreat for positive people, I felt it was just the thing I needed. I was feeling jaded and tired, I was sick of all the tragic dying queens I knew and thought that here was a chance to get away from it all and relax. No, I had no intention of doing anything while I was away. Let them wait on me for once.

Not only was I going to get a break, but I was going to get the opportunity to try, if I so desired, some alternative therapies. Who wouldn't want to volunteer for free massage, acupuncture and opportunities to explore what this virus living in me, meant to me? I did it all that weekend and had time for rest and recuperation.

Retreats are difficult to write about or explain, they have to be lived through. The weather was glorious, the food fabulous and the practitioners sensitive. By the end of day one, friendships were formed and a sense of community that I had never felt with other positive people was amongst us.

By the end of the retreat, friendships were sealed and we took with us lifted spirits and new ideas about what we could do in our own lives to make this virus manageable. I heartily recommend the retreats to any positive person wanting to explore themselves and alternative therapies.

To David and the team I say, thank you. You made a big difference in my life.

**Grahame Norton**

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**

## Notices

APOLOGIES TO ANYONE WHO MAY have missed out on getting a listing in the *May Contacts*. We moved the deadline forward because we were doing a combined May/June *Talkabout*, but this decision was not made in time to be publicised.

\*

THE KM1 HIV/AIDS HERBAL therapy trial that is being run through the Living Centre needs volunteers to do data entry and data checking. If you would like to do this important work phone Jan Kneen-McDaid (95522243), John Whyte (9519 97311) or phone them at the Centre on 93573011.

\*

A NOTICE IN THIS COLUMN COULD help you return to work. One satisfied customer reports that his ad seeking employment drew a huge response and he is now happily employed! !

\*

## Olga's Personals

AFL/SWANS FANS: Interested in going to Swans games? A group of us regularly attend home games. If you'd like to join us, call John (02) 9368 0332 for rendezvous information.

### 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 the ad to Olga, and be sure to include your name and address so that responses can be forwarded on to you. This information is not published and is kept confidentially by Olga.

# Introducing

## Bernie Coates

Executive Director, AIDS Council of NSW

"THERE IS *NOTHING* MORE important than good quality care, support & information services for positive people. I'm prepared to be judged personally on our performance in that area", says Bernie Coates emphatically.

Bernie Coates, still new to the role of Executive Director of ACON, has a clear vision of ACON's mission: information and care & support services for positive people, and prevention education are the "two pillars" on which the organisation stands or falls.

Coates acknowledges that over the past few years, ACON's services to positive people haven't always been as good as they could have, but he's confident that that's been steadily improving over the past six – twelve months. "We've really lifted our game", he says, "but I think we can do better still in delivering the goods".

Coates, originally a Sydney boy, has returned to take on the new job after many years in South Australia. A volunteer with the South Australian AIDS Council (ACSA) since the late 80s, Coates worked in housing and local government before becoming Executive Director of ACSA. His passions were indigenous issues and housing; he's worked with Aboriginal community organisations and was involved in setting up the housing co-operative system in SA.

Not surprisingly, given this background, Coates confesses to a strong commitment to working co-operatively – certainly an asset in the NSW HIV/AIDS scene. And perhaps, being the new boy in town, he'll celebrate some successes in nurturing co-operative ventures between the various HIV/AIDS groups and services. Not



PHOTO: C. MOORE HARDY

that we're constantly at each other's throats – Coates acknowledges the co-operative work that's been done and is continuing, for example around treatments lobbying. But, he says "I think I can help rebuild some of the bridges – take a fresh look at old issues, ask obvious questions that haven't been asked for a while and get new answers." Coates would like to see ACON continue to work co-operatively with other organisations to ensure the best deal for PLWHA both at the level of service provision and in terms of the 'big picture' – lobbying government about policies, treatments access and broader health care issues.

Meanwhile, back at the ranch ... what does it mean for the HIV/AIDS community that ACON has a new Executive Director? Coates' appointment has coincided with a period of considerable change and uncertainty. Will it mean – as rumour already has it – big changes in ACON's structure and priorities?

"In some ways HIV is different now", says Coates, "primarily because of treatments, so it's a useful time to be asking, who are we now? Do we need to change? Is it possible to envisage a day when the crisis does come to an end?"

Currently the answer to that question is a firm no – it's much too early, but I want ACON to be asking: is bringing the HIV crisis to an end still our mission? Or do we want a broader mandate?"

Such as ... gay and lesbian health perhaps. ACON is already fielding pressure to deal with issues such as hepatitis C and A, both problems among the community it serves. The pressure is not just coming from government – it's coming from the people who are already using ACON.

Whatever the future holds for ACON, it doesn't appear likely that there will be a dramatic shift in focus. The organisation's current mandate, Coates points out, is to serve the needs of gay men and positive people. "Anything else has to be negotiated", he says. "Gay men and positive people have to remain central. I'd be surprised if that changed. I don't see us becoming a generalist AIDS organisation – we'd lose the passion, the focus, the peer base – we'd lose the fundamentals that make us effective."

Coates acknowledges that it's also vital to protect the resources we already have in ACON. In a more conservative political climate, it's important to be clear that questioning ACON's role does not mean a lessening of commitment to HIV/AIDS. "There are dangers. For example the push in the health system to move HIV under the umbrella of communicable diseases, and the changes in some Area Health Service planning. We've got to be protecting the resources and structures we've got.

"However – at the other end, there's the community – what they want from their organisation. Our task, in 1997, is to ask the community what they want us to be

doing. We need to get out and talk to a much wider group of people than we're used to speaking to, especially people who don't use our services or who have a negative opinion about ACON. We need to check in with the community and then translate that back to our services.

"We haven't done that systematically for some time and because HIV has changed and attitudes have changed, we need to reflect that, or people may see us as less relevant. I think we've got solid programs here but we have to ask the community what they want us to be doing."

And in the meantime? What are the immediate challenges for ACON?

Priorities for the immediate future are looking at an expansion of information and support services for PLWHA which respond to the changes in people's lives, such as returning to the workforce, or the fact that the new treatments are not working for everyone. Coates cautions: "not everyone is well; and we need to remember that. If

we project a picture that's just "hope, hope, hope", we exclude a lot of people - more people than we want to believe. We have to address their needs too."

There's also the challenge of getting treatments information out in a manner that respects people's choices but ensures they are well informed when making their treatments decisions. ACON Committee of Council has made a commitment to making treatments information and support available to every positive person in NSW. "I think we've had an impact with the treatments information we've been getting out", Coates comments. "It's been good quality and well received. I'd be looking to extend that work."

Beyond this, Coates confirmed ACON's commitment to making sure that new drugs keep coming through the system. "It's our job to do that through continuing advocacy - jointly with PLWH/A, AFAO etc. as, in the past. We'd prefer to achieve drug approval system reform, but if we have to, we'll continue to fight for them

one at a time," he said.

More broadly, Coates assured me, ACON has a commitment to ensuring HIV/AIDS remains a political priority and that government policies and commitment are not diluted.

The overall picture? You could think of Bernie Coates as the man at the top, but it might be more accurate to describe him as one of the bigger cogs in the machine. He's accountable to the community as well as to ACON Committee of Council.

ACON may be a bit of a bureaucracy but it's not a corporation, it's a community organisation. *Your* community organisation. It's not going to turn upside down overnight because of a new Executive Director, and it has to remain responsive to your needs. A new ED, however, could mean a change in how the community views ACON - you know, a change is as good as a holiday. And he reckons positive people are a priority. Keep him on the ball.

- Jill Sergeant

# Brother of Sleep

(Schlafes Bruder)



One of the most breathtakingly shot and tragic stories of unrequited love from the 1996 Mardi Gras Film Festival finally gets a release in Sydney.

Brother of Sleep has all the elements for a great film: grandiose photography, big feelings, harsh peasant life, backwoods mysticism, doomed love and finally tragedy.

Elias, the poor village boy who becomes a composing genius, is the centre of a desperate struggle as brother & sister, Peter and Elspeth, both vie for his love. This provides

the setting for a moving and ultimately tragic story set in some of the most beautiful and stunning scenery in Germany.

Brother of Sleep is part of the Cine 7 series of seven films, from seven countries, screened over seven weeks.

Now showing at the Academy Cinema, 3a Oxford Street, Paddington

Strictly limited one week season from Thursday 15 May to Wednesday 20 May, 1997

**Win one of 20 double passes to *Brother of Sleep* by being one of the first 20 to present this page at the PLWHA Office, 94 Oxford Street, Darlinghurst.**

PRESENTED BY



IN ASSOCIATION WITH



## Tribute



# Rodney John Jones

18.10.59 — 19.2.97

AS I WRITE THIS OBITUARY FOR you Rodney, I can't help but remember the 15 years we shared as lovers and best friends in life. I find it impossible to describe the hollow feeling I have as life goes on without you.

Since being diagnosed with this horrible plague he constantly fought it with a vengeance. Having taken treatments offered in the early 80s, with horrible side effects, he sought out alternative treatments which would benefit our health. He lived a healthy lifestyle until the last 12 months, when his health slowly declined.

The work Rodney did for PWA was enormous and most of it has gone unrecorded and unthanked. The fact that PWA now have increased access to treatments, better facilities and housing, and are living longer, is due in no small part to the work that Rodney put into these issues.

His involvement with ACT UP should not go unmentioned.



Despite having little or no support and an enormous amount of opposition from people who were always prepared to tell you what *not* to do, but reluctant to do anything themselves, he persisted. He fought long and hard for PWA, upsetting the odd AIDS bureaucrats and politicians along the way. Too

many of our friends, colleagues and even enemies have gone, and in a reflective way I wonder how far we have come.

Our relationship was very special. We were like two halves of the same person, each half being a little different from the other, but in essence so much the same that we were almost identical. We always supported and defended each other and managed to remain not only lovers, but friends.

Rodney was a beautiful person. From the moment we became a partnership, he always put me first. He offered me strength in times of crisis and love was unconditional. He gave me a reason to laugh, live and love. We shared many special moments, which I will always treasure and cherish.

The world will revolve without Rodney, but it will not be the same.

*Love always,  
Kevin Trewin*

## Volunteering has its rewards

*Sharing your expertise and skills can be a mutually rewarding experience*

We are on the crest of a new period of growth and change which offers opportunities to people involved to gain new skills, build new networks and explore a rewarding position with a unique organisation.

PLWH/A NSW Inc. is a non profit community organisation that is partially funded by the Government and partially funded by donations.

The organisation's central role is to do advocacy work for people living with HIV/AIDS and incorporates three projects: the Positive Speakers Bureau, *Talkabout* magazine and Treatments Advocacy.

In 1997 we will be fundraising with major events and will require the assistance of many friendly, outgoing people.



**We require a diverse range of skills to move forward with our work, so please contact Gregory Allen on 9361 6011 or write to PLWH/A (NSW) Inc. PO Box 831 Darlinghurst NSW 2010.**

*PLWH/A values volunteers and their work. Please join us.*



# Three Seasons for Eric

I  
On a mild autumn day  
breeze and sun shining.

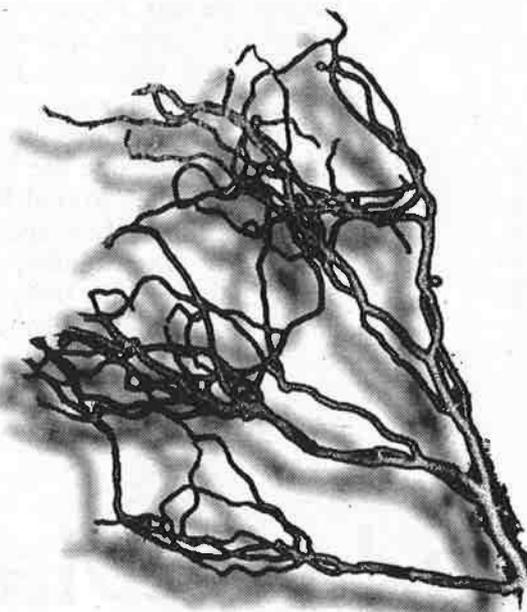
Hanging out the washing  
and shifting around  
meaning  
the probability of your  
death  
breaks through.

II  
Flowering in winter  
tiny pink and blue bells  
poking through amongst  
long thin green fingers  
— a pot bound plant  
wrenched from the garden  
to which you would never  
return.

A pot plant you nurtured  
now entrusted to my care.  
A winter flowering plant  
full of foreboding.

III  
The morning spring sun  
cuts across the blue and white  
kitchen tiles in the house  
where you came to die.

Standing with your mother  
at the back kitchen door  
we admired the neighbours  
grevillia bush – talking



about the birds it attracts  
and how cleverly their beaks  
are made for extracting  
honey from the flowers.

Outside the spring activity.

Inside, on the living room couch  
you were rattling away your  
last days breaths.

In the kitchen  
the sun cut sharply  
across blue and white tiles,  
as surely and sharply  
as your life has cut across mine.

— John Rule, C. 1997

# Sacrifice

Historically young men died for  
country and kin  
Cannon fodder in the name of  
freedom and life -  
Other people's life that is -

Today the world is at war with  
viruses  
The cannon-fodder mostly gays  
Camouflaged with HIV -  
drugged and dazed with  
AZT  
As frontline fighters many fall  
— succumb to AIDS —  
no life at all.

But note that many benefits  
abound  
An industry has sprung around  
Drug companies product sales  
are fine  
Shares and profits zoom so high.  
Careers are made in many fields  
The researchers; the writers'  
realm: carers,  
Funerals, stone-masons, the  
medicos,  
Psychiatry, broadcasters, to  
name a few.

Prosperity won for those  
germ-free  
The price you pay for victory  
Your sacrifice is not in vain  
The world has scored many gains.

Remember when you're feeling  
low  
The contribution you all make  
Your self-esteem must grow and  
grow.

The world has yet to beat the foe  
But never doubt the role you  
play  
Heroes all — your accolade.

— Sylvia Thompson 1996

# Art as Therapy



ARTWORK: GRAHAM

CREATING ART PRODUCES EMOTIONAL and physical results that are therapeutic for everyone. Art therapy is a recognised tool of healing for people with serious illnesses. Experts say it can put people in touch with their past, increase capacity for joy and have a positive effect on a person's immune system and quality of life. Art classes are held every Friday at the PWA Living Centre, and art therapists participate in ACON's Positive Retreats.

GRAHAME PRODUCED THIS untitled work on a Positive Retreat. He says he had never done anything "arty" before, and was scared of participating in the art workshop. However he decided to confront his fear and with the help of the art therapist, he produced an outline of his own body, which became the basis of the work. The different outlines around his body represent his fears about his body image, the barriers to his expression of his sexuality, and the changes that could happen to his body. Grahame says doing the art helped him to identify those feelings.

## Claude Fabian

CLAUDE, OUR COVER ARTIST THIS month, has been making jewellery for about sixteen years. Not all of it is as frank as the brooch featured on the cover, but it is all just as gorgeous! Claude's ear-rings, tiaras, necklaces and bracelets have adorned many famous drag queens (and others). He has also decorated frames and treasure boxes.

Most of his HIV related pieces are brooches or ear rings (he also does HIV-related drawings). The brooch pictured, Claude made for himself in 1992, at a time when positive gay men's sexuality – and their right to a sex life – was being brought out into more public dis-

cussion by people like Andrew Morgan, Bruce Brown and Ross Duffin. Claude made a brooch for Bruce with the slogan "ACT UP Fight Back" in black and crystal letters on a jewelled pink triangle.

Claude's creativity extends beyond jewellery. During his time with PLWH/A (NSW), both as committee and staff, Claude has been influential in setting up a number of events which have become accepted features of PLWHA life in the 90s, in particular, the Positive Speakers' Bureau, PLWH/A's Mardi Gras activities such as the Time Out Rooms, and the Positive Retreats. Not surprisingly, he recently won the Mardi

Gras Award for Outstanding Commitment in addressing hiv/aids issues.

Claude also brought Kathy Triffitt and art therapy into the Positive Retreats right from the beginning (see this page). Claude felt the overall program of the retreats needed to provide diverse opportunities for people to look at issues and express emotions, and art therapy complemented some of the other therapies which worked on different levels.

Claude hopes to have an exhibition of his jewellery in November.

– Jill Sergeant

# Arone Raymond Meeks

*Arone is a well known Aboriginal artist from North Queensland whose career spans 20 years and many exhibitions. His work includes paintings, prints, murals and children's books.*

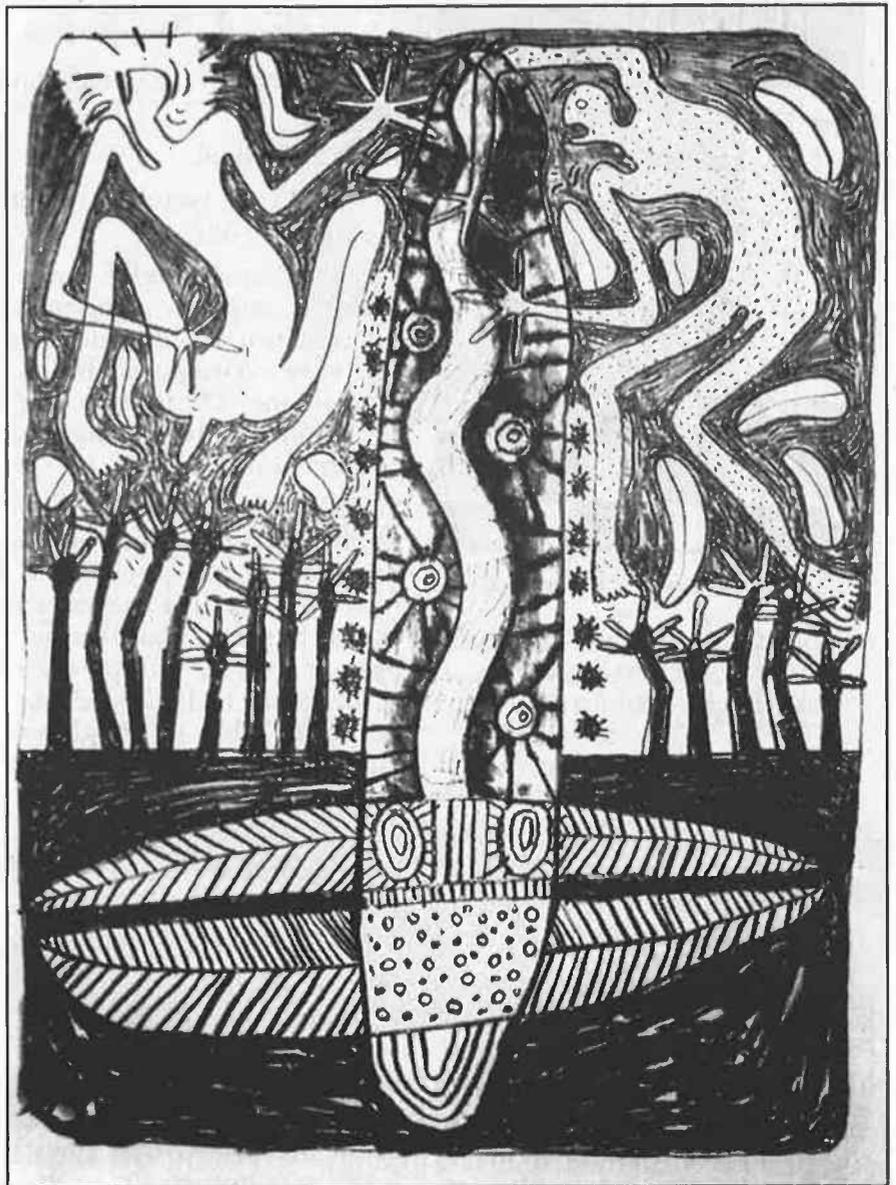
**How has being HIV positive influenced your art?**

Art has always been within my life. I've used it as a process for sifting through, for growth. I've also used it to express all the anxiety, fears and also the happiness I come across in day to day life. Certainly land rights, deaths in custody and losing so many friends and loved ones to aids have influenced my work. A lot of my colleagues who I went through art school with have since passed away.

It's certainly been an influence in the last four to five years since I lost my lover of 20 years. That was what I call the dark period in my life, there was a loss of direction and a loss of wanting to go on. It was the grieving period. This was sorted out through working, predominantly with lithography. It was really just an exercise in trying to let go of a lot of frustration and anger, trying to come to terms with what was happening in my life and reconstruct from there.

When John passed on it was what I call living on the edge of the hole – it never actually heals over, you're trying to live around the edges of it.

Also I've been becoming more actively involved with the HIV community and trying to be an advocate through my work – trying to communicate that this is a process that one has to work through. Some of the works that are about that are 'Everyone's



Business', 'Pornum' (love), 'Crying Game' and 'Dilly Bag'. Those four prints were symbols of my growth and understanding and acceptance of what was going on.

The interaction of being with other people who were HIV positive made me more able to expand my horizons. There is a common link, it's something that you can share, that people who are infected can relate to.

The last exhibition I had I didn't think I was going to sell a thing. But the response was great. It was very heavy, you could see all the different stages within the work – the angry period, the grieving period, the sad . . . but you could see that I was putting it all back together again. I think I have an audience which understands and appreciates this and is growing with me. ♦

# PLWHA + THEATRE = LIFE

A play by David Jobling



GRAPHIC: PHILLIP MCGRATH

YOU DREAM YOU ARE FLIPPING CHANNELS ON THE T.V. YOU STOP ON A FAVOURITE SHOW.

EDINA: Only HIV negative people can have Unsafe Sex! Unsafe Sex Equals Death! Death Darling! Death death death!

(Enter PATSY from the cupboard under the sink where she has been screwing a plumber.)

PATSY: Put this on a bumper sticker.

(PATSY hands a messy condom to EDINA.)

Slap 'I'll Have Another' in brackets over it and the point will really reach the demographics.

SAFFRON: At least you used a condom.

PATSY: I was only using it to drink from; had to stuff the bottle in a crack in the cupboard, wasn't room to swing it.

SAFFRON: It's disgusting. I don't suppose you know that HIV carriers are more infectious to others, and susceptible to infections like STD's - That plumber has HIV, he told me. Heaven knows what he may have caught from you!

EDINA: Isn't everyone infected until proven innocent?

PATSY: Always worked when we played Doctor.

SAFFRON: Or slag-crack under the sink?

PATSY: Trollop!

EDINA: Pats' you were responsible weren't you?

PATSY: Responsible? If I'm being senseless, stupid or vague and step into a stream of traffic, do the drivers have any responsibility to try to avoid me? Or do they have responsibility only for themselves and their cars?

SAFFRON: Of course a driver should swerve to avoid you, just as a positive person should avoid deliberately infecting others. But if the car hits you, your injuries will be your fault for walking onto the road, not the fault of the driver for not being able to avoid hitting you.

(A Plumber enters from under the sink removing a champagne bottle from his naked butt - he hands it to PATSY who takes a swig.)

PLUMBER: Is there a point to all this?

EDINA: Yes. Yes! Theatre! It provides us with a opportunity to laugh and cry at life. It is a mirror to our lives and a joyous ritual for us all because we can empathise with the human condition so easily and intimately when it's presented on a stage with bare boards and a passion.

YOU CHANGE CHANNELS AND STOP ON A GAME SHOW.

RAY: Our champion tonight is Norktweek, a theatre buff with two left feet. Norktweek, hum, that's no good. Since you're a theatre buff, we'll be asking you a few questions about the theatre. Let's start. In 1985 actor Tim Conigrave wanted to do something about the

human condition in relation to AIDS. What did he do?

NORKTWEED: He got a group of actors together to devise a theatre piece.

RAY: More information there please. What was it called?

NORKTWEED: Soft Targets.

RAY: Very good. Pick your favourite year of the 1990's. What is it?

NORKTWEED: 1994.

RAY: Okay, between 1985 and 1994 there were at least how many new Australian plays with PLWHA characters produced on stage?

NORKTWEED: At least? Well Ray, there were at least 17.

RAY: Yes! Now, what was one of the differences between the PLWHA character in 1986 and the one in 1994?

NORKTWEED: Tricky... unless... ah ha! In 1986 a PLWHA character died of AIDS and in 1994 the PLWHA character says "Live what life you have while it's lasting!" at the end.

RAY: What does the PLWHA on stage say in 1997?

NORKTWEED: I'm still here.

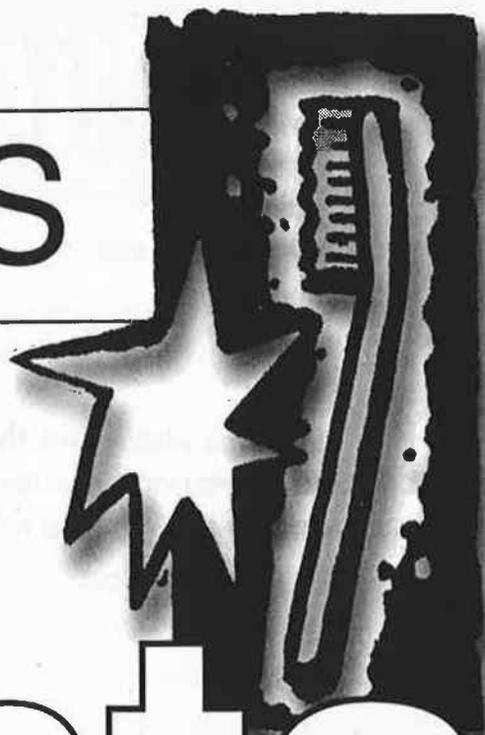
RAY: Very good, that's right, and now the big one. If you miss this one you miss out on the trip, the night out and the car. In 1988 what type of theatre company commissioned Steven Dawson to write a play about a boy who contracted hiv via a blood transfusion?

NORKTWEED: A State Theatre Company?

RAY: Ah nah! Wrong. It was Brown's Lane 'theatre-in-education' company Norktweek, bum call. You win the gift wrapped set of rubber underwear.

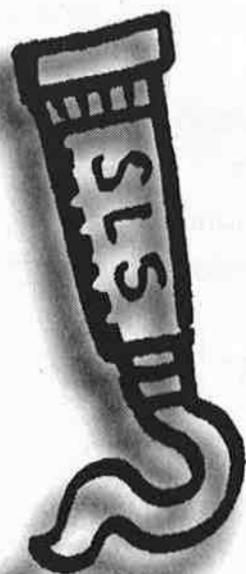
YOU WAKE UP FROM YOUR DREAM AND WONDER WHAT IT ALL MEANS.

# HIV/AIDS



GRAPHICS: JIM CHANT

# dental



# survey

DID YOU KNOW that the NSW Health Department funds dental services for PLWH/A who hold a Health Benefits Card. These services are provided through the United Dental Hospital, Prince of Wales Hospital and St Vincents Hospital.

All people living with HIV/ AIDS are encouraged to have regular dental check ups regardless of whether it is through one of these specially funded programmes or through other private or public dental services.

If you are a person living with HIV/AIDS, it will help the planning of the specifically funded HIV/AIDS dental services if you would find the time to complete the following questionnaire.

Should there be insufficient space to respond fully to any question please add additional pages.

You are encouraged to photocopy this survey and distribute it to other people living with HIV/AIDS. ■

# HIV/AIDS

# der

1. What is the postcode of the suburb where you live?

For the following questions please tick the response that applies to you or if a number of responses apply, please tick all relevant boxes.

2. Are you:

- Male
- Female
- Transgender

3. Where do you go for your main dental services?

- I have not attended a dentist for some time
- I receive care from a private dentist
- I receive care from a public clinic (e.g. United Dental Hospital, St Vincents Hospital)

Please state where:

---

4. Have you ever received any information on the importance of dental care?

- Yes  
(if you tick yes please go to Question 5)
- No  
(if you tick no please go to Question 6)

5. Where did you obtain this information?

- Dentist
- Treatment News
- HIV/AIDS treatment specialist
- General Practitioner
- Counsellor
- Friend
- Talkabout
- HIV Bulletin
- Other

Please state where:

---

6. What do you remember the information being about?

- The role of mouth care in reducing oral infections
- Gum maintenance
- Thrush prevention
- Other

Please specify:

---

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---

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# ntal survey

**7. Did you know about the specifically funded HIV/AIDS dental services available at the United Dental Hospital, the Prince of Wales Hospital and St Vincents Hospital.**

- Yes
- No
- Just one of them

**8. Which service would/do you use?**

- United Dental Hospital
- St Vincents Hospital Dental Clinic
- Prince of Wales Hospital Dental Clinic
- None of the above  
(please go to Question 11)

**9. If you attend one of the above clinics please state why you use the clinic.**

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**10. If you attend one of the above clinics please describe any parts of the service which if improved would increase your satisfaction with the service. Your suggestions on how it could be improved would be appreciated.**

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**11. If you do not use any of the three specifically funded clinics why not?**

- I am not eligible
- I am receiving satisfactory dental care elsewhere.
- The clinics are inaccessible to me because of their location.
- I have used one of the clinics but no longer need their service.
- I have used one of the clinics but was dissatisfied with their service. Please state why:

---



---



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- Other  
Please state where:

---

Thank you for completing this questionnaire. Any information you have provided will be treated as confidential. Please pull out these pages, fold and post (for free) to the address over page.

fold and seal

---

**Postage  
Paid  
Australia**

**Reply Paid No 44  
Peter Jattke Dental Survey  
Room 3035 Level 5  
Queen Mary Building  
Grose Street  
Camperdown 2050**

---

fold and seal

# Emma King

I AM AN ARTIST WHO HAS BEEN living with HIV for about eight years. My passion is art, I love to create, I love the meditative feelings I get when I am creating an artwork. I work in a variety of mediums depending on what my mood is, how I am feeling physically or what I am trying to express. For me the only way I can live in this world is to have an outlet; that outlet for me is art.

Over the years my art has evolved, I've studied Fine Arts at university (painting; sculpture and jewellery making), participated in and had solo exhibitions and of course evolved and grown as a person. Part of this growth has been the acceptance of my positivity, choosing to be out & proud and not ashamed of this virus. Well, it's inside me so I can't remove myself from it.

My aim as an artist is to create an emotion within the viewer, whether that emotion is positive or negative it's still a response. People have become too thick-skinned and need to be jolted into feeling - they need confrontation.

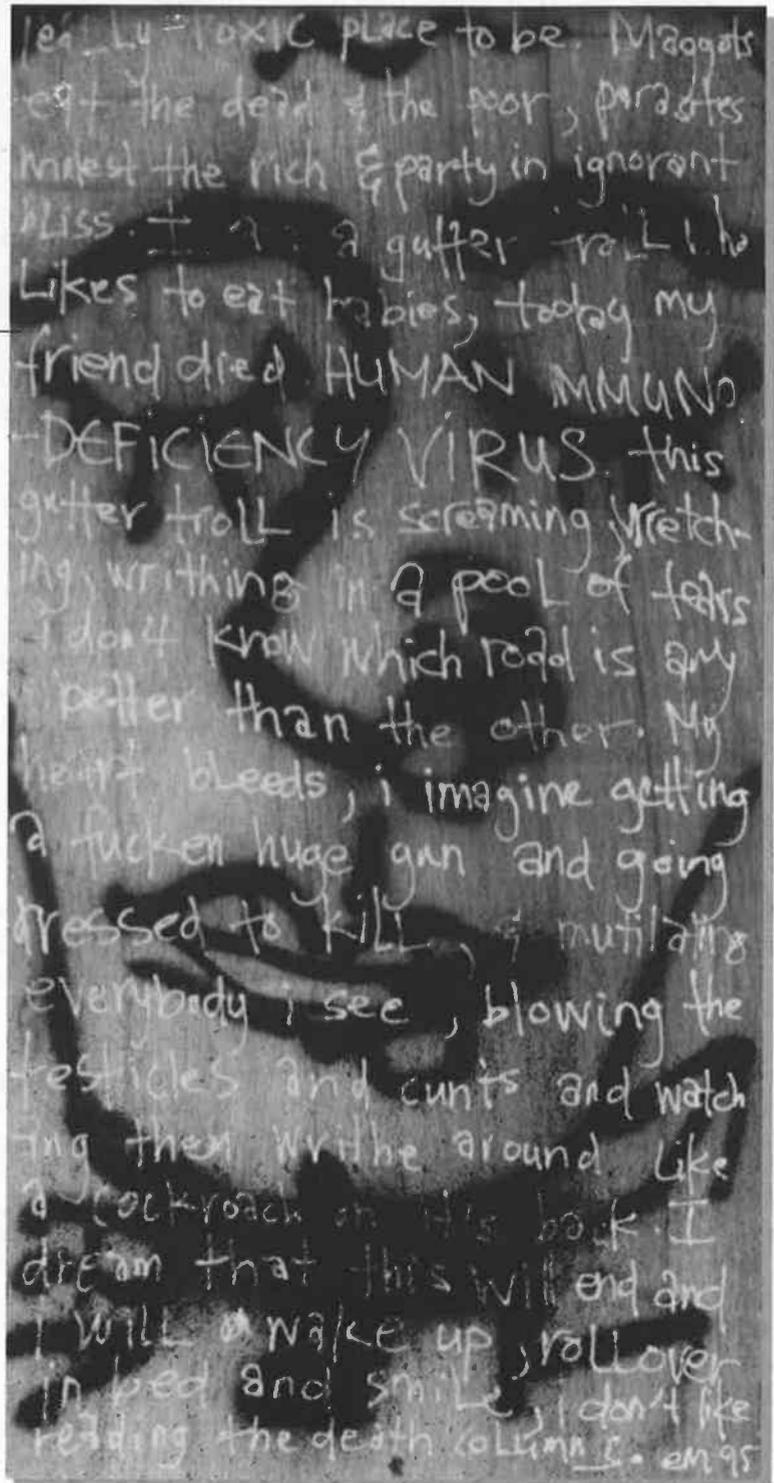
Living with this virus I go through a myriad of emotions and physical symptoms. I just couldn't paint, draw, sculpt, whatever without somehow commenting on the virus. I cannot say what my art would be like without it - I know perhaps people wouldn't get so offended by some of it!

I don't really like the 'nice' imagery. I like to show how it is, the rawness. I believe there's enough bullshit without me adding to the turd pile. I'm not just into expressing a positive response to this virus . . . it is a horrible virus that has devastated my tribe. To me it's like a holocaust.

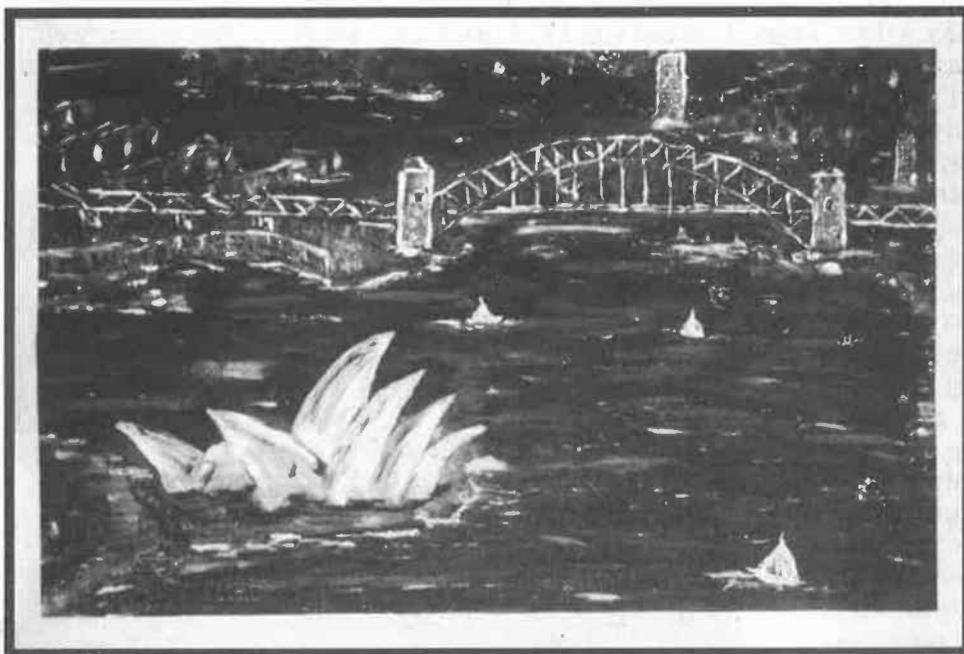
I am proud and positive about my status but I cannot say it is an easy existence. I get angry - very

angry, I get sad and I feel that I am not going to stay quiet. If I didn't write or paint about it I would ex-

plode (& the stress, well, you all know what that does to your Tcells!) ◆



# Resonating



**Positive artist Robbie Blackmore said that he has been able to sell artworks that he created for Resonance. Robbie's father was a fisherman and Robbie likes to live by the sea, which has influenced his work. The texture of his painting is almost subterranean.**

RESONANCE IS A POSITIVE VOICE which by the nature of sound energy transcends barriers or labels and includes a diverse range of people, among which are those often marginalised or kept silent by current health establishments. Such silence is released via expression and community responses in the arena established by "Resonance: Positive perspectives".

Resonance is a series of exhibitions which began in 1996. Three artists, Fletcher Jetspre, Kathy Triffitt and myself, Kellie Baker, started the project. The actual name originally came from 'Resonance of Survival', the name Fletcher suggested for the first show in December last year.

In collaboration with Kathy Triffitt and I, Fletcher developed the concept. The next show in February '97 was called: Resonance: Viva La vida' ( long live life). Fletcher Jetspre has

been a long term fan of Frida Kahlo, identifying with her concerns with the transience of life.

Some of the artists whose work is in the Resonance exhibitions have become involved through attending workshops at the Sydney PWA Living Centre which I have been facilitating since October last year. Other works come from people through other HIV/AIDS organisations. Artists include positive people, their friends and carers.

Women participating had specific issues which were actively addressed: needing a safe environment to work in; and a profound need for confidentiality and child-care. One woman has told me that Resonance has given her an opportunity to express feelings which she could express to no-one.

Resonance is currently organising another project. The previous exhibitions were held at The

PRIDE Centre. The next exhibition will be held at Arthaus Gallery (24 Enmore Rd Newtown) just after Candlelight Rally from May 13 - 18, thanks to the generosity of The College of Fine Arts UNSW Student Union.

Unlike previous exhibitions that had been focused upon specific community concerns, "Resonance: Positive Perspectives" encourages artists to be as professional as possible, given that the situation of long term survival needs positive artists to consider themselves seriously as professionals for their own long term survival strategies.

Resonance endeavours to develop further as participants express interest in using various new mediums, particularly the new technologies. We are developing strategies to maximise the potential for artists to express themselves effectively.

**- Kellie Baker**



*"This world still holds my future"*

BY DAVINA

# A final farewell

ANGER, FRUSTRATION, PEACE, HOPE, remembrance, grief, patience, understanding, compassion – the list can go on, of the feelings and a whole host of personal challenges that I experienced over a period of time from October 1995 to April 1997. It was these emotions that empowered me with the motivation to create a living work of art – a panel of remembrance and hope to form part of the Australian AIDS Memorial Quilt.

Tony was more than a lover, more than a friend – touched the very heart and soul of my inner being, from the night we met at a party until well after the day he died of AIDS. To make a panel, to put down onto fabric what he meant and represented to me was an insurmountable task. From the day I started the panel on a windy, wet and cold October afternoon, it was this challenge that inspired me to look beyond his life into the simple little meanings and incidental occurrences that contributed to my own personal perspective and meaning of who this special man was, and what he represented to me.

The panel, presented on the 2nd anniversary of his death (5 April 1995) at Darling Harbour, was constructed over time. At the beginning I pictured the original concept of a white panel with a black border. I wanted to keep the panel as simple and plain as possible – this was the biggest challenge. After my original purchase of the fabric, some sequins and “bits and pieces” – I went home and sat on the sewing machine for about one hour! Finished the bor-

der, started on the name and then stopped. In the back of my mind I knew the panel had to be completed ASAP! But the challenge of actually deciding what to put on it



der, started on the name and then stopped. In the back of my mind I knew the panel had to be completed ASAP! But the challenge of actually deciding what to put on it made it Mission Impossible! So the panel sat in the wardrobe for about 14 months while I continually pondered over how to finish it. How to answer the question in my mind of what Tony meant to me. Eventually I began again, thinking of different ideas and concepts, forever changing my mind and the panel. It was not until I had the deadline of April 5 did I really concentrate on completing it.

So I plodded along and eventually found the right things to say and do on the panel – but unbeknownst to me until only days before the final stitch was in place did I realise what making Tony's

panel really meant. To complete the panel meant for me, that I had to finish an era of my life! I had to let go of Tony and allow the grieving process to continue. Leaving the panel in my house was easy! Tony was still there – he may have been in the bottom of the wardrobe in the spare room – but my piece of Tony was still there! Having been involved with the Quilt Project for a number of years, I had somehow made myself believe that it would make the whole process easier! How wrong I was! To present the panel on the day of his 2nd anniversary was nothing short of a beautiful and brave experience, combined with some very unattractive moods and feelings (and a temper tantrum worth bottling on the eve!). I am not an artist nor am I that creative – but to let go and look upon the panel as a piece of art that formed part of a very big picture on the floor of Darling Harbour was a truly remarkable

and honourable experience. The few words, the simple picture of the heart and flowers, not that imaginative or creative – but nevertheless a powerful and significant piece of art – Why? Because that block of fabric, measuring 6ft by 3ft is a representation of my boy and what he meant to me.

It was not just another panel, nor was it just to form part of another block – it is my giving up and letting go of Tony to become part of the bigger picture. And for me to move on with a new love, a new life and a heart ready to give.

– Daniel Donnelly

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**fact** **New Resources**

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**ACON**

Funded by AIDS Infection Disease Unit NSW Department of Health



**BEING HIV+**  
**CAN HAVE ITS UPS AND DOWNS**

- ▲ There are times when we may feel alone
- ▲ Some of us may be dealing with a loss
- ▲ Others may be experiencing a time of change

**AT ANKALI**

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*Supporting our community in times of change*



**Talkabout Contacts**

the directory of services for people living with HIV/AIDS, their friends, carers & support services

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9 Commonwealth Street  
Surry Hills  
NSW 2010

**ACON** Ph (02) 9206 2060, Freecall 1800 063 060  
AIDS Council of New South Wales Inc TTY (02) 9283 2088, Fax (02) 9206 2053

# Jamie Dunbar

*In the early years of Talkabout, Jamie Dunbar's thoughtful portraits of positive people were a frequent feature in the magazine. For this issue, he selected one of his own favorites for publication.*

PHOTOGRAPHY CAN BE LYRICAL, literal, representational, evocative and poetic. Light glances off the subject through the lens and onto the film — photograph recorded. The subject in front of the lens collides with the thoughts and actions leading to the moment when the shutter is released in a delightful atmosphere of control and chaos. I have enjoyed the generous spirit and friendly nature of the various deviant Sydney scenes I have photographed since 1988. It has been wonderful.

In 1993 Andrew Morgan and I began to work on the ideas and photos that lead to the images that made up the "posithiv sex" photos. The first photos were done for *Talkabout's* Sex issue (Andrew was on the editorial working group at that time). Later pictures were used in ACON's Posithiv Sex poster and postcard campaign in early '94. The photographs attempted to claim the sexual for HIV positive people.

In one photo were a pair of possie poofs, Andrew and another, in the throes of sexual passion. An intravenous line connected to a bag of fluid hanging on a drip pole was attached to Andrew's forearm as he held the other naked man close. This photo, originally the Sex issue cover, was hung in the National Gallery in the 1994 Art in the Age of AIDS exhibition in Canberra.

Another photo showed Tim Carrigan kneeling in front of Bruce



Brown's speedo-clad groin in an act of adoration of the garment and what it held. This photo made it onto the front cover of the *National AIDS Bulletin* in March 1994. Senator Richardson, then Minister for Health threatened the funding of the Australian Federation of AIDS Organisations (AFAO — NAB's publisher) in response to what he thought he saw.

"I find this month's *National AIDS Bulletin*, depicting an oral sex encounter between two men, to be gratuitous, offensive and damaging to public acceptance of the National HIV/AIDS Strategy . . . I am extremely disappointed at AFAO's lack of judgement in allowing the cover illustration

with its suggestive copy advocating apparently anything but safe sex, to go ahead", wrote the Senator in a leaked letter.

Richardson could not see that his response was really to the claim Tim and Bruce were making to the sexual and erotic patch usually only permitted to the 'well'.

I believe the project Andrew and I worked on within the then HIV Support Team should have been only a segment of a photographic series regarding the lives of people with HIV/AIDS. I would like to call for a forum on photography to discuss past and future projects. Anyone interested can contact me c/o *Talkabout*, PO Box 831 Darlinghurst 2010. ◆

# Tales from the City

By Paul Canning

*"I had a moment during tonight which really crystallised what art is for me. It's dialogue, it's debate, it's scariness, it's fuck, it's cum, it's shit, it's dental dams; it's all that sort of stuff. That is what it's about. I was afraid of art because I'm a working class boy, for a very long time, but art is actually about trying to find some solutions to what is happening in our lives. I thank everyone involved in this."*

— Response from a man during the 'question-and-answer' portion of the show at *Performance Positive II: Unsafe Sex*. The same man who'd mooned the audience at the start.

AT THE END OF PERFORMANCE Positive II the performers climbed back on the stage and got asked questions. I remember being amazed that everyone in the audience stayed to talk (oh, bar two). That such a diverse crowd would (either) all have something to say or want to hear the opinions of others (or) be unwilling to let the moment pass and physically leave. It was easy to slip away in the dark, yet no one did.

And most of the questions related a sense of ownership which the audience felt over the event, that they were as much a part of it as the performers were.

Throughout the Performance Positive (PP) series what has struck me most strongly is people's willingness to contribute. Despite everything, including preconceptions, our communities have something left to say about how HIV has impacted on us, our friends and our community.



**Performance Positive II explored the theme of unsafe sex. Pictured: Derek Porter & Tristan Anderson perform "Vivas Corpus".** PHOTO: C. MOORE HARDY

PP Artistic Director Victoria Spence, for one, is not surprised. She says that it is all about the process before the event, which then comes together "as if by magic" on the night itself: "the way it comes together is the event".

When you're dealing with work that is essentially about experimentation and innovation, she says, you have to pay attention to how you work and the structures and principles you work within. "Everyone knows this is a community art event and everyone's there because they want to be. There is equal value placed on 'community' and 'art'".

It's about not working maniacally to get something together.

It's about stopping, drawing breath and saying 'what is this all about?'. "All of the artists appreciate a conceptual discussion. For example [when] the theme is relationships, which means so many things to different people," says Spence. Her background is in cutting edge work at venues like The Performance Space, where boundary riding performance artists are stretching what's acceptable. She believes that "artists have a lot to say about the world but nobody really asks them about what they think about things other than their art".

PP has included 'artists' who mightn't use that word to describe themselves. Other types of bound-

ary riders like the drag performer Miss 3D.

Drag queens represent for many the prime example of what's become recognised as 'gay culture' but 'our' drag queens are rarely taken seriously. The gay man behind the grease-paint, as Miss 3D showed, *can* tell a story which is about a common experience, about how many of us feel. Glenn has watched so many of his friends and colleagues die over the years and his piece, 'traditional drag' as it was, talked passionately about that. When he performed to Karen Finley's sleazy old number 'Lick It', many present knew he was harking back to a lost 'golden age' and remembering lost friends: at least that was how it impacted on me.

The beauty with art is that we all get what we want from it and sometimes what we need. And we learn something new.

At the first show a positive friend remarked how a dance piece connected intensely with his own experience. He was surprised when he learnt that this was a straight woman working with a gay man about the experience of her friend dying.

Each show has had a theme, a thread through which the audience can read the work. It has a sense of intimacy, created by the transformation of the venue by a designer (Stephen Brunner at PPII and III) by the use of the PRIDE Centre (our Centre) itself, and it's also relatively small (180 people maximum).

"The key to making bridges between communities," says Spence, "is to invite people in through a sense of intimacy, not through the sense of watching or of being watched, so people are open and arrive for the experience."

"It then becomes an arena where people are freer to speak and to feel. It's not like you're going to the theatre. It's like you're just arriving into your lounge room."

PRIDE Executive Officer Bronte Morris says that "moving to a bigger venue I wouldn't deem a success, but other people

would". She believes that "the beauty of PRIDE is that it is able to do new and innovative things. We are pushing the boundaries where other people are afraid to tread, we will take those risks. It's an important development ground as well, so we're able to help people develop skills and have an audience."

One spin-off from PP has been theatre workshops for positive gay men run by an openly HIV positive performer and major contributor to the success of PP, David Jobling. (He has also successfully run workshops about fitting treatments into our lifestyles). Work from this series will be performed later this year. Spurred by his example will be work similarly developed by Miss 3D with Sydney drag queens.

Says Morris, "the participation from a broad range of people has pleased me. Because it is new, people didn't know quite what to expect, but they were willing enough to be adventurous. I liked the response afterwards, what people got out of it. The enjoyment. The messages that they were receiving loud and clear. That's the most rewarding thing."

Performance Positive is funded by the NSW Health Department and is part of the PRIDE HIV/AIDS Community Development Project.

Behind the glitter lies a serious purpose: the need for safe spaces in which issues are addressed that our community needs to explore. The use of performance as a educative tool isn't new. Africa, Asia, Latin and Central America, the United States, aboriginal people in Canada, positive and negative alike; it's already been done. Yet 'the message' is also often translated to 'First World' audiences through performance either



PHOTO: C. MOORE HARDY

through, for example, a play written by Larry Kramer or through a film by Derek Jarman.

As a method of communicating ideas, experiences, stories and education, performance has a long and estimable history (and has been the subject of numerous studies showing exactly how it does indeed *work*).

From where do you think this comes?

"Although various approaches have been employed by various organisations to spread the message on aids, the message, it would appear, has by and large fallen on deaf ears. The majority of the people have still to take heed of the warning and change their sex and other habits. Conventional information dissemination methods and tools are often ineffective due to problems of inaccessibility for the majority of the population, and at times the problem of illiteracy. There is therefore an urgent need to develop fresh and more effective strategies. In the light of the afore mentioned problems, some organisations have gone 'back to basics' and introduced popular theatre as the latest weapon in the AIDS awareness drive - with a considerable degree of success."

Give up?

It's from a paper presented to the 1989 International AIDS Conference by a researcher (R. Mupedziswa) from Zimbabwe. ♦

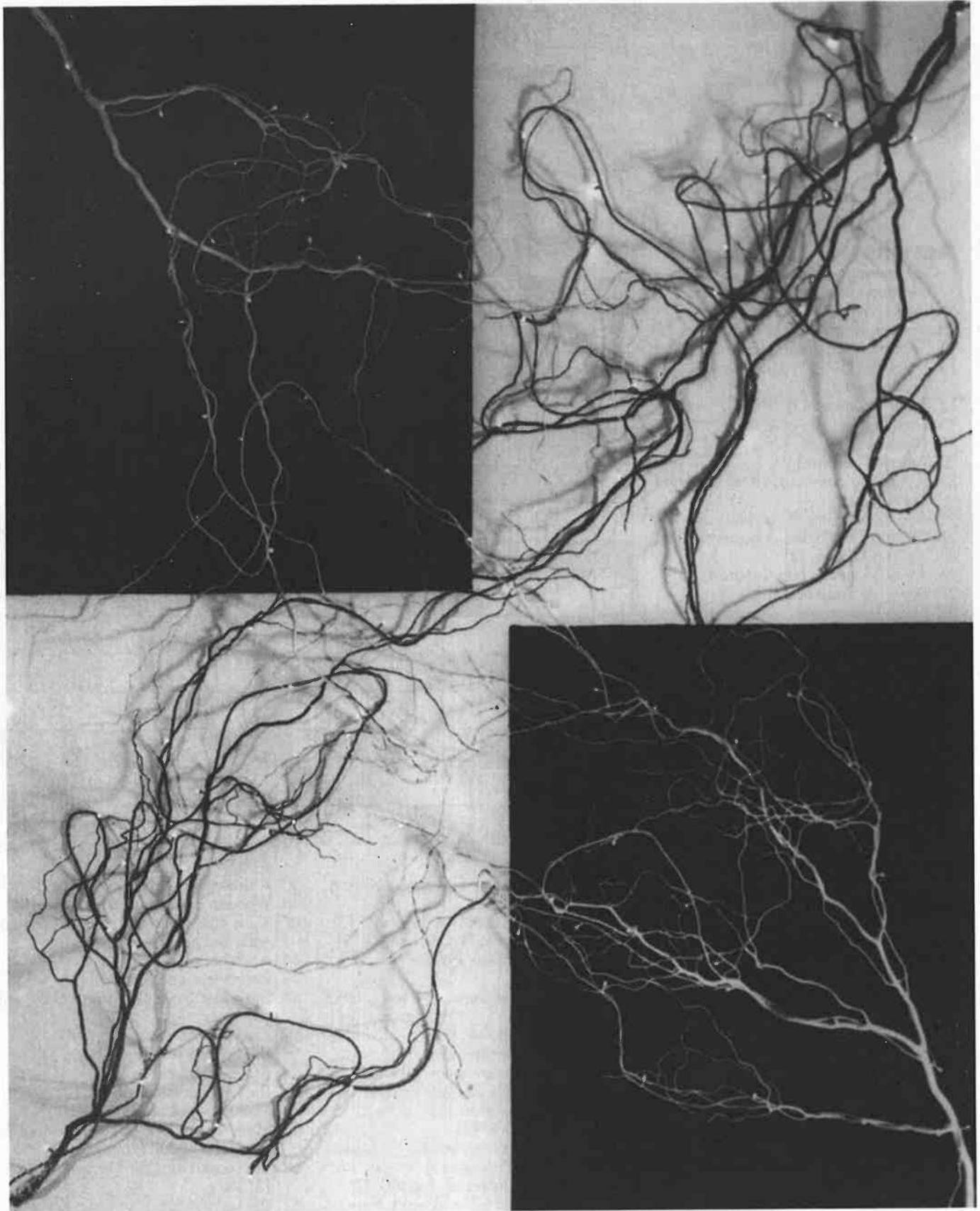


PHOTO: MAZZ IMAGES

## Tortured families

Reflections of families torn apart because one of them is living with AIDS  
each one dealing with their own tortured emotions rejection, denial, blame, discrimination.

— Carole Ann King, November 1994

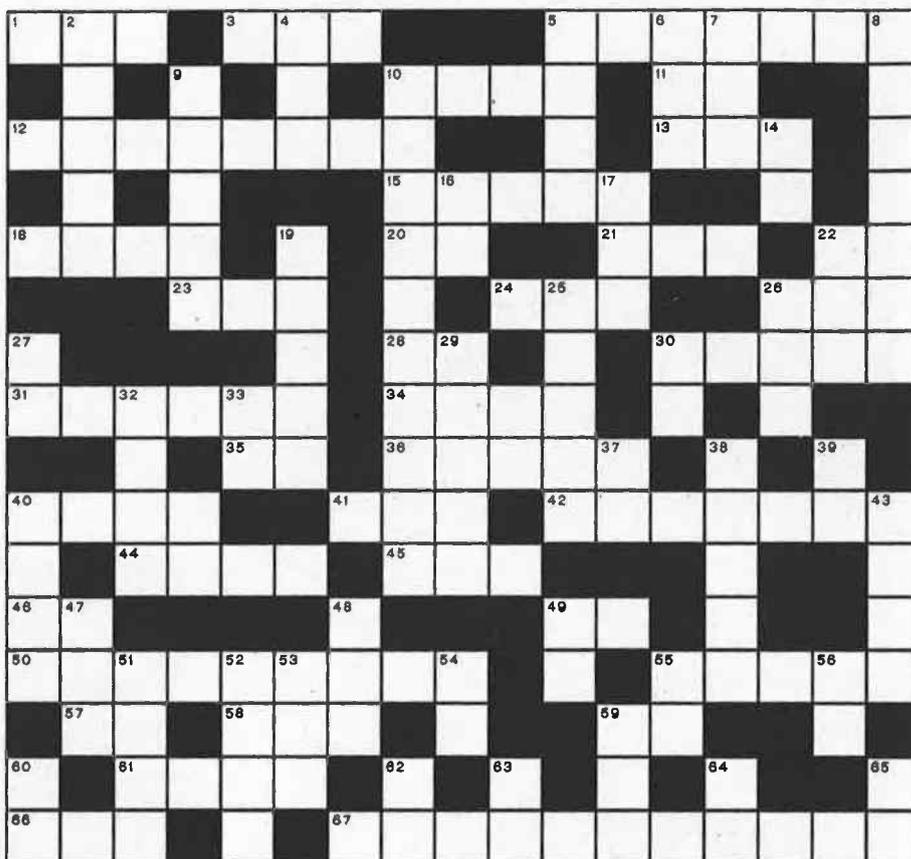
# Cross Word

## Across

1. Gay newspaper (abbrev.) [3]
3. They tried to do it to "Hustler White". [3]
5. A less common PCP prophylaxis. [7]
10. Not everybody's favourite pudding. [4]
11. Opportunistic Infection (abbrev.) [2]
12. If you're losing your marbles, you might have it. [8]
13. The first number. [3]
15. Gay. [5]
18. Poppers. [4]
20. America (abbrev.) [2]
21. \_\_\_ me no questions, I'll tell you know lies. [3]
22. A long, long way to run (musical). [2]
23. Chemical contained in cigarettes. [3]
24. \_\_\_ and Proud. [3]
26. An AIDS tummy bug (abbrev.). [3]
28. Say \_\_\_ to Prejudice. [2]
30. Nobody loves one, when they're forty! [5]
31. Not immediately obvious. [6]
34. A Little or \_\_\_\_. [1,3]
35. The Wizard \_\_ Oz. [2]
36. Nickname for HIV, Vicky \_\_\_\_. [5]
40. Cock in a Frock. [4]
41. The virus that got us into this mess! [3]
42. Not having enough money. [7]
44. Weight loss can reduce you to skin & \_\_\_\_. [4]
45. Budget cuts can make you see \_\_\_\_. [3]
46. Jill Sergeant has this job at *Talkabout* (abbrev.). [2]
49. Dad. [2]
50. The most fabulous mag for PLWHA. [9]
55. Many gay men & lesbians suffer from a sense of \_\_\_\_. [5]
57. Some guys like a man with a \_\_. [2]
58. They say Eve was made from one. [3]
59. We need to learn not to do so much, just \_\_. [2]
61. We strive to do our \_\_\_\_. [4]
66. CMV can limit your ability to \_\_\_\_. [3]
67. Preventative medicine, e.g. Bactrim. [11]

## Down

2. King \_\_\_\_, is a popular Oxford St. venue. [5]
4. The first wonder drug for HIV. [3]
5. Whatever drug cocktail your on, be sure you take the right \_\_\_\_. [4]
6. Shit. [3]
7. Some say homosexuality is a \_\_\_\_. [3]
8. Popular dance party drug. [7]
9. Some feel they've been \_\_\_\_ a lousy hand. [5]



10. The Princess of Protease Inhibitors. [10]
17. The last three letters of "Hooray!" [3]
14. Who was told to "Phone home"? [2]
16. It sometimes feels like THEM and \_\_. [2]
19. With so many deaths, we feel a lot of \_\_\_\_. [5]
22. The first three letters of Fanny Farquhar's second name. [3]
25. AIDS activist movement. [5]
26. When you hit 40, you have to deal with \_\_ Life Crisis! [3]
27. Where \_\_ Love? [2]
29. A herbalist recommends \_\_\_\_ leaf powder for PLWHA. [5]
30. The first two letters of "faggot". [2]
32. Tell them not to tell, and watch them go and \_\_\_\_. [4]
33. \_\_ & Behold! [2]
37. You can shrug your shoulders and say "\_\_\_ what!" [2]
38. The fear behind this disease. [5]
39. The third and fourth letters of clitoris. [2]
40. A strategy to eat certain foods. [4]
43. Wooden harness used by oxen. [4]
47. Girls use them more than boys for safer sex practises. [3]
48. A wail of a cry. [3]
49. Ritonavir is one. (abbrev.) [2]
51. Some like to nibble this part of the ear. [4]
52. Are you into tits or \_\_\_\_? [4]
53. The first three letters of bitch. [3]
54. Transvestite (abbrev.) [2]
55. The first two letters of sex. [2]
56. Mother. [2]
59. Many lesbians & gay men live in the \_\_\_\_ Area of San Francisco. [3]
60. The second and third letters of history. [2]
62. The last two letters of lover. [2]
63. Hospital is bad enough without having to have an \_\_. (abbrev.) [2]
64. Thanks [2]
65. Camp \_\_ a row of tents! [2]

Prepared by Kim Gotlieb.  
Hope you enjoy it!



## Fair Treatment



# NNRTI? What the . . . ?

By Alan Strum  
and Barrie Harrison

Non nucleoside reverse transcriptase inhibitors (NNRTIs) are relatively new antiviral drugs. The NNRTIs available or in the pipeline so far, nevirapine, delavirdine, loviride and DMP 266, can be used in combination therapy and this article is designed to give you an understanding of where they fit into a treatment decision.

Because the drugs are new, we still don't have enough information to be able to set up really good clear guidelines on how best to use them, but we can formulate some very general guidelines. \***BOLD** Please be aware that these guidelines are not confirmed and that exceptions will apply. If you think NNRTIs might be for you, you can use these guidelines to discuss the decision with your doctor. **BOLD**\*

The three classes of drugs which can be used in combination therapy are the NNRTIs, the nucleoside analogue reverse transcriptase inhibitors (NRTIs) – AZT, ddI, d4T, 3TC and ddC), and the Protease Inhibitors (PIs) – saquinavir, ritonavir, indinavir and nelfinavir.

The NRTIs and the NNRTIs help protect cells from infection by preventing hiv multiplication at an early stage of the virus' life cycle. Both drugs work on the same active part of the virus – the reverse transcriptase enzyme – but they are not the same kind of drug.

The PIs block the virus at the end stage of its life cycle – they stop infected cells producing finished virus.

Most of the information we have about NNRTIs used in combination is about nevirapine and delavirdine. Nevirapine has been approved in both the USA and Australia. It is not funded here yet but is available on compassionate access. Delavirdine has just been approved in the USA. It is not yet approved here but is available on compassionate access.

Loviride didn't show any benefit in the 3TC trial here and has gone back to the drawing board. This doesn't mean that loviride doesn't work! It just means that the 3TC trial wasn't designed to prove that it does.

**Guide # 1: don't use an NNRTI alone.**

The NNRTIs have relatively limited potency when used as monotherapy. If used alone they cause a good (1.75 log) reduction in viral load, but only for a short period. The virus tends to start becoming resistant to them within two to eight weeks.

**Guide # 2: always use an NNRTI with new drugs (preferably two).**

If an NNRTI is added to a treatment regime which isn't working then it is the same as using the drug alone and the treatment will probably only work for a short time.

A study of delavirdine + AZT showed a moderately sustained benefit for about one year.

Another study of delavirdine + ddI was stopped early as the results of this combination were no different to ddI monotherapy. To put this in perspective, both of these results are only from a two drug combination. It is very clear with the NNRTIs that three drugs are better than two. More information is due to be released from a triple combination study with delavirdine which has just been completed.

**Guide # 3: NNRTIs are probably best used in people with lowish viral loads (less than 20,000 copies).**

However, these combinations should also work well in people who are seroconverting.

Triple combination studies of nevirapine + AZT + ddI indicate that about 73% of people on this combo achieve undetectable viral loads. The benefits were generally maintained for over a year and CD4 cells increased by 140. The people studied tended to have a relatively high CD4 count (around 350) and a moderately low viral load (about 20,000 copies/ml). However, when a more sensitive viral load test was used (below 20 copies) only 55% of the group actually had an undetectable viral load. Those who originally had low viral loads were more likely to get an undetectable viral load when on treatment than those with higher viral loads to start with.

**Guide # 4: NNRTIs could be used in people with high viral loads if**

*a protease inhibitor is included as part of the combination.*

**Guide # 5: NNRTIs are being used with a protease inhibitor. Choose the combination carefully and consider adjusting the dose of the PI if necessary. Try to use a third drug if possible such as a NARTI.**

This combination is generally being used by people when the virus is resistant to all or most of the NARTI drugs – it's called salvage therapy.

NNRTIs are a valuable class of drug. There is some debate about using them without a PI. Most clinicians would agree that should a client have a high viral load, using an NNRTI in combination with a PI should provide an effective antiviral regime. This issue should be discussed with your doctor.

A new NNRTI called DMP 266 has been used in combination with indinavir and showed good results, but won't be available in Australia for some time. Another study of 3TC + indinavir + nevirapine is also starting to show good results. These trials indicate that NNRTIs can be successfully combined with PIs.

However, you need to be aware that NNRTIs can affect the levels of PI in your body. Nevirapine,

for example lowers levels of the PIs, which could lead to underdosing and encourage resistance to develop. This can be counteracted by increasing the PI dosage, especially if you're on indinavir. Nevirapine and saquinavir might not be a good combination. No dosage adjustment is required for ritonavir. There's not a lot of information about the interaction with nelfinavir, but it might be a good idea to increase the PI dose.

Delavirdine does the opposite, it can increase the amount of PI in the body. This could be good (e.g. with saquinavir, the increase is 500%) or it could increase the chances of side effects, such as the kidney stones associated with indinavir. This can be counteracted by decreasing the amount of the PI. If you're on ritonavir, monitor side effects and liver function. In drug interaction studies of lower doses of ritonavir, the levels of the drugs didn't change.

**Guide # 6: if using an NNRTI you might only have one chance to use this class of drugs.**

Nevirapine and delavirdine are cross resistant with each other. This means that if resistance develops to nevirapine then the virus will also be resistant to delavirdine (and visa a versa). Becoming resistant to one NNRTI might mean

that the virus will be resistant to all NNRTI's. More information is required to see whether nevirapine and delavirdine are cross resistant with DMP 266.

Try not to miss doses as this might allow the virus to develop resistance to this class of drugs. Discuss with your doctor how to get the maximum benefits out of these drugs to try to make them last for as long as possible.

### Side effects

Both nevirapine and delavirdine can cause a rash to develop in 20 - 30% of people. Most of the rashes are manageable under medical supervision but 4 - 7% of people will probably need to stop the NNRTI if it's not. Should a rash occur, please see your doctor as it can become very severe and even – very rarely – life threatening. These drugs could also cause changes to the liver, so monitoring liver function is important.

Whatever treatments decision you make regarding the use of the NNRTIs you should benefit, with viral loads going down and CD4 cells going up. These are valuable drugs and are beginning to be used fairly widely for people with HIV. Ongoing clinical research will add to the pool of information about how best to use NNRTIs in the treatment of HIV. ♦

**ARE** you looking for information and options about re-entering the work force?  
you looking for help with maintaining your current job?  
you looking for options other than the traditional work force?

**POSITIVE EMPLOYMENT SERVICE**

Funded by Northern Sydney Area Health Service for PLWHA

**Contact Sarah Yallop**  
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email [syallop@doh.health.nsw.gov.au](mailto:syallop@doh.health.nsw.gov.au)

**NorthAIDS**

**Mytle Place Crows Nest**  
Monthly Information Night  
Monthly Sunday brunch  
Lunch every Friday  
and Wednesday

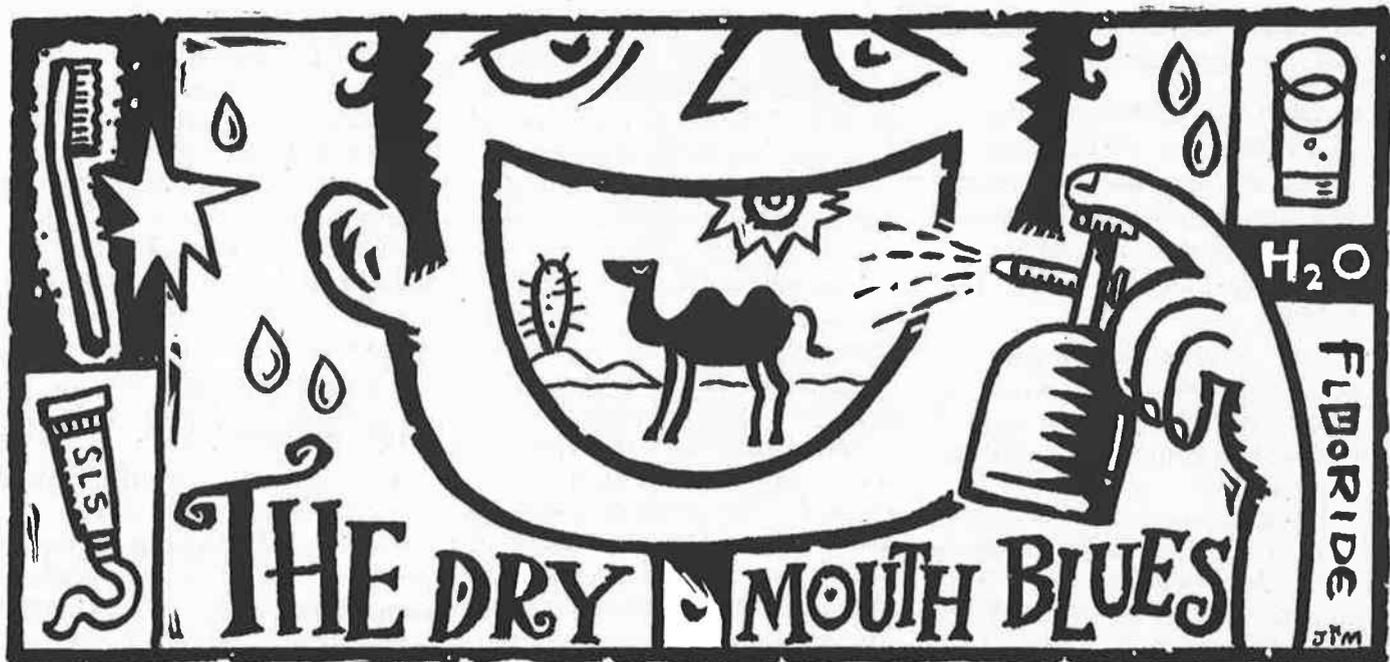
*All positive people welcome*

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**Talkabout Women**

*Talkabout's next issue will look at the stories and concerns of women living with or affected by HIV. We urge women to contribute ideas, thoughts and feedback.*



GRAPHIC: JIM CHAN

By Dr Peter Foltyn

PEOPLE LIVING WITH HIV INFECTION, their carers and doctors must appreciate the importance of a clean healthy mouth, not only because oral health is important, but because poor oral health may impact on general health. Loosing teeth must be avoided. A prevention strategy is the most sensible approach to good long-term oral health.

Xerostomia or dry mouth is one of the most significant oral problems facing Australians who have their own teeth. Ageing, medical conditions affecting the immune system like arthritis and HIV/AIDS, radiotherapy to the head and neck, chemotherapy and a large variety of medicines may affect salivary glands and even completely stop the flow of saliva. Xerostomia can start suddenly and the rapidity of dental decay and its impact on oral health and therefore general health may be dramatic.

These tips may help you deal with a dry mouth.

### Toothbrush

Use a soft small-headed toothbrush like Oral-B 30 or 35, Colgate Diamond Head or Sensodyne Search. The Biotene

Supersoft toothbrush has a large head, however it is extremely soft, ideal for sensitive mouths. Should you wish to purchase an electric toothbrush, the Braun Oral-B Plaque Remover is efficient and easy to use.

### Brushing

Brush teeth at least twice a day using small circular strokes. Avoid vigorous and horizontal brushing at the gum line of teeth as this may damage the gum and cause root surfaces to be exposed which can then decay rapidly.

### Toothpaste

Most toothpastes contain the foaming agent sodium lauryl sulphate, or SLS, which has been found to cause irritation in sensitive mouths. Toothpastes containing SLS should be avoided if you have a sore mouth, oral ulcers or a dry mouth. Biotene 'Dry Mouth Toothpaste' contains fluoride and important salivary enzymes. It is also SLS free.

### Mouthwash

Always use an anti-bacterial mouthwash and avoid those containing alcohol or phenol. Biotene mouthwash is anti-bacterial, alcohol-free and like the dry mouth toothpastes contains salivary enzymes. If the mouth is extremely

sore try diluting the mouthwash with warm water.

### Flossing

Use dental floss or dental tape between teeth at least once daily.

### Topical Fluoride

Colgate Gel-Kam (0.4% stannous fluoride) should be applied nightly to teeth after regular brushing, immediately before going to bed. Dry the toothbrush and cover the bristles with Gel-Kam or use cotton buds if gums are sore. Brush onto all tooth surfaces for one minute, then vigorously swish for one minute, forcing the gel into the spaces between the teeth. Spit out, do not swallow or rinse and go to bed with the Gel-Kam residue on the tooth. The same should be done in the morning immediately after regular brushing. You should not have anything to eat or drink for at least 20 minutes afterwards. Should your mouth be very dry it may be necessary to have mouthguards constructed and place the Gel-Kam in the guards. These should be worn for at least five or ten minutes each night immediately before going to bed.

### Saliva substitutes

Saliva substitutes may help keep the mouth moist and allow for eas-

ier eating, swallowing, talking and sleeping. Many people report significant relief from the effects of dryness by using 'Oralbalance' moisturising gel. It is also suitable to place under dentures.

### Maintenance

You should see a dentist at least three times a year for cleaning and early treatment of cavities. If there is decreased saliva there is likely to be an increase in the amount of tooth decay.

### Diet

Should you have significant oral discomfort, small regular meals and snacks may help you obtain adequate nutrients and prevent weight loss. You can reduce the impact of tooth decay by limiting sweet, sticky, sugary foods or anything with a high acid level such as grapefruit, tomato or orange. Carry a toothbrush with you and always brush immediately after eating. If it is not possible to brush, then swish and swallow

with water or any other available liquid as soon as possible.

### Suggestions to relieve dryness and preserve soft tissue:

- Take frequent sips of water
- Use a water spray bottle to wet your mouth
- Chewing sugarless chewing gum helps stimulate salivary flow
- Suck lollies or hard candies, BUT only sugarless, e.g. Sugar Free Lozenges or Sugar Free drops by Ricci, available at many variety stores
- Suck on ice blocks
- Keep a glass or carafe of water by your bed for sipping during the night or on awakening.
- Drink frequently while eating. This will make chewing and swallowing easier and may improve taste.

- Use bland, non-spicy sauces and gravies with meat dishes
- Moisten foods with butter
- Pasta dishes with creamy sauces may be easier to swallow
- Limit caffeine-containing coffee and tea. Many patients report increased dryness after drinking beverages containing caffeine.

*Dr Peter Foltyn is Consultant Dentist at Dental Department St Vincent's Hospital.*

### Where do you get it?

You can buy the electric toothbrush at leading department stores or your dentist. The other products are all available from chemists, although they may have to order them for you.

## 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.

# Bondi Youth Accomodation

Some years ago now, our service realised there was a need for medium to long term housing for HIV positive young people. So, a submission was made to the Department of Housing requesting their assistance to meet this need.

The world turned, the submission became part of a pile, a diligent person worked through the pile until . . . years later . . .

. . . we received a call regarding that submission. And people here had trouble remembering. They sorted back through the pile in their own memories then - "Oh, that submission!". And so the idea began to take form. Properties were considered, a block of units was purchased, people laid out some guidelines, people started moving in. Then the worker who'd taken on the project left and I began, two and a half years ago.

Since then I've been employed as the Housing Support Worker and manager of the project. The project houses six people between the ages of 16 and 25. Depending on the situation, people may stay for a year to 18 months.

To be eligible for our housing, people must be HIV positive and low income earners - the same as other people applying to be housed by the Department of Housing. If you're having some problems coping with various aspects of your lives and would like some assistance in dealing with this, our project is probably the one for you. We can't deal with everything, but there's a reasonable chance that we'll know some-

body who can and we'll put you in touch with them.

The housing itself is spacious. Whether or not it's 'you' would be up to you. But most people seem to like it (or they're just being nice!). We determine rent by calculating 20% of your income plus a levy of \$10 - and that covers your power.

You enter into a Residential Tenancy Agreement with our organisation, similar to a private rental agreement. This gives you tenancy rights and on the other side of the coin, you end up with

some responsibilities. We put on a few more conditions to tailor the agreement appropriately and if you come out a winner then we're happy to have been a part of it.

If you think this situation may be the one for you, welcome. At least feel free to give us a call on 9398 7453. Vacancies do arise as people move on. They are often moving on to even more permanent housing, but that's another story for further on down the track.

- Paul Bunting



# 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.

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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!**

ACON THE AIDS COUNCIL OF NSW PRESENTS

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HORDERN PAVILION 10PM - 8AM

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STEWART

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STEPS OUT SOLO

LUKE LEAL ALEX TAYLOR COLLEEN NAXON DEAN ESSING

ALOHA LOUNGE: MASSIMO BILL MORLEY GEMMA

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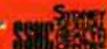
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