

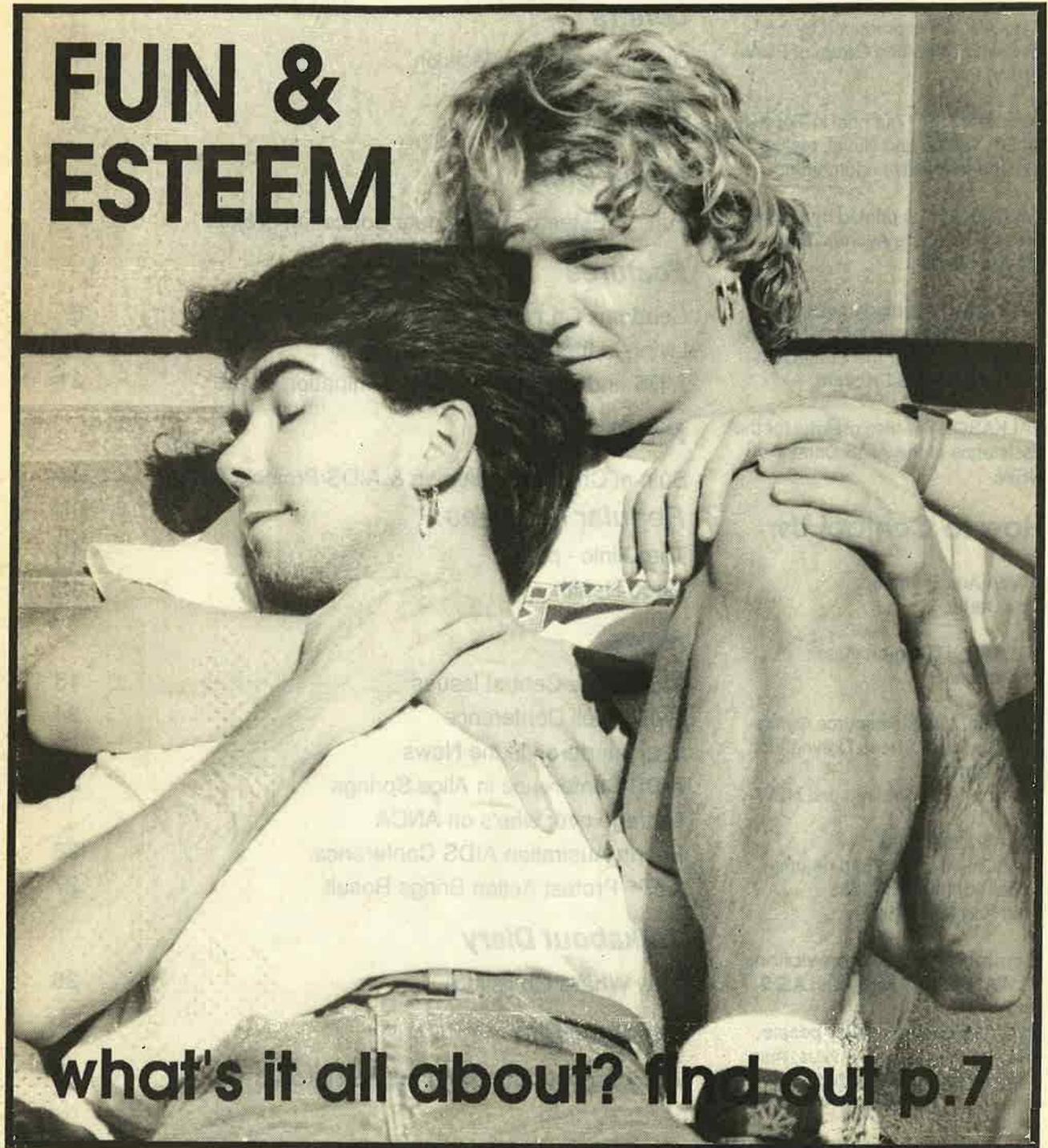
Talkabout

Newsletter of People Living With AIDS Inc.(NSW)

Where we speak for *ourselves*

ISSN 1034-0866

FUN & ESTEEM



what's it all about? find out p.7

ISSUE NUMBER NINE: JULY/AUGUST 1990

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

TALKABOUT is produced by the Newsletter Working Group of PLWA (NSW) Inc.

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TALKABOUT is printed by Media Press, 7 Garners Avenue, Marrickville NSW.

TALKABOUT is made possible by readership subscriptions, donations and a grant under the State/Commonwealth AIDS Program.

TALKABOUT is also grateful for the assistance of the AIDS Council of NSW.

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Commonly Used Abbreviations:
PLWA: People Living With AIDS
(NSW) Inc.
PLWAs/PWAs: Primarily people
infected with the AIDS virus. Also
sometimes used to include others
affected by the virus.

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UPDATE

July 19 saw the first arrests of AIDS activists in Australia when seven people were arrested in a demonstration outside the United States Consulate in Sydney. Over 100 people attended the demonstration which was organised by ACTUP (AIDS Coalition to Unleash Power), to protest immigration restrictions in the United States which discriminate against people with HIV.

The action, which was timed to coincide with worldwide protests at the opening of the Sixth International AIDS Conference in San Francisco, received extensive local, national and international coverage. Sydney ACTUP members wearing our "Knowledge = Power" t-shirts were seen on local news footage covering protests which occurred at the San Francisco Conference.

The Sydney protest also highlighted the fact that there have been at least five known cases of people being harassed while attempting to enter Australia.

The demonstration over HIV travel restrictions



Photo: Jamie Dunbar

July 19 saw the first arrests of AIDS activists in Australia.

followed a highly successful action held outside Parramatta Gaol to voice outrage over a decision by the NSW government to deny prisoners access to preventative measures to stop the spread of HIV in gaols, such as the distribution of condoms, bleach and syringes, while at the same time initiating a policy of compulsory testing of prisoners for HIV.

Over the last month ACT UP groups have formed in Melbourne and Canberra. Plans are underway for a national demonstration in Canberra to coincide with the 4th National Conference on AIDS in August.

Among the working parties newly established is a group to examine issues faced by people with HIV living in rural and regional areas. We welcome input from people living in the country as we plan to focus an action around these issues in the near future.

ACT UP is a non-partisan diverse group of people who are united in anger and committed to taking direct action to end the AIDS crisis.

**WE REFUSE TO BE SILENT
ACT UP - FIGHT BACK
KNOWLEDGE = POWER**

Decision versus indecision

Misinformation or miscommunication can lead to confusion and indecision in relation to people who are HIV+ seeking possible treatments. Whether the treatment involves orthodox medicine or alternative medicine or both, related information can be questioned, clarified and addressed on an individual basis. That is, in accordance with each individual's health condition, needs and concerns enabling him or her to personally feel comfortable with their choice of treatment and the expected outcome of such.

Questioning of information presented in some instances may need to be examined closely. For instance, statements and information put forward by critics such as - the side effects of AZT are "eventually more likely killing you than HIV!" (P.Ruyter, TALKABOUT #5), obviously need to be challenged and questioned. The writer indicates that those who have chosen AZT as the 'magic bullet' to keep them alive over the past five - six years are

being outlived by those who choose alternative treatment, particularly early on.

Ask yourself:

What is the writer's purpose?

Is the writer's opinion likely to be related to the personal experience of a few people whose health unfortunately did not improve while taking AZT?

Would early diagnosis and positive steps to improve one's overall health and lifestyle lead to better prospects in the enhancement and effectiveness of AZT or any treatment?

Could his description of non-specific side-effects such as damage to vital organs and glands of the body be related to disease progression rather than drug-related effects?

Is there a possibility that taking AZT at latter stages of the illness may be less effective than if taken in the earlier stages when the body is stronger and more resilient to infections?

What about the improvements in health and well-being of many people taking AZT locally, nationally and internationally?

What are the common specific side-effects of AZT and how do they affect people in their daily lives?

Whatever information is described or proposed, consider both the for and against or weigh the positives and negatives. Consider the following options:

- * Read the most up-to-date information.
 - * Direct questions to clinicians, researchers, alternative therapists, HIV/AIDS related health care workers and agencies.
 - * Clarify any information you are given.
 - * Talk to people receiving various treatments; compare views.
 - * Discuss your feelings or options with the person or persons closest to you.
- Informed decision-making allows one to feel a sense of control over one's own health and well-being. moreover, informed consent can be positively beneficial in enhancing the desired effect of any treatment or therapy.

- Mary Reilly

LETTERS

Letter from London

Hi to all committee, staff and members,

I am in London for the third time and am meeting with the contacts I made in Madrid. I've attended ACT UP meetings in several places but there is nothing much for us to learn except that they have all been ripped off financially - London in 1,000's of pounds. *Frontliners*, the group most similar to PLWA, is most impressive and I've spent two days with them. They have just got their new building and they are excellent with their volunteer system. Five to ten people every day!!

They consider their charitable status highly, quoting "We cannot be party-political but are human-political", and this succeeds. Fundraiser idea - World AIDS Day - collections done at live theatres with a cast member reading a statement to the audience and bucket person in lobby.

My mention of BGF raised the concern that they (BGF) are not clearly 'PLWAs' as-

sisting 'PLWAs' and therefore we could be. (Here they have many groups doing fundraising as if ACON, PLWA, BGF, CSN all did big fundraisers).

Frontliners are issuing a series of leaflets titled "Living with" ie. KS, ARC, A Hickman's, Neuropathy etc. Could we (ACON/PLWA?) do these with input from social workers, Day Centre clients, nurses etc??

Madrid was great with 550 PLWHIV/AIDS. Not impressed with what actually came out of Conference (as in resolutions, etc.) but the networking/friends made is invaluable. I will be visiting

similar groups all over Europe in July/August. Edinburgh on Monday which by all descriptions is devastating. 1% of total male population is HIV+! With women unknown but presumed to be higher.

Drew and I are well, having just returned from a seven day drive around South of England - Stonehenge, Glastonbury, Brighton - all the 'pretty' places, but the poverty in the cities is Dickensian and the class contrasts and its tragic results will stick in my mind forever. More Poll-Tax Demo's soon!

Fond love to you,
Don Carter. (8-6-90)



Photo: Jamie Dunbar

Don and Andrew Carter were blessed before leaving Sydney by the Sisters of Perpetual Indulgence. Don was also made a Saint (Don the Dauntless).

LETTERS

LETTERS

Wake up DSS

Dear Ed,

Just a letter that may interest your readers. Having been in Hospital already twice this year, 1st time with Thrombosis, I was recommended to apply for Sickness Benefit for a while then go onto Invalid Pension, as my days are spent mostly at the Hospital.

My local Social Security office created sheer bedlam for me, I waited eight weeks for the first benefit to arrive. I rang them several times to be told "the paymaster at your previous place of employment has been on holidays for six

weeks and he states your last working day was 17-2-90", even though on my application it showed 2-2-90. I had a Doctor's Certificate to prove I was in Hospital from 7-2-90 to 23-2-90. When I questioned local DSS office they said "Oh we don't believe Dr's certificates, we believe your employer". Yet if I lie, I am fined, now that I am on Invalid Pension. I had a very impolite person tell me "we cannot accept this medical certificate stating you have AIDS, you may have found it and filled it in yourself."

I said "What, with a RPAH letterhead!!"

"Take these two extra medical certificates, fill them in and bring back." Surely a person who has AIDS doesn't have to put up with all this bureaucracy from the personnel at all or most DSS offices.

Peter Sawkins



DOCTOR DOOLITTLE



Cartoon: Rowland

FUN & ESTEEM

So what is the "Fun & Esteem" project? It's not as some people may think a new night club or dance party. "Fun & Esteem" is instead the youth peer education project run by ACON. Still confused?

Peer education means getting people of the same background together to discuss issues important in each others lives and then making some decisions as a group about those issues. It means people educating themselves. In this case the people are young men (under 26 years), who have sex with men.

The project allows these people the space to come together to discuss issues such as SEX, SAFE SEX, BOYFRIENDS, and just being attracted to men. From this process, it's hoped that these people will then be able to make informed decisions about what safe sex means to each person, but with the support of the whole group.

The project has the philosophy that in order to do something good for yourself, in this case practise safe sex, you need to feel good about yourself. You can't talk about practicing safe sex if you're not happy about sex to begin with. So we have incorporated talking about safe sex in the parts of your life where it will have an effect, with your boyfriend, on a beat or while at the sauna.

That all sounds fantastic on paper, but has it worked? We think so. The project has been running now for just on two years, with over 250 young guys having been involved. Of those between 50-70 are still actively involved in the project. Some attend the Drop-in social nights, which are held weekly in the city and in Parramatta. Others act as

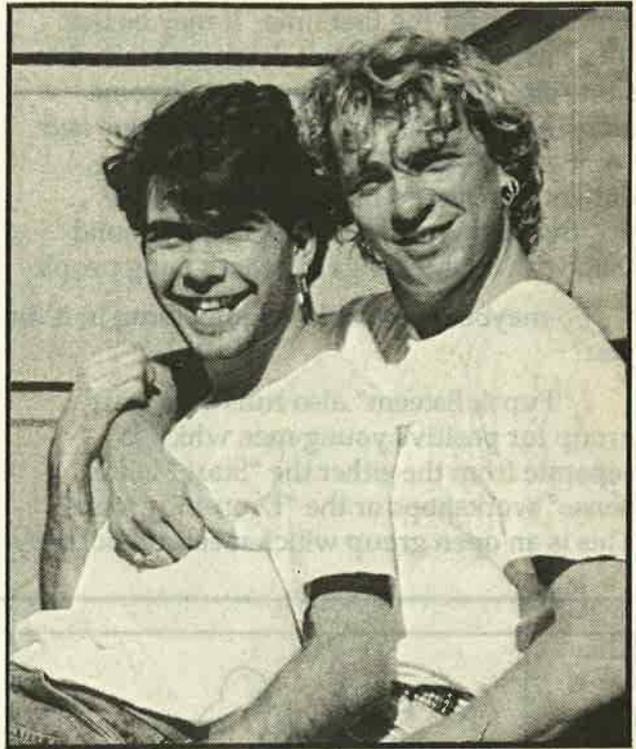


Photo: Dennis Maloney

volunteers by facilitating their own workshops or recruiting new people for the project. Perhaps you've seen someone handing out "Fun & Esteem" cards in a bar or pub.

The project isn't only for HIV negative young men. The "Fun & Esteem" project has a commitment to provide education and support for HIV antibody positive young guys as well. It is as important, if not more so that HIV positive guys understand safe sex and are comfortable with it. Because of the flexible nature of the workshops, issues important to participants in the workshops are discussed.

For a lot of guys "Fun & Esteem" groups have provided a great deal of support. In both the "Start Making Sense" workshops and the "Drop-in" groups people have been able to share their experiences with a wider group of people.

People attend "Fun & Esteem" workshops

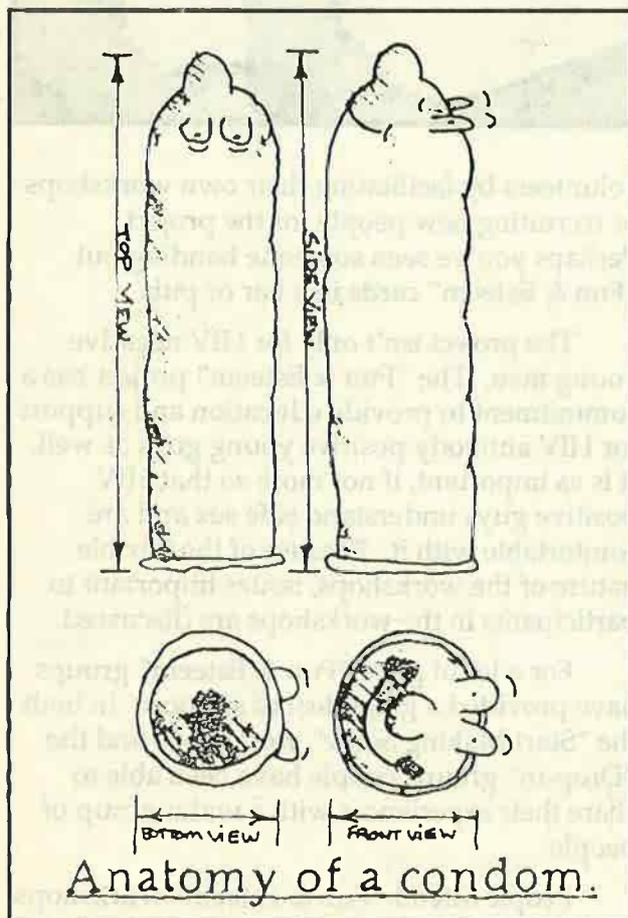
for a variety of reasons. Some people are coming out for the first time. It may be that they have never really sat down and talked to some else who is gay. Some people come along because they are sick of 'the scene' and want to meet people in a different setting. Others may attend because they are HIV positive and want to discuss issues around that, with a wide range of other young people.

So maybe there could be something in it for you?

"Fun & Esteem" also runs a support group for positive young men which is separate from the either the "Start Making Sense" workshops or the "Drop-in" groups. This is an open group which meets on Tuesday

nights at the AIDS Resource Centre, 188 Goulburn Street. Anyone is welcome to attend and the group hopes to provide support, discussion, and information for young men who are HIV anti-body positive by people who are HIV positive. This group is run along the same lines as the "Living Well" support groups organised by the HIV Support project.

If you are interested in more information about any of the groups run by the "Fun & Esteem" project or would just like to have a chat with someone about anything that's been discussed in this article please don't hesitate to contact Brent or Tim on 283 2599 (or contact us through the AIDS Council).



CONDOMS CAN BE FUN

So much has been said about condoms, that in fact, it all can become confusing. One hears things through friends, reads letters in the paper, hears and sees things on television, that this conflicting information tends to spin out an already over-informed brain. So I have looked into the piles of research data and what follows is the product of that investigation.

What is a Condom?

The word condom comes from the Latin "condus", meaning receptacle. Condoms are known by many names. French letters. La Capote Anglaise (by the French, translation English raincoats).

Frenchies, Frangers, Dingers, The Single Fingered Glove, Rubbers, Safes, Life Preservers, preservatives, Machines, Armour, Protectives, and other colourful epithets.

To put it succinctly....the condom is a mechanical contraceptive used by the man. it is the oldest form of contraception and the safest.

The condom is a sheath of usually thin, strong latex rubber shaped to fit over a man's erect penis. During the act of sexual intercourse (BONKING) it prevents any semen from entering the vagina or anus.

Condoms are manufactured in various sizes. They are made of rubber, they stretch.

The history of the condom

As far back as 1350-1200BC the Egyptians were said to wear sheaths. But these were more attributed to decoration rather than to contraception. Novelty devices were described in the Kama Sutra of Vatsayana in the fourth century and were mainly used to enhance the sexual satisfaction of women.

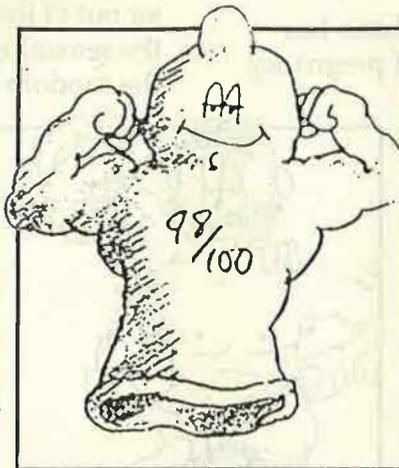
The condom as we know it today was more than likely invented as a guard against sexually transmitted diseases, particularly syphilis. In 1564 Italian anatomist Gabrielle Fallopio (after whom the Fallopian tubes are named) recommended a sheath made of linen. Said Fallopio at the time "tried the experiment on 1100 men and I called immortal God to witness that not one of them was affected."

Hercules Saxonia in 1597 described a similar device that should be soaked in a solution of inorganic salts and allowed to dry.

A century later a letter attributed to Mme Sevigne to her daughter Contesse de Grignan

described a sheath made from gold beaters skin as "armour against love, gossamer against infection".

In 1827 in Japan a condom described as 'Kawgata' was widely used. It was said to be made of thin leather. Prior to this Japanese men used hard condoms made of tortoise or horn. These were known as 'kabutogata' or 'hard helmets'.



How condoms are made

The major breakthrough in the manufacture of condoms was directly related to the vulcanisation of rubber by Hancock and Goodyear in 1844.

Whilst this process revolutionised the world's transport its impact on the changing attitudes towards family limitation was even more profound.

The earliest rubber condoms, bearing such names as 'dreadnought' were moulded from sheet crepe and had a seam that ran along its entire length. This was overcome by the end of the nineteenth century and seamless condoms were produced by dipping a hollow glass former into a solution of crepe rubber.

It was not until the 1930s that the latex process was developed. This involved the former being dipped into a solution of sap rubber and water. Curing was achieved by re-dipping the former in hot water. The condom was then rolled off and packaged. The latex condom is still in use today but with refinements in manufacture due to increased demand it is now a state of the art product.

How safe are condoms?

There are myths about condoms breaking.

Most of them are not true. With today's technology condoms are a proven protection against AIDS and STDs. The fact is that they were originally made as a protection against disease and in this context they are very safe.

As condoms evolved the emphasis has shifted from safety to prevention of pregnancy and again condoms are proven up to 98% effective.

Today the cycle has turned full circle and condoms are again in demand as a prevention against disease. During the manufacturing process condoms are scrupulously tested by electronic process. They are also batch tested to further ensure perfect product quality and safety.

Do condoms work?

No one has ever claimed that condoms are 100% successful as a method of birth control. Used properly, however, they are very effective and tests show that for every 100 women who use condoms carefully and consistently as their only method of birth control for a year, two of them will become pregnant. In other words, it's 98% effective. Most problems are caused by the users rather than by the manufacturers; with less careful use, the failure rate rises to 15%.

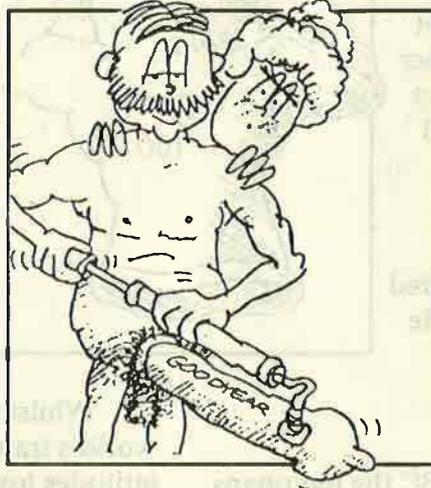
How to use a condom

Firstly ensure that expiry date has not passed. If it has passed throw out the condoms and get some that are new.

Never keep condoms in the glove box of a car, heat and sunlight may weaken the latex and could lead to failure of the condom.

The condom packet should be opened

using the tips of the fingers. Do not use your teeth. Do not use fingernails to open packet. tear the plastic open, check to see that the teat of the condom is the right way up. Place the condom over an erect penis. Squeeze the air out of the teat (the reservoir that collects the semen) with the tips of your fingers. Roll the condom down the shaft of the penis, all



the way to the base. Ensure that there are no bubbles of air between the penis and the condom. Apply plenty of Wet Stuff, K.Y. Jelly, Lubafax or any other water based lubricant. never use oil based lubricants such as vaseline, they weaken the latex and may cause breakage. Then when finished remove the penis whilst it is still erect as this will prevent the condom from slipping off. Hold the

condom so no semen drips out, tie a knot in the condom, wrap in tissues and dispose of in a bin. Do not flush condoms down the toilet as they are not biodegradable and lets face it the planet needs all the help it can get.

So which condom to choose?

Only choose condoms that meet the requirements of the Australian Standards Association (ASA). Condoms that do not have ASA may be of inferior quality.

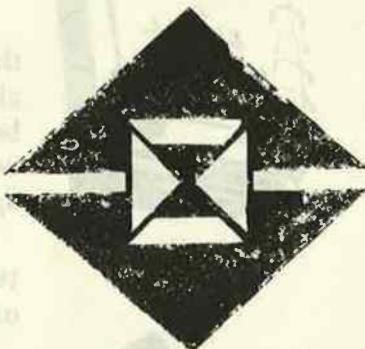
There are many different types and styles of condoms. These come in different sizes colours and even flavours. Try them all.

Reprinted from Condoms Can Be Fun, words by Ian Oshlack, Illustrations by Mike Bollen.

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living in the badlands....

The Badlands Services Association is an incorporated non-government organisation which has been funded by the NSW Department of Health AIDS Bureau, via the Eastern Sydney Area Health Service to provide a residential service to persons at high risk of acquiring or transmitting HIV infection. The primary goal of Badlands is to provide harm reduction services in a safe residential setting. *Jill Sergeant* spoke to *Bronya Milechman*, Badlands Co-ordinator.



B A D L A N D S
SERVICES ASSOCIATION INCORPORATED

are at Badlands, there is no pressure on them to stop using. We focus on safety issues, that is, not on the drug but on how it is used.

We don't want to change the world, we're just doing basic things. We provide clothes, we provide food, we provide shelter; we provide support; we provide an environment for users to take time out and maybe take a look at things like self care and

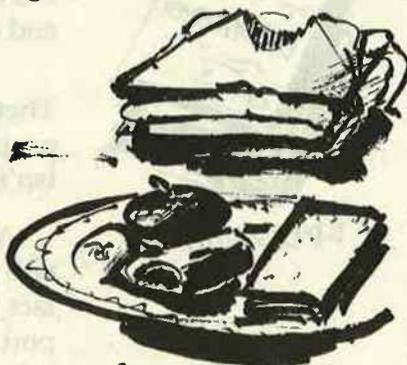
self maintenance. While people are with us there is an opportunity for them to make some small changes in their lifestyle.

We have no agenda for clients other than educating and informing them. I don't know any other word than education, but it's more than that. It's a way of connecting with people so that you create some rapport with people and they know that you're there for them, not just talking *at* them. Our expectation is that people will go away from Badlands carrying some of our messages with them. And that can only happen if they believe them.

What is Badlands?

Badlands is a residential service for injecting drug users. It's for people who may not be ready to, or choose not to stop using. Its for injecting drug users who may or may not be at risk of infection or who are already infected with HIV.

These people may or may not be sex workers, they may or may not be homeless. But they are disenfranchised. There is nothing available for them while they are injecting other drugs.



FOOD &
CLOTHING

How is Badlands different from other Drug and Alcohol services?

We have a very different approach to the traditional treatments. Badlands is non-prohibitionist, nor is it abstinence based. While people

How will Badlands operate? What sort of structure do you have?

Badlands will operate on a 24 hour staffed residential basis. People will come in for a short term - about three months. They are free to come and go. We are funded for up to ten, and have a staff ratio of one to one. There will be a minimum of two staff at any one time.

The staff all have extensive drug and alco-

T

hol backgrounds - many of them have been on needle and syringe exchange programs - and some have a harm reduction background. Most are registered nurses.

There is a structure for our work but it's not institutionalised or formalised. It's based on interaction between staff and clients; it's non-obtrusive, non-confrontational. The basic philosophy is that staff are models - rules that apply to clients also apply to staff and to management. We try not to have that "Us and Them" dynamic.

We didn't want Badlands to be a dumping ground for difficult and homeless clients so we have set up a referral assessment procedure. Counsellors in the field can contact us when they have a client who they think is suitable, and we would assess that person. The prerequisite is that the person is currently an injector, that they are HIV infected or at risk of infection, and that they are in some kind of crisis which means that they need this kind of care.

You can only house ten people at a time - it sounds like just the tip of the iceberg

Yes, there are a lot of people waiting for us to start.

Another important thing about Badlands is that it wouldn't exist if it weren't for AIDS - but because of AIDS, certain groups in the community have been identified. Badlands will provide care, safety and support for a group that otherwise wouldn't be serviced, but needs to be. There are a lot of issues that were



EDUCATION



HEALTH CARE

there before AIDS, like Hepatitis B and other STDs, and the need for self care.

If AIDS hadn't come along I don't think people would have looked at changing. It took a very major shock before we could look at other ways of working. Compassion is high on the agenda for Badlands.

When was Badlands first thought of?

The idea first came up in the middle of 1989, when a need was identified. The Health Department advertised for interested organisations to make submissions to design and run such a project. Badlands was successful in its submission and design.

Badlands is a pilot project, and it's also a world first. We are really breaking new ground in harm reduction. It's being piloted and evaluated very thoroughly. It's important that being the first of its type it be documented and evaluated properly. Everything has to be done according to the aims and objectives we've established.

There's some resistance to the proposed location of Badlands isn't there?

Yes but it appears to be just one or two people. It's marvellous that in fact there is a lot of community support for Badlands. We have been liaising with the local community all along, and since this attack on us - just a day before we were due to move in - the community have really rallied behind us.

The implications of someone being able to evict HIV infected people from

this area are disturbing. If just one person can be effective in getting rid of an agency - especially in an area like Surry Hills, which is really at the centre of the epidemic - it sets a very disturbing precedent. It's good to feel the support of the community.

Now we're waiting on Council's approval of the Development Application and we won't be able to start operating until that's through.

Where does the name come from?

The name comes from the idea that the people we'll be servicing already live in the "badlands" - their lifestyle may be chaotic, they usually live without support and alternatives. I don't think we could change it now, if we wanted to! Everybody knows us as Badlands now.

Address: 382 - 384 Bourke St, Surry Hills,
PH: 360.7661

Badlands aims to deliver eight 'products' to its clients:

1. Provision of a positive organisational culture which creates a supportive environment.
2. Provision of a safe environment. This includes time out and safe intoxication.
3. Provision of food and clothing.
4. Provision of equipment necessary for safe practices.
5. Provision of education - accurate information, informed advice and encouragement.
6. Provision of time and support with problem solving and living strategies.
7. Access to health care.
8. Access to other assistance including counselling, welfare assistance, longer-term residential and non-residential support.



Graphics: Ruth

in brief...

AIDS - The Central Issues

An AIDS Conference in Alice Springs in April was attended by 47 Aboriginal people from throughout Australia.

The closing Plenary of the conference recommended that a National Aboriginal/Torres Strait Islander AIDS Conference be held in 1991. Another significant outcome was the formation of a National Aboriginal/Torres Strait Islander AIDS Steering Committee (NATIA) to organise the conference and network with other Aboriginal and AIDS/HIV groups. The Convenor is Kathy Kum-Sing.

PLWA has sent a letter expressing our support to the NATIA.

"What are you doing that for?"

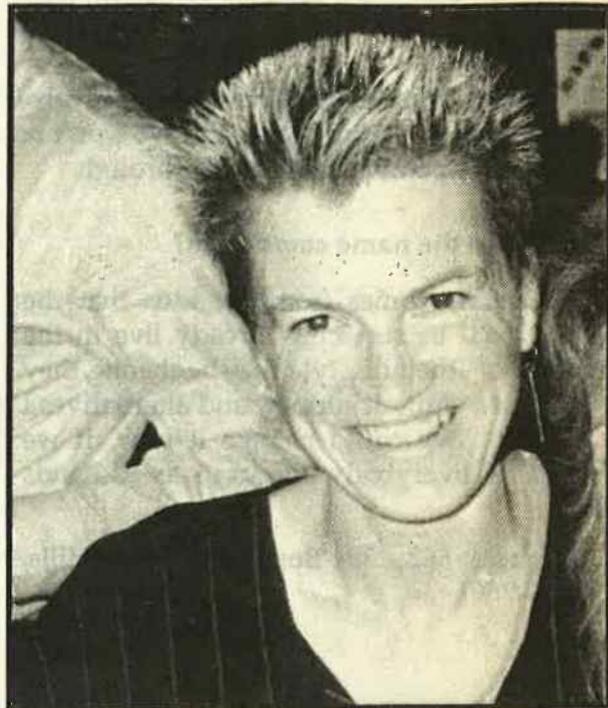
PROFILE -

Súin ní Chrochuir

Súin is ACON's new Women & AIDS Project Officer.

Over the years that she's been working in the AIDS area, Súin ní Chrochuir has often been asked "what are you doing that for?" In the early years of the epidemic, some women challenged her that AIDS was not relevant to women/why was she putting energy into gay men when there were plenty of women's health issues she could (should) have been working on - like cervical cancer. It's a tough argument. But Súin doesn't see the point of such polarisation of issues. "You do what you can", she says, "no woman is an island." And, of course, women are affected by AIDS, in many ways.

How did she, then, get involved with AIDS? In Britain in the early 80s Súin worked as a social worker and counsellor with prisoners, especially drug users. "No-one likes prisoners", she says, "and drug-users are even less popular." Society's denial of the problem, the pretence that it doesn't exist, the blaming of the individual, rather than taking a broader view, were issues she was already confronting when AIDS came along. "Nobody knew what it was. I recall gay male prisoners being victimised. I recall the lack of information about it, and the panic. I recall the setting up of the Terence Higgins Trust. We got pamphlets from the Trust into the Jail where I worked."



Súin says ironically that perhaps she's involved with AIDS because she has "an attraction to unpopular causes". But a significant element of that "attraction" is her commitment. "I just hate it when people don't get real about things. I hammer at denial." This is the link, between working with prisoners and working in AIDS - there are plenty of similarities in society's responses to them.

When Súin came to Australia in 1985 she knew she wanted to work in the areas of drugs and/or AIDS, and she has done so.

Her involvement with ACON dates back to late 1986 when she started working with the Social Aspects of the Prevention of AIDS (SAPA) project, first as a research interviewer, later as an office worker and editor of the questionnaires.

When ACON set up a telephone counselling service in response to the Grim Reaper television advertisement in 1987, Súin was one of two workers co-ordinating the service. She took calls and trained volunteers.

She has also been convenor of the ACON Women and AIDS working Group and in 1989 initiated the Sapph Sex campaign, working with lesbians and AIDS issues.

The position of Women and AIDS Project Officer is a new one. In 1989 a part time pilot position was created to assess the needs of women and do the groundwork for a permanent position. Since the end of that pilot position ACON has continued a holding post until the full time position was funded.

Being new to a newly created position, Súin acknowledges that there's a lot to be done, and it may be impossible to fulfill everybody's expectations of the job. She sees her role as that of bridging the gaps in existing policies and services, to provoke - or invoke - responses elsewhere.

Within ACON, she will have an advisory and resourcing role, liaising with other projects. All of which, she thinks, probably need to consider what impacts their projects have on women. Even those which may appear to exclusively concern gay men, she thinks, could have a look at this. Men who go to beats and have female partners might not consider themselves gay. Beat workers could take this possibility into account. Projects could also look at how accessible their information is to women. "Things that appear to be equally accessible to men and women often aren't. In order to be applicable to both, where appropriate there needs to be a reorientation."

She also says that it's likely her job will involve addressing children's issues -

stressing that although children should not be defined as part of "women's issues" they usually are.

Preventative education campaigns and the development of resources are another important aspect of the job.

"There's nothing new about AIDS for women", says Súin, "it's yet another area

where women are suffering from community denial. Women want to know about it. "Already women have a range of

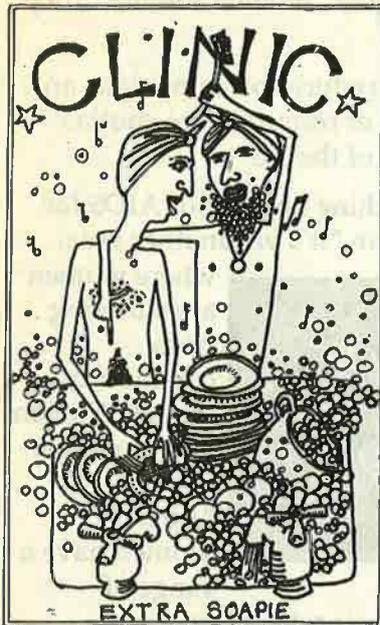
"I just hate it when people don't get real about things"

concerns about their sexual health - chlamydia and wart virus for example. Women are more likely to go to their GPs than to clinics for information and advice, but a survey of Doctors found that eight percent of them would tell a woman that she could not get infected through unprotected vaginal intercourse with an infected male partner. That's an appalling figure".

Women have a variety of concerns about AIDS, both as infected and affected individuals. Súin thinks it's important to address the "as is" situation - in which women do, on the whole, take responsibility for sex and personal relationships. "Women have been taking responsibility around sex for a long time, and there's still a power imbalance."

Immediate targets set by ACON for her position are the specific needs of young women; and pregnancy and reproductive rights. Súin will also provide advocacy and develop resources with and for positive women.

- Jill Sergeant



Part 4

Gino and Neil shared the dope, but not their fits - and yes, Neil did fancy Gino!

It was truly wonderful not to have to negotiate safe sex - they both knew all about that particular ritual! They both had condoms, wet stuff & heaps of imagination. A perfect situation for a bit of a party.

A FEW HOURS
LATER.....

Gino snuggled into Neil's warm, but slightly boney chest, feeling very satisfied.

Neil lit another cigarette. Should he be making more of an effort to cut down on smoking? How much damage was he really doing and did it increase his chances of

contracting PCP? The doctors seemed to think so - but what about the stress of giving up?

Ah, well, this little interlude was doing wonders for the stress levels! He certainly had something to smile about, for a change.

"Where do you get your support from Neil?" Gino asked, obviously feeling that Neil generally had things pretty much under control.

"I go to a peer support group once a week. I can have a chat to the other guys, get things off my chest; pick up bits of information on all sorts of stuff & share experiences. Some weeks I don't feel like I need it but once I'm there I get a lot out of it. I've made some really good friends. What about you?"

Gino's face was sad. "Where would I go? I don't know where I'd fit in - would the women's group accept me as a woman?"

Neil suddenly felt very stupid. It hadn't even crossed his mind. He just saw Gino as a 'cute young thing!' He hadn't thought about the different needs a transexual might have.

"Well who would you feel more comfortable relating to Gino? You relate to me quite well!" Neil grinned at her.

"I'm not absolutely

certain, but, no offence to you, I think I'd be happier with women. Then again, it really would depend on the women."

Neil had a brainstorm. he had met a couple of positive women at an information evening and he had a contact number for one of them.



"Now where did I put that Number?" Neil rummaged through his wallet. "Here it is - her name is Harriette; she seemed very open. Give her a call."

"Harriette? Who's Harriette? Why am I calling

her?" Gino was a bit confused.

"Harriette is an HIV+ woman; she facilitates peer support groups for women, along with another lady. She's very active within the 'AIDS' circle & she seemed very together, as far as I could see. Call her, talk to her, what harm can it do?"

Gino was a little uncertain and more than a little nervous. What harm could it do? It could be a dead end, rejection & also emotionally very confronting. Neil was already dialling the number. "I wish I hadn't brought the subject up" thought Gino. "Bit late now!"

"Hello Harriette? Hi this is Neil - remember me? I met you a week or so ago. Yep - good. I hope you don't mind the call, but I have a friend who I thought would benefit from talking to you. Her name is Gino, she's here with me now. I'll put her on."

Neil passed the phone to Gino, giving her a big reassuring hug at the same time.

"Hi Gino - Neil seemed to think we should chat. Situations like this are so embarrassing, don't you think - it's hard to talk to someone over the phone when you've



never met. Well I find it hard anyway."

"Me too!" Gino was relieved to hear a very warm friendly voice at the other end and without much hesitation plunged right in at the deep end.

"Harriette, I'm a transexual, antibody positive and very isolated. Could your group accept me - I really need other women!"

Silence....

"Gosh Gino, I feel rather embarrassed. To be honest, we've never had a request like this before - but don't worry, it isn't something we won't be able to work out. Firstly let me tell you a bit about the way our group functions & we can take it from there. It's not my group - I do facilitate the

closed groups, along with a friend, Georgina, but it's everyone's group - that's peer support, right? So I certainly do not have the right to say to anyone whether they're welcome or not. We have a referral system of sorts & we all have a say in what goes on.

"Women are referred to us through a number of sources, the only thing that is

required is proof of your HIV status. This may seem rather bizarre but we had an incident where a reporter tried to pass herself off as a positive woman, just to get into our group & have an inside story! Sick, isn't it!? So it's as much for your protection as anyone else's - see what I mean?"

"Anyway, at the moment we have two groups going, and they meet on alternate weeks. One week it's a closed group - six of us meet & work out our emotional issues. It's very close and intense and runs for eight sessions. On alternate weeks we have an open meeting - much more relaxed & a bit of a social free-for-all - a chance to keep up with each other's news & for new members to become integrated with the larger

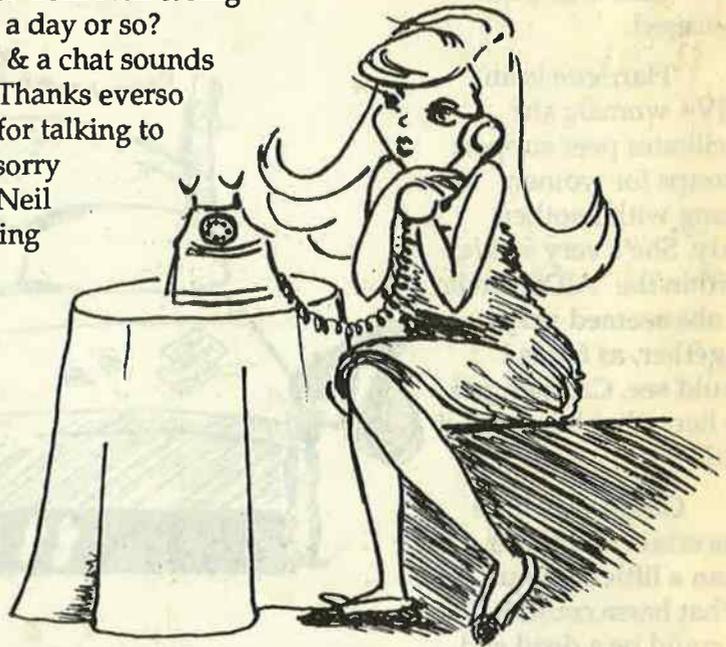
group. We're a very mixed bunch. What else can I tell you?"

"Well I've never been in a group before & I must admit it's rather a daunting thought - I don't know if I'm ready for that sort of thing just yet." Gino's mind was a muddle; this was all happening without any time to think things through.

"I tell you what, Gino, this is probably quite a lot to think about. I remember when I first thought about joining the group, it seemed like a mammoth step to take & I needed time to warm to the idea. How would you feel about meeting me & perhaps one of the other women at a coffee shop - really informal - have a chat - see if you like us! it must be difficult to make any sort of decision on the phone - or have I scared you off already, with all this chatter? I do hope not!"

Gino did need time to think. "Yes, can I take your

number from Neil & ring you in a day or so? Coffee & a chat sounds good. Thanks ever so much for talking to me & sorry about Neil springing this



on you - he sprung it on me too! I'll speak to you soon, Okay."

"Okay Gino - speak to you in a couple of days - whenever. If I'm not at home, please leave a message on the machine - no-one else will hear it & I'll get back to you. Looking forward to seeing you- bye."

Harriette hung up. Gino

was impersonating a stunned mullet. Neil was smiling.

"See, that wasn't so terrible was it?"

"I don't know - no - I don't think so. Give me a cuddle & time to think about it!"

- Story and graphics: Amelia Tyler (???)

to be continued....

Where are your Contributions?

Talkabout is a newsletter for People Living With Aids, and a newsletter always works best when it's mostly made up of contributions by its readership. This can be poetry, prose, memorials, letters, drawings, photos, (black & white please). If you've got any ideas, or you've already got something in the bottom drawer that you think could go into Talkabout, give the Newsletter coordinator a call or drop into the office.

Make Talkabout what you want it to be

Good Health

This is the second of our regular articles on healthy living. This month's article was contributed by Petrea King, a naturopath with several years experience of HIV and AIDS. Petrea works with the Quest for Life Foundation, the Albion Street Clinic, and runs a private naturopathic practice.

A holistic approach

There are many healing modalities available in the community which fall outside the spectrum of traditional medicine. It can be confusing to the person newly diagnosed with the HIV to know which ones will be worthwhile and which ones will offer no real benefits. In the past five years I have seen just over 2000 people infected with the virus in my private practice. The following areas have seemed to be the most productive ones for maximising health and well-being.

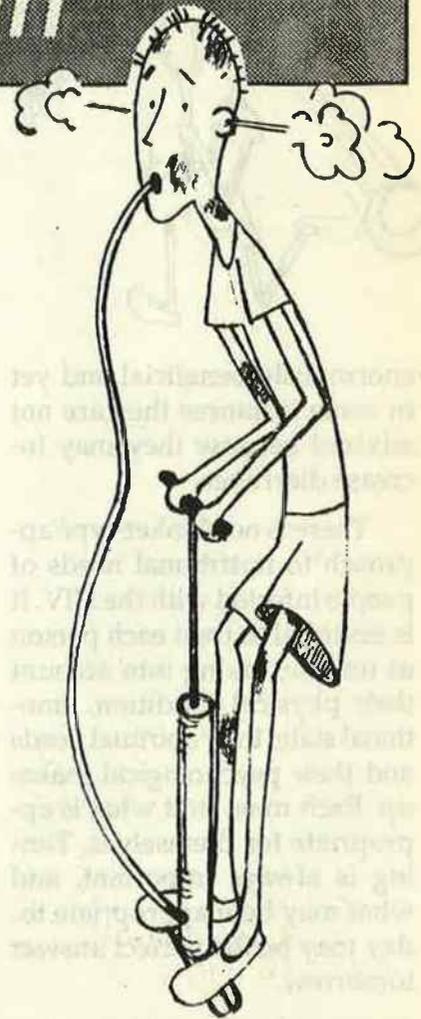
Relaxation, visualisation and meditation techniques

These techniques are the most important to the person infected; indeed, they are important for everyone. Medita-

tion, in particular, is perhaps the first and most important technique in establishing a healing program. Its value cannot be overestimated. It is the foundation on which a consistent experience of peace can be built. It empowers our decisions about positivity in our lives and strengthens our belief in the other modalities we may have chosen for our healing. There are many groups, tapes and books about meditation.

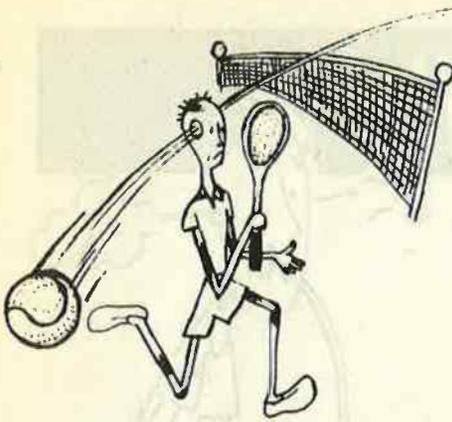
Nutrition

There are no magic diets which work for all people. A diet rich in all the essential nutrients for the body is generally the most acceptable. There are many factors involved in finding the appropriate diet for an



individual, such as the state of the digestive system, the personal tastes and emotional equilibrium and the overall health. Because of these considerations, it might be advisable to find someone who is competent and experienced in designing such a diet, so that you feel completely confident in its application and effectiveness.

This applies to juices as well as vitamin and any other supplementation. In addition to the diet, vegetable juices can be



enormously beneficial and yet in some instances they are not advised because they may increase diarrhoea.

There is no blanket-type approach to nutritional needs of people infected with the HIV. It is essential to treat each person as unique, taking into account their physical condition, emotional state, their spiritual needs and their psychological make-up. Each must find what is appropriate for themselves. Timing is always important, and what may be inappropriate today may be the perfect answer tomorrow.

Exercise

Exercise should be enjoyable! Find exercise which is pleasurable whilst giving your body what it needs. Ideally you could work towards twenty minutes of sustained exercise daily, which gets your heart pumping and increases the depth and frequency of your breathing.

Exercise is not only beneficial to the body, it enhances our

feeling of well-being and can certainly lift our spirits.

Your exercise routine can be gradually increased as you experience the benefits and ease of consistent practice. For some, group activities like tennis, squash or basketball fulfill other needs for companionship and team spirit.

It is great to feel part of a group of people who are practising what you are endeavouring to achieve - abundant health and vitality. Work within your own limitations and don't set unrealistic goals for yourself.



Attitudinal healing

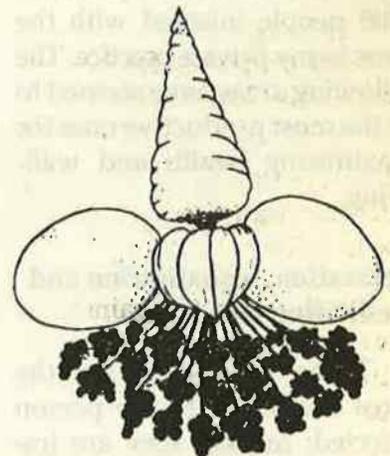
Often we have long-held beliefs and attitudes which cause us stress or unhappiness and it is valuable to explore ways in which we can let go unwanted patterns and create new ones which lay a foundation for greater peace and harmony in our lives. We cannot always change the outcome of a disease, but we can change the way we experience that outcome.

Find ways to maximise life and living and don't succumb to the negativity of others. Honour and respect yourself. Work on your self-esteem. You can't overdo it.

Once we have established a program which feels comfortable and appropriate to our needs, we can relax and fully enjoy our healing journey, trusting that healing is taking place and all is unfolding just as it should.

Healing is a creative act in answer to your own positive efforts. During the healing process there will be times of willing, and times of surrender, times to push against resistance and times to flow with the river of life. The aware person learns to listen to the still small voice within to gain the understanding of what is essential in each unfolding moment.

See Talkabout Diary, p.28 for details of support groups and meditation/relaxation classes.



Graphics: Rowland

What can you do about AIDS-related discrimination?

Discrimination is something most, if not all, people living with AIDS will have experienced - whether in the general community, at work or in personal relationships. Sometimes this discrimination is blatant, sometimes subtle. *Alison Orme*, AIDS Project Officer with the NSW Anti-Discrimination Board outlines what rights PLWAs have under anti-discrimination laws and explains its role

What do we do?

The NSW Anti-Discrimination Board ('the Board') is associated with the NSW Attorney general's Department. Officers at the Board:

- * deal with complaints of discrimination
- * try to prevent discrimination happening - by educating people about their rights and obligations under anti-discrimination laws
- and
- * put proposals for law reform to the Government.

What types of AIDS-related discrimination are against the law in NSW?

It will often be against the law to discriminate against you, or treat you unfairly, because of your:

- * physical impairment (dis-

ability or sickness),

- * **homosexuality** (whether you are gay or because someone thinks you are gay)

- * **race**, national or ethnic background.

But it will only be against the law if this discrimination happens in one of these places or circumstances:

- * **employment** - everything to do with work, from applying for a job to what happens at

work to leaving a job

- * **state education** - which includes state schools, colleges and universities, but does not include private institutions

- * **goods and services**

- * **accommodation** - this includes renting private and commercial premises

- * **registered clubs**

This means, for example, that the following types of treatment might be against the law:

- * refusing to give you a job because the boss thinks you are gay and might have AIDS, or sacking you because you are HIV+ or have AIDS

- * refusing to give medical treatment to someone who has AIDS

A man who had worked for an insurance company for ten years applied for a part time job that had been internally advertised within the same company. When asked why he wanted to transfer to a part-time job he explained that he was HIV+ and was participating in an AZT program. He was allegedly told that part-time work was not available and that if he was so 'sick' he should consider resigning from the company. Conciliation by the Board resulted in an apology and the payment of financial compensation.

* refusing to let a house to you because you are from Africa and it's thought you are more likely to have AIDS

To date there has been no court decision which makes it clear whether being HIV+, but asymptomatic (that is, showing no AIDS-related symptoms), comes within the definition of 'physical impairment' in the NSW Anti-Discrimination Act. Despite this the Board has a policy of accepting complaints from people who are asymptomatic and attempting to conciliate (settle) them. In fact, we've had a number of successes in conciliating such complaints.

What happens if you want to make a complaint to the ADB?

* If you feel that you have been discriminated against, but you are not sure if the law covers your complaint, please phone us or come in and see us first.

* For us to be able to help, you must complain by writing a letter, explaining why you think you have been discriminated against, (in any language including braille), to the President of the ADB. All complaints are dealt with confidentially.

* We will get back to you as quickly as we can - usually within one to two weeks of getting your letter. If the problem is urgent then make sure you make that clear in the letter and we will get back to you immediately.

* If your complaint is covered by anti-discrimination laws,

we will try to 'conciliate' it - by helping you, and the person or organisation you are complaining about, to agree on a private settlement.

* There are many different types of settlement, depending on the circumstances of your case. For example, you could get an apology, financial compensation, your job back, an agreement from your employer to run an education program to try to ensure it doesn't happen again, or a combination of the above remedies.

A woman who has AIDS was asked to leave her job in a data-processing company because "if word got around, this would be bad for business". She wanted to continue working for as long as she was healthy. Conciliation by the Board resulted in her reinstatement.

* If the complaint is not conciliated it may be referred to the Equal Opportunity Tribunal (EOT). The Tribunal is a court which hears discrimination matters and gives a judgement which must be followed.

* It is against the law for someone to hassle or 'victimise' you for making a complaint to the Board.

How successful is our complaint process?

In 1989 the first case of AIDS-related discrimination went to the EOT. The complaint was lodged by Simon Ferguson on the basis that he had been discriminated against when he sought surgery and was told that the operation would not proceed until he had an HIV test. The Tribunal found that Ferguson had not been discriminated against on the ground of his homosexuality. This decision is clearly a disappointing one for PLWAs and officers at the ADB, and some of the bad publicity surrounding the case seems to have rubbed off on the Board.

But...

* The EDB and the EOT are separate bodies, with different functions and roles.

* Around 75% of AIDS-related discrimination complaints received by the Board are settled by conciliation. Because this process is confidential you just don't hear about them!

* Only a very small number of complaints received by the Board each year end up in the Tribunal. In the 1988/89 financial year roughly only one in 35 of the formal, written complaints received by the Board were re-

ferred to the Tribunal.

* If you feel you have been discriminated against in the provision of health services you can strengthen your protest by lodging a complaint with the Complaints Unit of the NSW Health Department and the Board at the same time.

* There is no cost in making a complaint to the Board and participating in the conciliation process. Although deciding to make a complaint to the Board may obviously be stressful and sometimes take longer than anticipated, it is often a less stressful and quicker way of resolving your grievance than lodging formal legal proceedings. And because it is a complaint driven process, you're not obliged to follow the complaint through and can easily pull out at any stage.

What else can we do?

The Board is always available to give confidential advice over the phone, even if you don't want to make a formal complaint.

We are presently running an AIDS, Discrimination and the Workplace community education project. The project seeks to reduce AIDS-related discrimination at work by running a series of seminars and producing a high quality education kit for use in the workplace.

On July 4 this year we held a public consultation on AIDS and Discrimination to discuss how the Board's processes work, how they could more effectively accommodate the specific needs of PLWAs and strategies to improve the operation of anti-discrimination laws. More on the outcomes of this consultation in the next issue of *Talkabout*.

For more information, or to make a complaint, contact:

The Anti-Discrimination Board,
(weekdays 9am-5pm),
11th Floor, 8 Bent St,
SYDNEY 2000
Ph:(02)224.8200 Fax:(02)223.3593
TTY: (02)223.5318

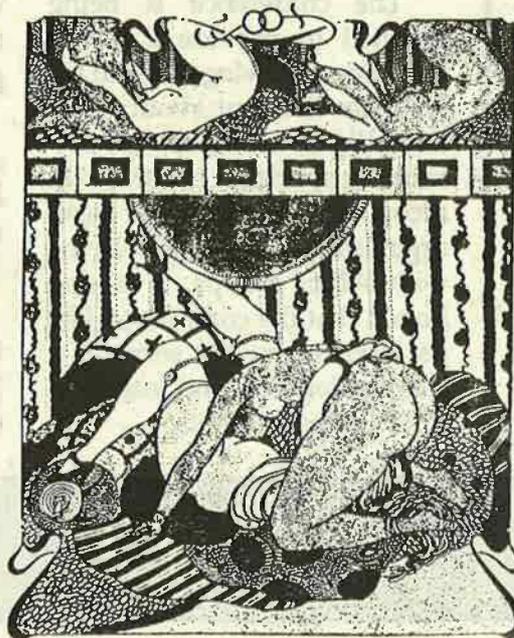
ADB, 85 Crown st,
WOLLONGONG 2500,
Ph:(042)26.8190 Fax: 9042)26.1190

ADB, 79 Hunter st NEWCASTLE
2300 Ph:(049)26.4300
fax:(049)26.1376

The Complaints Unit of the
Department of Health,
Level 16, McKell Building,
Rawson Place, HAYMARKET 2000
Ph:(02)217.5903.

A man was refused treatment by his health care fund's dental surgery because he was HIV+. Conciliation by the Board resulted in the fund providing a list of referrals to other dental surgeries who do provide treatment. The fund also agreed to pay all expenses in relation to treatment.

Planning on some of this?



Before you get too carried away, make sure you've got the latest information on SAPPH SEX.

**Phone ACON,
(02)283.3222 for the
latest lesbian safe
sex information**

Establishing a GROW Group for Persons Living with AIDS/HIV

GROW is a program of personal development working through friendly, mutual help groups in a caring and sharing community. GROW's outreach is to persons living with any form of emotional distress ranging from prevention to rehabilitation of mental breakdown. The GROW program enables those persons living with anxiety, depression, lack of purpose, or personal value to develop their own personal resources to overcome these problems and grow to maturity.

Our program and caring community should be of as great a benefit to persons living with AIDS/HIV as it has to many thousands of persons in our 33 years of existence.

We invite all interested persons, to attend an Information Day on Wednesday, August 15 from 2.00pm - 4.00pm. Those wishing to attend please phone GROW Centre: 569.5566, Lewisham Community Complex, Thomas St, Lewisham, between 9.00am and 5.00pm. (See Talkabout Diary, p.28)

Living Well III

Adelaide
November 24-25, 1990

The National People With AIDS Coalition has been funded via a Commonwealth AIDS Prevention and Education (CAPE) grant, to organise the 1990 Living Well Conference. The first Living Well was held in Melbourne in August 1988. The Conference was organised by and for people with AIDS, ARC and HIV and their lovers, partners, family and close friends. In February 1989 a similar conference was organised in Sydney. Both these conferences were primarily organised on a state basis. This conference is the first to have a truly National focus.

The conference is being planned to provide a forum where people living with AIDS/HIV can find out about AIDS and HIV from others with personal or specialist expertise. In recognising the benefit of local-organisation of people living with AIDS groups, it is also hoped that the conference, like its forerunners can serve as a catalyst for local and interstate PLWA organisations.

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NPLWAC

Expressions of interest in conducting the workshop sessions are being called for. Anyone who is interested in running a workshop session should provide an outline of not more than 250 words, (clearly indicate the title of the proposed workshop) by August 10. These should be sent to the Conference Planners, at the NPLWAC Office.

People intending to participate in the conference, but not wishing to run a workshop, should also complete a preliminary registration. We are limited to 200 participants. We will be forming a committee to review all expressions of interest, following which the final program will be prepared.

If you wish to run a workshop, return your proposal to: Living Well III, Conference Planning Committee by August 10, 1990.

Registration forms/enquiries to: POBox 75, Darlinghurst, NSW 2010. Ph.(02)283.3535, Fax: (02)283.2199

NEWS

Oral Interferon in the news

Kenyan researchers have raised a furore by announcing that an oral form of alpha Interferon, 'Kemron', can eliminate AIDS-related symptoms and cause dramatic increases in T cell counts.

Dr Davy Koech of the Kenyan Medical Research Institute (KEMRI) reported that a very low dose of alpha Interferon, taken as a wafer held in the mouth for a short period, alleviated all AIDS symptoms in 99 out of 101 patients over a period of eight weeks. Even more startling was the claim that eight patients 'sero-deconverted' (or reverted to HIV negative from HIV positive) during a treatment period of a few weeks.

Interferon is one of a group of messenger proteins released by cells called 'cytokines'. It was discovered over 30 years ago and has been variously hailed as a cure for cancers and viral infections - and now, a treatment for AIDS. It is normally produced in very small amounts at infection sites, but does not circulate in the blood - although one characteristic of advanced HIV infection is the presence of an unusual 'acid labile' form of alpha Interferon in the blood.

Clinical trials of different Interferons for treating AIDS and its complications have been running for several years. Alpha Interferon has been evaluated in combination with AZT for the treatment of Kaposi's Sarcoma (KS), and also as an anti-HIV treatment. Normally, it is administered in doses of millions of units, injected into muscles or into the bloodstream, since it would be sensitive to digestion in the gut.

The Kenyan researchers used a 'natural' form of alpha Interferon, consisting of 14 of different subtypes of the Interferon, whereas clinical trials of Interferon have often used a pure single-subtype produced by recombinant DNA ('genetic engineering') technology.

It is not known how a very low oral dose (hundreds of units, rather than millions) would work. The Kenyan researchers speculate that the interferon might trigger an unknown group of cells in the throat that cause a body-wide response. Others have suggested that it might stimulate production of antibodies to the "acid-labile" Interferon found in the blood of PWA's, and that the action of these antibodies to the acid-labile Inter-

feron causes clinical improvement.

Short trials have been initiated in a number of countries to try and confirm the Kenyan results. While many researchers are skeptical, the short-term trials will quickly be able to prove or disprove whether Kemron is a useful treatment (if not a 'cure') for HIV infection.

- Peter Kerans

Do you have sex with other guys?

Here is a chance for you to talk with other guys who enjoy male-to-male sex. **Start Making Sense** is a workshop for guys aged 26 and under. It's free, and it's already helped a lot of others get more out of what they do. Find out more by calling Brent or Tim on 283 2599 between 3 & 6pm, Monday to Friday. ☺ A Fun & Esteem Project

**START
MAKING
SENSE**
WORKSHOP

NEWS

Fourth Australian AIDS Conference

**Canberra
August 9 - August 11**

The conference will see the coming together of all people involved in the response to AIDS, governments, community groups, health professionals, researchers, educators and people with AIDS/HIV.

It is very important that people with HIV and AIDS make themselves visible and vocal at such conferences. The feedback from people with HIV who attended the third conference was very positive. It was an opportunity to get together with other people with HIV/AIDS. At that conference, many people consider that intervention by people with AIDS/HIV, with the prominent slogan, "Talk with us, not about us" dramatically changed the Australian response to AIDS.

As part of ensuring that people with HIV/AIDS are represented at the conference (so that it's not just a conference of bureaucrats and doctors) PLWA(NSW) has been allocated a number of "free" places (ie travel, registration and accommodation mostly paid for) for people with AIDS/HIV. If you would like to attend the conference then ring the PLWA office on (02)283 3220 to express your interest.

Outrage over who's on ANCA

The announcement of members to the main Federal AIDS ministerial advisory body, the Australian National Council on AIDS (ANCA) has been greeted with outrage by community groups, people with HIV and some AIDS specialists from NSW.

Appointments to ANCA are made by the Federal Minister for Community Services and Health. People working in AIDS and people affected by AIDS view it as essential that membership be broadly based, expert and adequately represent the partnership in the fight against AIDS of the government, the medical profession, community groups and people with HIV.

People with HIV are outraged because there is no representative of infected persons on ANCA. Our view is that people with HIV should be represented on all decision making bodies that affect our lives. It is inconceivable that the most important Australian advisory body has no representative of people infected by AIDS. Imagine the justified outrage if an Aboriginal Advisory Group consisted of no Aboriginals.

Community groups are out-

raged because there is no community group representative on the executive of ANCA. Only government and the medical profession are represented on the executive. Community groups view such a body as unworkable and unrepresentative.

There is also no medical representative from inner Sydney, where most of the experience and expertise in treating people with AIDS resides. In general New South Wales, with almost seventy percent of cases of full AIDS is sadly under represented, especially when compared to Victorian representation.

Community groups such as the Australian Federation of AIDS Organisations, the AIDS Council of NSW, the National People Living With AIDS Coalition and People Living With AIDS (NSW) have called on Minister Howe to correct some of the glaring omissions he made when making appointments to ANCA. They have also written to all members appointed asking them to advise the minister to make appropriate appointments so that community groups and people with HIV can consider themselves to be adequately represented.

NEWS

AZT - Protest Action Brings Results

Community based organisations have been advocating approval of AZT for all people with HIV who have less than 500 T-cells for over five months now. This follows approval of the drug in the United States by their Food and Drug Administration (FDA). Following the United States approval AZT was also approved in Canada and New Zealand on the basis of the FDA decision.

In Australia, however, high quality overseas approval systems are not recognised. Australia insists on having its own parallel drug regulatory drug approval mechanism. On average it takes over a year for drug approval once a drug company makes an application to market a drug.

Community based organisations, using the normal processes of liaison and negotiation, and writing press releases, were finding their appeals for humanely fast approval of AZT falling on deaf ears and getting little publicity.

Sydney ACT UP then took

protest action about the Australian drug approval system, highlighting the lack of response on AZT in Australia. Since then the issue has at last been receiving some attention by government, although as yet AZT is still not approved.

Initially, a spokesperson for Federal Health and Community Services minister, Brian Howe, stated that they didn't know that treatments were a priority issue and that he would welcome input into what should be done. Then Howe attacked Wellcome Aus-

tralia for their slowness in putting in an application to market AZT. Wellcome have now submitted that application.

Howe also announced the formation of an "expert" subcommittee to make recommendations which would encourage drug companies to be conducting more drug trials in Australia.

If action is not forthcoming on AZT and the Australian Drug Approval System is not streamlined then further protest is certain.



The HIV Support Project is a co-ordinated effort between the AIDS Council of NSW, People Living With Aids (NSW) and the HIV community to provide support and information for HIV infected people. The Project presents HIV Information nights and runs Living Well Support Groups for people who are HIV infected.

PH: (02)283.3222, TTY: (02)283.2088

NEWS

TALKABOUT DIARY

Talkabout Diary is a new feature designed to publicise any regular events like meditation or self defence classes, or support groups, or anything else you want people to know about. Because *Talkabout* is a Bi-monthly publication, it's a bit more difficult to publicise one-off occasions, but we can try! Just send your information to *Talkabout* by post, or phone it through, (283.3220) or drop by to the office.



ASIANS AND FRIENDS

A new support group for Asian gay men and their friends has just been established. It aims to promote an opportunity for people coming from an Asian background to meet others who share the same interests. Meetings are held every Friday night from 6 to 9pm. Coffee, tea and biscuits are provided. It is friendly, social and educational. It provides a place for Asian men to get together, enjoy a cuppa and a bickie and chat about current issues that concern them. Other activities for the near future are a night out, video nights, special guests and speakers, info nights etc, etc, etc. and much more. If you're interested, just give us a yell on (02)283.3222. Ask for Arnel or Ken.

**EVERYBODY IS WELCOME!
COME ONE, COME ALL!**

Hold that pie and gravy!

Smell it before you eat it! This is the secret to meeting the nutritional needs of your body. But there's more. It has to be raw and preferably organically grown.

These are the principles of "Intuitive Nutrition", a health program outlined to us recently by Stephane Aymonier, a French researcher who has been on this diet for twelve months. He maintains that a raw food diet not only removes toxins from the body, but is a solution to all terminal illness.

Anyone interested in finding out more can contact Stephane via his PO Box 2397, Sydney, 2000.

Birthday Celebration

Wednesday, July 18, 6pm.

Wayne Wright is celebrating his 25th birthday at the **Day Centre for People with AIDS, 396 Bourke St, Surry Hills**

Wayne has issued an open invitation to PLWAs to come and have a great night out, and at the same time, contribute to the Day Centre - he doesn't want any presents but is asking people to donate some money to the Day Centre on the night, and help it to continue the great work it's doing. **BYO.**

A GROW group for PLWA/HIV

Wednesday, August 15, 2pm - 4pm

An Information day will be held at the Nurses Conference Centre, Thomas St, Lewisham. As a result of discussions held on this day it is hoped that a GROW group for PLWAs/HIV will be formed. PH: 569.5566.

TALKABOUT DIARY

QUEST FOR LIFE FOUNDATION

Weekly Groups: Support Group for people with life-threatening diseases and their carers. Monday 11am-1pm, Friday, 1pm-3pm.

Meditation instruction: Monday, 1.30pm-2.30pm, Tuesday, 7.30pm-8.45pm, Thursday, 2.30pm-3.30pm.

Support group for people who have suffered the loss of a loved one: Tuesday, 10am-12pm.

General support group: Wednesday: 10am-12pm, Friday, 10am-12pm.

Support group for those affected by HIV, their families, friends and carers: Thursday 12-2pm.

Monthly groups: Last Sunday of the month (except

June, October & December): 5pm - 7pm: Open House, bring a plate.

Other monthly groups are held for Health Professionals of various kinds. Ph 906.3112 for details.

All groups except Thursday groups are held at 37 Atchison St, Crows Nest. Suggested donation \$12/\$6 pensioners. Thursday Groups are held at Albion St Centre. These are free.

ACT UP t-shirts and badges available!

T-shirts \$12, badges \$1. Contact Adrian at the PLWA office

CONTACT LIST: AIDS ORGANISATIONS AND SUPPORT GROUPS

GENERAL

Australian Federation of AIDS Organisations (AFAO): Umbrella organisation for Australian state and territory AIDS Councils. (06)247.3411.

AIDS Coalition to Unleash Power (ACT UP): A diverse, non-partisan group united in anger and committed to direct action to end the AIDS crisis. Phone the info line (02)283.3550. PO Box A1242, Sydney South 2000.

AIDS Council of New South Wales (ACON): The Council provides services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Dar-

linghurst 2010. (02)283.3222.

ACON Hunter Branch: PO Box 124 Islington 2296 (049)29.3464.

ACON North Coast Branch: PO Box 63 Sth Lismore 2480. (066)22.1555.

Albion Street AIDS Centre: (Sydney Hospital AIDS Centre) Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. Also 'Just Positive' and 'Being Positive' Support Groups for people with HIV. (02)332.1090.

Bobby Goldsmith Foundation: A charity organisation, established in 1983 in the name of

the first Sydney man to die of AIDS, providing financial and material assistance to people with AIDS. (02)281.1097.

Community Support Network (CSN): Trained volunteers providing practical home/personal care for people with AIDS. Established in 1984. (02)283.222.

CSN Wollongong: Contact Joley Mallia. (042)75.2609.

CSN Newcastle: Contact Andrew Hope, ACON Hunter Branch. (049)29.3464.

Deaf Community Aids Project: Contact Clin Allen at ACON (Sydney) (02)283.3222, or (TTY only) (02)283.2088.

Euthenasia: Voluntary Euthenasia Society of NSW Inc. PO Box 25 Broadway, 2007. (02)212.4782.

Friends of People With AIDS: A peer support group for friends, lovers, partners and spouses of people with AIDS. Provides emotional support. Please phone to indicate attendance. Contact Nigel, Albion Street Centre, 150 Albion St, Surry Hills 2010. (02)332.4000. 1st & 3rd Wednesday every month, 7.30pm.

Parents' Group (and relatives): A support group for the parents or relatives of people with AIDS. Please phone to indicate attendance. Lesley Painter, 2nd Floor 276 Victoria St Darlinghurst 2010. (02)332.4000. Every 2nd Thursday 12.00 - 1.30pm.

Positive Women's Support Group: Contact Women in AIDS Project Officer (02)283.2222.

Living Well Support Groups: For long term HIV positive people. Contact HIV support officers (02)283.3222/2453

Metropolitan Community Church (MCC): International gay church.

National Centre in HIV Epidemiology & Clinical Research: Federal research centre conducting trials for AIDS treatments and other AIDS related research. (02)332.4648.

National People Living With AIDS Coalition (NPLWAC): PO box 1359 Darlinghurst NSW 2010. (02)283.3535.

North Coast "Positive Time" group: a support and social group for PLWAs in the North Coast region. Contact ACON North Coast Branch (066)22.1555

NSW Anti-Discrimination Board: Takes complaints of AIDS-related discrimination and attempts to resolve them by a confidential process of conciliation. Currently employs a full time AIDS Project Officer Sydney (02)224.8200. Newcastle (049)26.4300. Wollongong (042)26.8190.

NSW Users and AIDS Association (NUAA): NUAA is a community/peer based organisation concerned primarily with harm reduction, including HIV prevention and support of HIV+ people, advocacy, general support, referral and community development. Contact Julie at 24 Darlinghurst Rd Kings Cross. (02)357.1666.

Penrith PLWA Support Group: Support, information & referrals. Phone Wendy at penrith Youth Health Centre: (047)21.8330. Meetings are held weekly.

Quilt Project: Memorial project for those who have died of AIDS consisting of fabric panels and completed by friends and lovers of those to be remembered. (02)283.3222.

SACBE - El Camino Nuevo: A group to educate the Spanish speaking community about AIDS SACBE is also a Spanish speaking community support network. Contact Pedro Manzur, (02)283.3222.

Sex Workers' Outreach Project (SWOP): 391 Riley St, Surry Hills NSW 2010. (02)212.2600.

Start Making Sense: Peer support group for young men under 26 who have sex with men. Runs workshops, drop-ins and outings with the emphasis on fun. Contact Brent or Tim for further information between 3.00 - 6.00 most afternoons on (02)283.3222.

Sydney West Group: A Parramatta based support group. Contact Pip Bowden (02)635.4595.

Transfusion Related AIDS: A support group for people acquiring HIV through a blood transfusion. Please phone to indicate attendance. Parramatta Hospital, Marsden St Parramatta. Contact Jenny (02)262.1764. Pam (02)635.0333 ext.343. Meetings are held on the last Tuesday of each month at 10.30am.

Transport Service for PLWAs (in Sydney area): Contact CSN on (02)283.3222.

Quest For Life Foundation: offers emotional support and education to people with life-threatening diseases, their families and loved ones and the health professionals who care for them. Support groups & meditation/relaxation classes are run at Crows Nest and Albion Street Clinic on Thursdays. Counselling on a one-to-one basis is also offered. (02)906.3112.

ACCOMODATION

Share Accomodation Register: for people affected by HIV/AIDS and others seeking accommodation. Free, not restricted to HIV positive people.

DAY CENTRES

Katoomba(Haere Mai): Operates Wednesday from 10.00am - 4.00pm for meditation, lunch, creative activity and just getting together; and

on Sunday for lunch unless some other activity has been planned for that day. Contact (047)82.1359 - Kevin or Greg, or (047)82.2119 - Bill.

Newcastle (Karumah): Operates every Friday from 11.00am - 4.00pm at McKillop House, Carrington. Contact John (049)62.1140 or the Hunter Branch of the AIDS Council on (049)29.3464.

Sydney (Maitraya): Daytime recreation/relaxation centre for people with AIDS run partly by volunteers and funded by the NSW Department of Health. 396 Bourke St, Surry Hills 2010. Enquiries: Irwin Diefenthaler (Co-ordinator). (02)361.0893.

HOSPITALS

Prince Henry (Special Care Unit): Anzac Parade Little Bay (Sydney) (02)694.5237 or (02)661.0111.

Prince of Wales: High St, Randwick (Sydney) (02)399.0111.

Royal North Shore: Pacific Highway, St Leonards (Sydney) (02)438.7414/7415.

Royal Prince Alfred Hospital AIDS Ward: Missendon Rd, Camperdown (Sydney) (02)516.8131.

St Vincents Hospital 7th Floor South (AIDS Ward): Victoria St, Darlinghurst (Sydney) (02)361.2236/2213.

Westmead Centre (Westmead and Parramatta Hospitals): (Sydney) Phone (02)633.6333 (Westmead); (02)635.0333 (Parramatta). Fax (02)633.4984.

PLEASE LET US KNOW OF ANY

RELEVANT CONTACTS

FOR THE NEXT ISSUE

JOIN US IN THE FIGHT AGAINST AIDS SUBSCRIBE NOW!

PLWA Inc. (NSW) is part of a world-wide 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 other affected by HIV to create a positive, friendly and supportive environment in which we can all live with AIDS.

Name: _____

Postal Address: _____

P'code: _____

Phone: _____

I wish to apply for membership of PLWA Inc. (NSW): Y/N

I wish to subscribe to TALKABOUT*: Y/N

I enclose: \$ _____

In the interests of your confidentiality:

I agree to have other members know my name and address: Y/N

I am publicly open about my membership: Y/N

Annual rates are:

Membership of PLWA Inc. (NSW) \$ 2.00

* Subscription donation to TALKABOUT: \$10.00
(Individual) (Optional for people receiving benefits)

* Subscription donation to TALKABOUT \$20.00
(Organisation)

Please make all subscriptions to TALKABOUT and/or memberships to PLWA Inc. (NSW) payable to PLWA Inc. (NSW).

Please forward this completed form with all subscriptions/memberships to PLWA Inc. (NSW), PO Box 1359, Darlinghurst NSW 2010.

Signature: _____

Date: _____