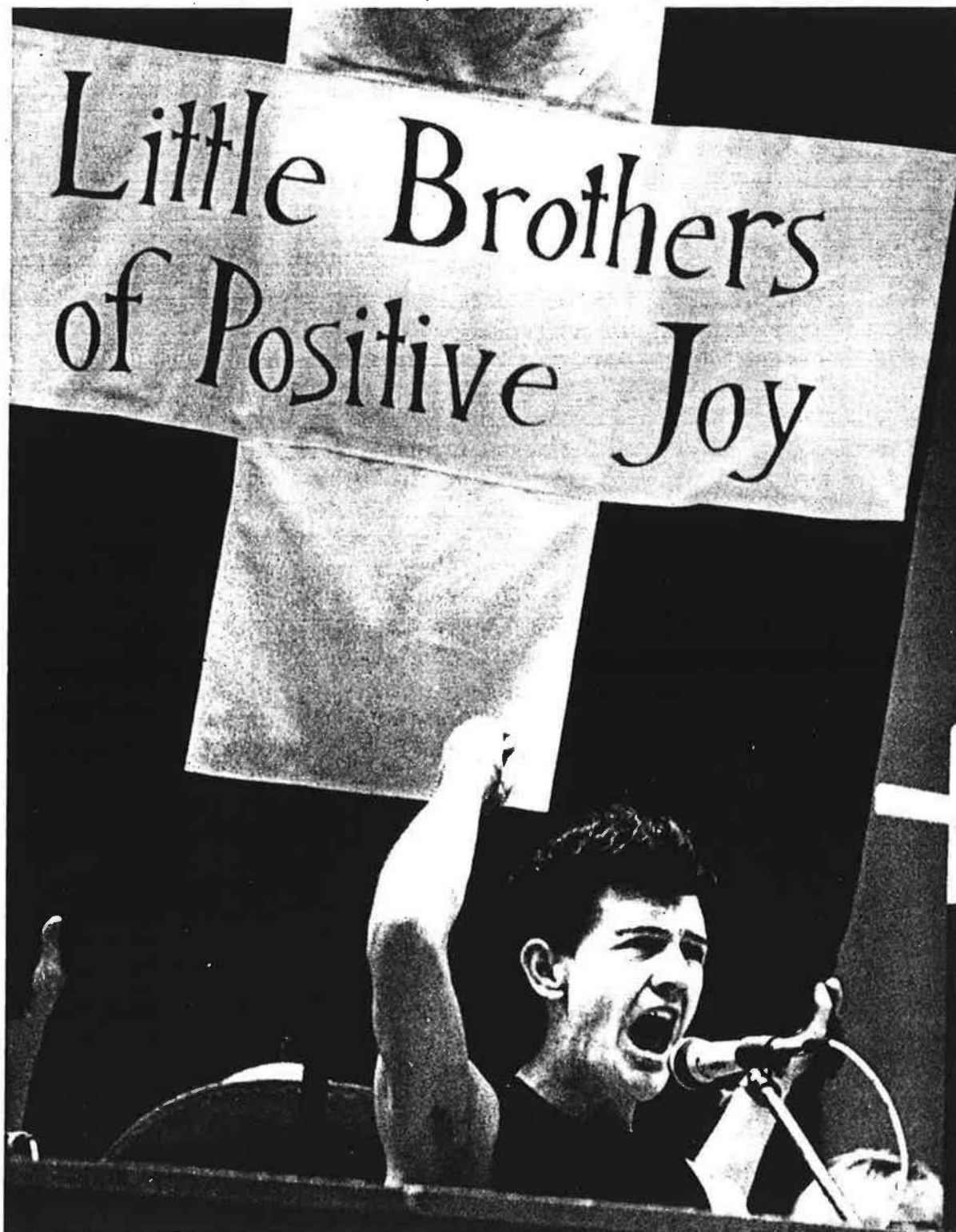


No. 29 February 1993

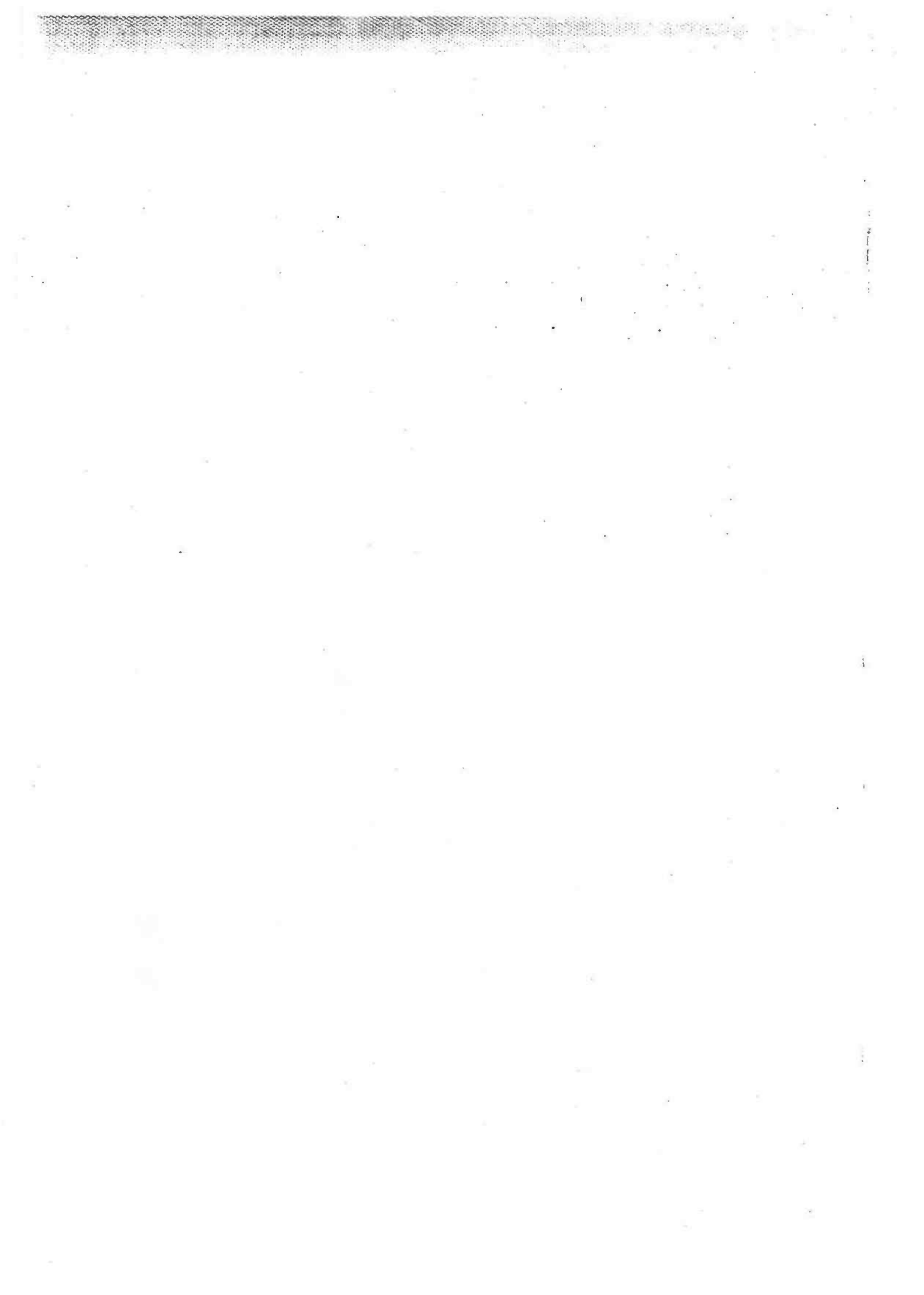
Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



rites, rights & party nights



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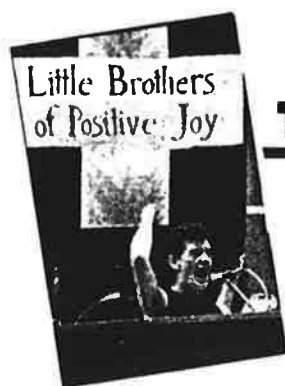
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This Month's Cover

by Jamie Dunbar. Glen, a speaker at the anti-discrimination rally held in Sydney last November.

A feature on the Little Brothers of Positive Joy is on page 13.

Against discrimination

Tony Carden spoke on behalf of people living with HIV and AIDS at the launch of the Anti-discrimination campaign on January 10. This is a transcript of his speech.

MY NAME IS TONY CARDEN AND I am HIV positive. So are my friends here who are involved in the campaign. We are not ashamed or afraid of being HIV positive, but we are afraid and ashamed of the epidemic proportions of discrimination that exist in this country for people like ourselves.

All of us in the campaign have taken the courageous stand of divulging our health status before the entire country in the hope that it will help put an end to discrimination in our society.

Today is a monumental day for people living with HIV in Australia. The launching of our Anti Discrimination Campaign firmly acknowledges the discrimination that exists towards people who are HIV positive.

This also is a monumental day for every Australian. Our campaign is the first of its kind in the world. We can clearly be proud of the leadership role Australia is taking in the fight against HIV and its effect on the entire world. We must continue this fight and strengthen it financially and socially.

Discrimination takes many forms ranging from more subtle things such as breaching

confidentiality to extreme actions such as violence against individuals or groups. It stifles simple freedoms and expressions of personality.

Discrimination breeds fear and isolation. While not everybody with HIV directly experiences discrimination, we all fear the possibility of it. When this happens, people isolate and hide themselves from vital support systems and treatment that can prolong and enhance their lives. I know because I did so for four years.

People with HIV can be anyone in our community. You may not think you know us but we are all someone's son, or uncle, or partner, or boss, or workmate, or husband, or sister, or even someone's child. If HIV has not touched your lives now, it will soon.

As Australians, we are known throughout the world for giving everyone a 'fair go'; a chance. Our country enjoys one of the most diverse cultures in the world. But if this diversity is to continue, to grow and to flourish there is no room for discrimination on any level towards any culture or minority. It is contradictory to the very basis of our social structure and we must all fight to contain and extinguish it. This starts on a personal level with each and every one of us. We all need to study our own attitudes and actions, not just where HIV is

concerned, but whenever we come across someone or something that is a little bit different from ourselves.

The New South Wales Anti Discrimination Board produced a report into HIV related discrimination in April last year. The report exemplifies many areas where people with HIV are discriminated against. When the findings of this report are implemented (all 125 pages) it will make it illegal to discriminate against people with HIV in such areas as healthcare, education, accommodation, insurance, superannuation, employment, law, public services and autopsy. Yes, people are even discriminated against when they are dead. These changes will affect any person with any illness or disability.

The participants and I are proud of our federal government, who took the courage to initiate, fund and produce a sensitive campaign that has a message for every Australian.

In closing, on behalf of all the participants in the campaign, I would like to give the Australian public a challenge—a challenge that each one of us has embraced. To bring to an end the discrimination that exists towards people living with HIV. To acknowledge and fight against discrimination of any form that exists in our society and eliminate it forever.

DDI, AZT

DDI MAY BE A MORE EFFECTIVE drug than AZT, when taken by someone who has already used AZT for a minimum of eight weeks, according to a recently completed study. The study, which enrolled 617 participants, was sponsored by the U.S. National Institute of Allergy and Infectious Diseases (NIAID) and Bristol Myers Squibb.

All participants had either never taken AZT before, or had taken and tolerated it for 16 or fewer weeks. The study found that among the 118 patients with eight to 16 previous weeks of AZT therapy, ddi was more effective. Of those assigned to AZT, 33% developed a new AIDS defining condition or died within one year, whereas only 11% of those taking 500mg ddi and 17% of those taking 750mg ddi did so. Patients assigned to AZT were more likely to have lowered blood cell counts. The study also indicated that the lower dose of ddi was better tolerated.

A comparison between AZT and ddi for people who had previously taken AZT for eight weeks or less noted no significant differences between the drugs, and patients with no previous use of AZT or ddi did better on AZT.

Source: *AIDS Weekly* January 1993

Discrimination

THE NATIONAL ANTI-DISCRIMINATION Campaign, which looked like it was being canned late last year, was finally launched on January 10 by Peter Baldwin, the Minister for Higher Education and Employment Services. Sydney HIV/AIDS activist Tony Carden also spoke at the launch, representing the fourteen HIV positive people who were in the campaign. The campaign, which consists of print and television advertisements featuring HIV positive people with their friends, families and workmates,

aims to show that people with HIV or AIDS are just people, like anyone else, and should not be discriminated against. It also aims to show that HIV cannot be contracted through social contact.

The campaign, which ran for two weeks instead of four, as originally planned, drew some predictable flak from homophobes in the general community but did not attract the community outrage that the government seems to have feared. Some HIV community activists have privately expressed anger that the campaign was launched in a non-ratings period. Originally, it was intended to run in October, when many more people would have been likely to see it.

All the people who participated in this campaign are to be applauded for their considerable courage in appearing in the campaign and their dedication to its aims. It is believed to be a world first.

From March 1 new legislation will back up the sentiments of the media campaign: discrimination against people who are believed or known to be HIV positive or have AIDS will be illegal under the federal Disability Discrimination Act. If you feel you have been discriminated against because you have HIV or AIDS you can take your case to the Human Rights and Equal Opportunity Commission (HREOC), which will administer the Act. HREOC will investigate your complaint and attempt to resolve it through a process of conciliation. If you have any inquiries about the Act, contact HREOC on 229 7600 or Annella at PLWHA on 361 6011.

— *Jill Sergeant*

Co-payment for AZT, ddi

THE FEDERAL GOVERNMENT HAS decided that outpatients who are using drugs listed on the Highly

Specialised and Expensive Drugs scheme should be paying a "co-payment" when they fill prescriptions for these drugs.

The two outpatient HIV drugs on the HSED at the moment are ddi and AZT. Previously, AZT and ddi scripts have been filled for free. When ddC gets placed on HSED, which will be pretty soon, the same fee will apply.

The co-payment is being imposed because there is a change in the way these drugs are being funded. AZT and ddi used to be paid for through a special Medicare agreement between state and federal governments. These two drugs are now being paid for through the HSED scheme, and the federal government thinks that this warrants a small payment on the part of the patient.

The co-payment will count towards the Pharmaceutical Benefits Safety Net. Briefly, it works like this:

Concession card holders pay \$2.60 per PBS prescription until a total of \$135.20 is reached within a calendar year. Then all further prescriptions in that calendar year are filled for free.

Non-concession card holders pay \$13.00 per prescription until a total of \$312.30 is reached within a calendar year. The next 20 prescriptions are filled for \$2.60, then all remaining prescriptions in that calendar year are filled for free.

The new co-payment generally means that concession card holders will reach their safety card limit faster. Non-concession card holders will probably end up paying more money.

Drug Evaluation

THE POST OF DIRECTOR OF DRUG Evaluation at the Therapeutic Goods Administration, long vacant, has finally been filled. Malcolm Wright was trained in

pharmacology in England, where he had a few teaching positions. Right before taking up the TGA post he was working at Princess Alexandra Hospital in Brisbane.

While not the most senior position within the TGA, the Director of Drug Evaluation is the one that usually takes the heat from activists when the TGA is accused of obstructing drug approvals. It is a notoriously difficult position to fill, and requires not just an excellent pharmacologist with clinical knowledge, but also someone with enough media savvy to handle the inevitable moments when a microphone is shoved in his/her face. Malcolm Wright is a stranger to drug regulation in Australia, and it remains to be seen if he's an ally.

Acyclovir: sort of available

WELLCOME AUSTRALIA HAS AGREED to make high-dose acyclovir available under the Special Access Scheme—at a price. Wellcome will pay two-thirds of the wholesale price, leaving the remaining third to be picked up by someone else.

Although this can be the patient, the prescribing doctor, or the prescribing hospital, in practice only the hospital has the budget to do this. One-third of the cost still amounts to \$2880. So if you want high-dose acyclovir, get your hospital-based doctor (or get your GP to refer you to a hospital-based doctor) to apply for it.

While this is not the preferred solution, it's workable if the hospitals are willing to co-operate. Wellcome has made a sound business proposal, reasonable enough to be met. If anyone has tried to get acyclovir through this new scheme and *cannot*, I need to know. Call me on 206 2015.

- *Treatments news from Lyle Chan*

Deafwize

DEAFWIZE IS A UNIQUE COMIC about HIV/AIDS for young Deaf people. Jointly produced by Streetwize and ACON, all characters in the comic are deaf and use Australian Sign Language (Auslan) to communicate.

Deafwize covers issues of sexuality, HIV transmission, being HIV positive and support for friends who have HIV. There is also a contact list.



Treatments conference

ON MARCH 20 AN ACTIVIST'S conference on treatments, 'Mapping Our Enemy', aims to bring together a wide range of people concerned about HIV/AIDS to discuss issues around treatments. The one day conference, organised by ACT UP (Vic) and the Victorian AIDS Council/ Gay Men's Health Centre will be held in Melbourne.

The conference is specifically designed to highlight the weaknesses in the current system of treatments development, funding and access and explore how activism and community lobbying could play a greater role in making this system more effective. Organisers hope to develop a greater community awareness, establish new networks to work on the issues and set priorities for community workers and activists.

Topics for discussion will include HIV/AIDS treatments, complementary therapies, the role of different organisations in the

AIDS crisis, women's treatment issues and the Baume report.

Enquiries: Act Up Michael Connors (03) 743 9211 (wk) VAC/ GMHC Geoffry Harrison (03) 419 5670.

National Coalition News

THE NATIONAL PEOPLE LIVING With AIDS Coalition (NPLWAC) is the national body representing people with HIV and AIDS. It consists of representatives from each state and territory.

Recently, a concerted effort has begun to improve the visibility and performance of NPLWAC. Following the resignation of Charles Roberts, a 'gang of four' was appointed to oversee the development of a new constitution and to attempt to secure government funding from the beginning of the next national AIDS strategy (due to commence in the second half of 1993). The gang of four is Ross Duffin (NSW), Bill Whittaker (NSW), David Menadue (Vic) and Mark Reid (WA).

The main tasks that the gang of four have taken on include developing a new constitution, trying to secure national funding, giving NPLWAC a profile in the media, responding to discrimination and treatments issues as they arise and ensuring good communication between NPLWAC and state groups.

Because of the large range of national issues affecting people with HIV and AIDS this group considers that an effective organisation which can be the voice of people with HIV/AIDS is essential.

The Annual General Meeting of NPLWAC in March will consider the revised constitution.

— *Ross Duffin*

Talkabout

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DEADLINE FOR THE NEXT ISSUE

February 19

Send contributions to PO Box 1359 Darlinghurst, NSW, 2010. Call Jill for the date and time of the next Newsletter Working Group meeting.

How to Contact People Living With HIV/AIDS Inc (NSW)

PLWHA Co-ordinator
Annella Wheatley, 361 6023
Talkabout Co-ordinator
Jill Sergeant, 361 6750

Suite 5, Level 1, 94 Oxford St.
Darlinghurst
Postal Address: PO Box 1359
Darlinghurst, NSW 2010
Answering machine:
(02) 361 6011
Fax: (02) 206 2069

Country HIV/AIDS

THE NEW SOUTH WALES DEPARTMENT of Health has appointed an HIV/AIDS project consultant, Peter Swan, to undertake an assessment of existing volunteer support organisations in the Central Western Region (Lithgow, Bathurst, Orange, Parkes, Forbes, Condobolin, Lake Cargelligo).

This is part of the region's plan to offer a full range of services to PLWHAs in the Central West. The region hopes to develop a workable model of rural volunteer networks specifically to provide access to services and support organisations for PLWHAs.

It is essential to the success of the project that Peter speak to PLWHAs (and carers) in the central west to determine their immediate needs and ideas in relation to volunteer support.

Peter is available until April for confidential and anonymous discussion with PLWHAs or their carers from the Central West and may be contacted at the regional office of the Department of Health on (063)32 8500 or through the PLWHA office in Sydney.

Autopsy scandal continues

THE LACK OF AIDS AUTOPSIES being performed in NSW hospitals continues to be an issue of major concern for all PLWHAs.

The huge benefits of AIDS autopsy (and indeed any autopsy) are well documented throughout the world. The only way some vital research can be carried out is through this procedure. However autopsies are rarely carried out on people who have died of AIDS in Sydney.

An article by Anne Connolly in the *Weekend Australian* (January 2) reported statements made by

Dr. Vince Munro and Dr. Denise Robinson of St. Vincent's Hospital which indicate their reluctance to do AIDS autopsies.

Dr. Robinson, Director of Medical Services, believes that an autopsy can "bring remote benefit, perhaps, for someone in the future." Dr. Munro, Director of Anatomical Pathology, states "It's an interesting accumulation of information is about the best you can say about it." They also expressed a concern that such autopsies may pose a risk to staff. However, to date there has been no documented case of sero-conversion in the medical setting in Australia, although operations on live people with AIDS are carried out frequently at St Vincents.

These statements made by Drs. Munroe and Robinson are an alarming reflection of their irresponsible attitude to a procedure for which they are both directly responsible.

Dr. Munroe also told the *Weekend Australian* that "St Vincents' facilities needed to be equal to that of the Institute of Forensic Medicine". But Fairfield Hospital in Victoria has been carrying out AIDS autopsies for some time now and their equipment is equal to that of St Vincents. Connolly also reported that the gay community has offered to raise money for upgrading facilities if necessary.

Are you sick to death of being discriminated against, even when you're dead? Tell Mr. James Dominguez, Chairman of Board Directors, St. Vincents Hospital Victoria Street, Darlinghurst 2010.

Autopsy discrimination in general is being addressed by the committee which is implementing the NSW Anti Discrimination Board's report into HIV related discrimination. Look out for an update on this issue in the next edition of *Talkabout*.

— Tony Carden

Committee News



THE LAST TWO MONTHS HAVE BEEN a very busy time for the committee, despite the interruptions caused by the Annual Giant Summer Clearance Sale and by moving our office in early December.

Thanks to the kind donations of BGF, St Vincent de Paul Society, ACON, the Quilt Project and others the office no longer looks so bare. It's a vast improvement on our previous space and we'd encourage you to drop in any time to admire our growing collection of fabulous '60s vinyl furniture and make use of our services (or even to offer your services...).

During the National Conference on AIDS in late November, we held a forum/workshop for people with HIV from areas outside Sydney to discuss their particular needs and issues, and how PLWHA could address these. The forum was well attended and well received, but it's clear there's a lot of work to be done in overcoming isolation and getting information on services out to non-metropolitan areas. We also met with the regional HIV/AIDS co-ordinators in early December to discuss these issues. As a first

step, we'll be updating and expanding our database on services across the state—we'd particularly appreciate comments and feedback on local services from anyone living outside Sydney.

PLWHA and ACON are jointly convening a working party on housing issues for people with HIV. The group first met on January 7 and comprises representatives from ACON, BGF, Central, Eastern and South Western Sydney Area Health services and PLWHA staff and members. We're planning a campaign to raise community awareness of and involvement in all areas of housing for people with HIV. We'll be looking at a wide range of options, from Housing Department accommodation to community housing projects, with a series of public meetings planned within three months to get some action on these. Stay tuned.

We're currently taking part in a review of a series of booklets on nutrition and HIV to be published by the Commonwealth Department of Health. Thanks to all those members who gave their time and attention to reading through the

draft documents.

Thanks are especially due to Wayne Holt and Gerald Lawrence, who have resigned from the committee due to the pressure of other commitments. Both joined the committee at a time when we were in dire need of more people and their support has been crucial in keeping the committee going. In particular, Wayne's enthusiasm and energy as co-convenor has been largely responsible for PLWHA obtaining new premises, new funding and new energy.

Andrew Morgan joined the committee on January 12. He brings to PLWHA a wide range of experience in HIV/AIDS, including a previous stint on the committee, along with an extensive and eclectic wardrobe.

That leaves two positions vacant on the committee, so if you're looking for fun and stimulation on a Tuesday night, this could be your ideal opportunity. Meetings are open to all members and are held on the first and third Tuesdays of every month at our office, starting at 6.30 p.m. See you there?

Alan Brotherton, (Co) Convenor

A N T I B O D Y

A POSITIVE SPACE PARTY FOR POSITIVE PEOPLE AND THEIR FRIENDS

SUNDAY 7 FEBRUARY 6PM - 12AM MIDNIGHT SHIFT

DJ **DAVID-MICHAEL YOUNG** LIGHTING **BILL JENSEN**

MC **ROSE LEAF** SHOWS **THE TRANSISTERS**

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HIV
living

Wills

Planning ahead

TWO YEARS AGO I WAS participating in an information night organised by the HIV Support Project at ACON. I had been invited, with two other lawyers, to present a session on legal issues relating to HIV/AIDS.

We had selected some issues which we thought were relevant and interesting, and divided them up between us. One of us spoke about discrimination; the other lawyer spoke about complaints mechanisms for medical treatment.

I was given what I considered the easy task: at the end of the night I was to give a quick run-down on wills and powers of attorney and 'living wills'. "That should only take about ten minutes", I thought. "Everyone knows that stuff. It's simple and uncontroversial, and there shouldn't be too many questions".

Thirty or forty people attended that night, most of them HIV positive. For some reason they sat quietly through what we, as lawyers, thought were the interesting and controversial sessions on discrimination and complaints. "A very quiet bunch tonight," we said to each other during the coffee break.

However, to our astonishment the group came to life when we started talking about wills. The questions came thick and fast. People also had lots of questions about powers of attorney and seemed fascinated with the concept of living wills. I conducted a straw poll of the attendees and was



shocked to discover that only four or five of them actually had wills. Even fewer had powers of attorney, or understood the particular relevance of a power of attorney for a person with HIV.

In my role as solicitor with the AFAO Legal Project, I also have the regular experience of hearing about people who had died without making a will, some of them with quite substantial estates. In some cases the results of this were disastrous, with long-term partners being left without any rights, sometimes being evicted and disowned by the long-lost natural family of the deceased partner. Almost as bad as that is the experience of being summoned to a hospital to try to make a will for someone who has left it until the 'last minute'.

These experiences have led to the writing and publication of a series of pamphlets, *Planning Ahead* for people with HIV and

AIDS, which will be available in February. There are three pamphlets in the series, dealing with wills, powers of attorney and the legal aspects of treatment decisions. The aim is to demystify these areas, and to encourage people with HIV to take control by organising their legal affairs while they are in good health.

Each pamphlet contains a form, which may be used, in appropriate circumstances, to make your own will, power of attorney, or advance directive in relation to treatment decisions. In many cases legal assistance will be necessary, but people should not be frightened by this prospect. Unlike some other legal services, wills and powers of attorney are quick and relatively cheap. For those who cannot afford it, free assistance is available in most cases.

The pamphlets have been written by members of the ACON Legal Working Group following extensive consultation with people with HIV/AIDS about the issues.

They deal only with the law in New South Wales — versions appropriate for other states and territories will be produced in due course. They have been funded by the Commonwealth Department of Health Housing and Community Services. The pamphlets are free, and will be distributed through major HIV/AIDS service providers.

Michael Alexander
Solicitor, AFAO Legal Project

Talkback



Thanks

I WOULD JUST LIKE TO THANK ALL the Positive people who attended both the Positive Living Conference and the fifth National Conference in Sydney in Sydney in November for all their support, understanding and the hugs I received while I was there.

Just to say an 'extra big' thank you to those who stayed at the Lodge Studios — both positive and negative — for the laughs and enjoyable nights on the town and everyone's ability to carry on those few days, regardless of hangovers, no sleep etc. Thanks also to all the women. Hope to see you all at the next conference, until then, party safe and keep smiling.

Chrissy, Qld.

Doing something

SIT DOWN, TAKE FIVE AND THINK . . .

Some rather nasty developments seem to have afflicted our movement as of late. It appears that some 'leading' members of our community have developed some rather strange notions as to the relationship between positive and negative persons.

Segregation between positives and negatives is politically stupid, socially divisive, strategically suicidal and worst of all psychologically very limiting. I strongly object to being confined to a definition of mobile HIV container. There are quite a few aspects that I find more characteristic of me than my HIV status. So please don't limit me with your idiotic labels.

Secondly, I hate to say this but I have met through the years some

rather revolting positive people. I don't know where that notion originated that positive people are all nice human beings simply because they have the virus. So far there is no evidence that supports a theory that HIV improves someone's likeability or IQ. So could those people advancing segregation along positive/negative lines please remove themselves from office and leave town.

A further issue that needs some corrective surgery is that of activism or more to the point the recruitment of new people to the movement. It seems that at every meeting and conference there is always at least one activist demanding that we "do something", usually connected with a threat that if we don't something horrible will happen to us, like no hospital beds or no medication.

How long it will take before said activists realise that said tactics don't work? To just scream at people to do something is rather likely to inhibit and discourage the target group even further. Besides, it's rather impolite to scream at people, even with the best of intentions. The same is true for the method of threatening people into participation with horror stories.

ACT UP's aggressive urging to 'Do Something' is hopefully only testimony to their desperation rather than lack of psychological insight.

What happened to freedom and taking control? Weren't those the ideals we once promoted? Doesn't that imply the freedom to do the

wrong thing? The freedom to do nothing? The freedom to believe the politicians and stay at home? Don't get me wrong, I think activism is necessary and good. The results speak for itself. But I take great exception to some of the practices currently employed by certain individuals in order to manipulate others into line.

History is full of examples where the outside threat has been used to 'streamline' the inside into the party line.

I personally have as much admiration for a carer (pos. or neg.) who gives their time and effort to support a PLWHA as for some activist chaining themselves naked to the minister's desk. It takes all kinds. Some more respect for personal choices and decisions would not go astray. I'm rather inclined to believe that most people do what they can. It may prove more successful to support people into greater community involvement than to threaten them. To use an old cliché: you catch more flies with honey than with vinegar.

Having put enough noses out of joint, suffice it to say that you are as free to disagree with me as I'm entitled to my opinion.

Matt Bradshaw

Prison voice

I AM WRITING THIS LETTER REGARDING your magazine wanting to find out about discrimination in NSW prisons.

You probably wonder how I got this information. One of our male STD nurses told me a bit about it and told me that this really nice person from *Talkabout* magazine was looking for

someone to interview about discrimination in prisons. So I thought I would write to you because it's a very important matter and it would be helping guys like me and god knows how many other blokes who would really like for us to get something done about it.

I think that people (eg. prison officers) who are homophobic should not be working in a men's or women's prison. As many as 50% of men in prison are bisexual and most of them are guys who you wouldn't even think would be like that. There is a lot of sexual activity in prison. I would greatly like to see the possibility of getting needle exchanges and condoms to those who are HIV+, or give them to the whole prison systems.

I now have a boyfriend in here, we are in a cell together, he knows that I'm positive. he's one of the biggest men in prison. you wouldn't even think that he would get into a male to male relationship. he's doing life, he's already done eight years. I'm the first bloke he has ever been with. He's expecting to get about 14 years so hopefully he'll get out in five years. I'm going to stick by him like he asked me to. I'm in love with him so much. He's such a real nice guy. He's an ex-biker, was in a bike group for years and he's got tats all over him. He also has plans for the both of us when he gets out. I can't wait.

You know what, I really get pissed off that we can't even have a fuck or make love because they won't give us condoms. It really hurts because we both want to have each other so bad and we can't do anything. Sure we tried all the safe sex routines but it's not the same. Sometimes I feel embarrassed that we can't do anything. It makes me feel sort of guilty.

Anyway I hope I'm not boring you too much but I wasn't sure what to tell you or should I say

that I'm a bit shy. By the way I'm sorry about my writing I'm a bit stoned. I just had a smoke, it relaxed me.

I've always thought of writing a book when I get out but I wouldn't know where to start. I don't even know what I'll do yet, I just want to go home.

Ah well, I'm getting stuck for words so I'll finish up. I hope that I will hear from you very soon or meet soon. I hope I can be a help, I would love to see something done about it because there are too many homophobic people working in this job.

A prisoner in a maximum security prison. Name withheld by request.

Uganda outreach

Let me take this opportunity to thank you for sending your magazines to us. Your coverage of the Uganda trip was excellent. [*Talkabout*, October 1992].

This project [the regional AIDS Control Program, Fort Portal, Uganda] would be interested to find out the possibility of setting up a functional relationship between our PLWHAs here and PLWHAs in Australia. We do believe you could use your good offices to advise on this matter.

We are sending you a copy of a video tape covering our AIDS Control program. It could be circulated to any of the group that would like to interact with us.

*Dr. Walter Kipp, GTZ consultant
Dr. Paul Kabwa, AIDS Co-ordinator.*

If you would like to help set up some relationship with PLWHAs in Uganda, or would like to see the video, call Jill on 361 6750.

Nairobi news

LOTS OF GREETINGS FROM THE Association for People With AIDS in Kenya (TAPWAK). Things are happening especially fast for TAPWAK. We have secured registration, offices and funds from

Oxfam. We have done our elections and we are now having skeleton staff to assist us launch TAPWAK on World AIDS Day (1992). Our dream has come true.

We received those beautiful photographs, I came out smiling, reflecting positive living with AIDS. I shall appreciate if you publish sections of this letter in *Talkabout*.

In a recent development, Mr. Joe Muriuki of Know AIDS Society (KAS) has called leaders of political parties in Kenya to a press luncheon to explain to Kenyans their policies on HIV and AIDS on World AIDS Day. [*Kenya's first multi-party elections were held late last year — ed.*].

*Rowlands G. Lenya
Program co-ordinator, TAPWAK*

Love's touch

JUST A NOTE TO SAY THANKYOU TO Jill and other PLWA members who put their time and energy into producing such an informative and entertaining magazine. Thank you for your support and understanding.

Enclosed is a short poem I wrote about not wanting help and handouts, only love and understanding.

Getting by

*Don't throw sympathy my way
Nor falseness of compliments
Abandon your counsellor-like jargon
Full of patronise and pretence.*

*No waiter is wanted
Slave, errand boy or nurse
No minuscule band-aid handouts
When there's emptiness in my purse.*

*I only want your love's touch
To help me through each day*

*Tenderness and understanding
Help to hold death's hand at
bay.*

Shane Wells.

For Wayne

*Dignity of death lies deep in my
heart
It's my only chance to say
goodbye my friend
For we have lived our lives in
separate ways
Together we have shared many
days.*

*The pain and suffering is never
simple
Do as you will, you have my love
and respect
I cherish bold and bitchy
memories of which we've shared
I too have felt your pain which
lingered in my mind.*

*But as your spirit lies above me
I'll carry out our wishes together
in time
I live for the day we'll be
together
But our work is not finished
You gave up life so others would
listen
you've been a very brave boy
And your death was very
unselfish.*

*Your death has saved thousands
of lives
because my friend your calls for
help
With positive youth have been
heard.
You'll always be a hero to me.*

Glen.

We welcome your letters.
Send them to:
Talkabout, PO Box 1359
Darlinghurst, NSW, 2010

In memory

I HAVE SENT THIS POEM TO YOU AND I would greatly appreciate it if you could print it in your publication. It was written by myself in memory of a friend who I will never forget and who died with Aids. My only hope is that it will make some people stop and think about the manner in which they treat people who are HIV positive.



The darker side of life

*Look at all you people out there living your life so free,
Look at me sitting here wondering what will be,
What will be the outcome, do you see me sitting here?
Is it me or a disease you are ignorant of, that you really fear?*

*Is it so hard to treat me normally or do I scare you so much?
All I really want is your love and your tender touch.
Touch me, show me that you care & I'll show you I don't bite.
Be game come closer look at me, I'm not that ugly a sight.*

*I may be ill and dying of aids, but you can't catch it by talking,
All you pigheaded people you think you will never be affected by
aids, well you just keep on walking,
You think you will never be affected! Well that's what I thought
before,
And now look at me I have death knocking at my door.*

Leanne

*The church says:
'AIDS is god's punishment';
and I thought the church was*

*bureaucrats say:
'AIDS is a horrible epidemic';
and I think so are they*

*doctors say:
'AIDS is an interesting problem';
exactly what I think about them*

*I say
'An AZT a day keeps the virus at bay';
too bad it doesn't do anything about priests, bureaucrats or doctors.*

Matt Bradshaw

Brett Collings

Brett Collings died from AIDS on January 2, 1993, the day after watching fireworks to herald in the New Year. Claude Fabian pays tribute to Collings' AIDS activism. This transcript of his speech at Brett's funeral was edited for Talkabout by Jackie Wurm.

WHEN BRETT WAS BUSILY ORGANISING things for Mardi Gras, I was one of the many who just went to the parties and enjoyed the Parade, leaving the hard work to people like Brett, Brian Hobday, Peter Tully and others. Many who are no longer with us.

Brett and I had two things in common that formed the basis of our friendship: our HIV status and a desire to change the world we live in. To change it into a world where discrimination towards HIV positive individuals does not exist, a world in which services for HIV/AIDS are accessible and adequate, where treatments are available and affordable.

With Brett this desire to change the world can be best described as a passion. An integral part of his life, something he lived and breathed till the very last days of his life.

I met Brett at ACT UP meetings a couple of years ago. After a couple of let's-get-together-after-the-meeting-to-talk-about-the-meeting chats, we found we had other things in common, among them the fact that we were both Eastern Suburbs faggots.

Brett spent a considerable amount of time as one of the volunteers who kept the ACT UP office running. He answered the phone, passed on messages, sorted the mail, kept the files in order,



Brett Collings (right), with Richard Johnson in 1985.

PHOTO: LORRIE GRAHAM, © JOHN FAIRFAX & SONS LTD.

handled the media and dozens of other tasks that are so necessary in any organisation.

It is unfortunate that Brett did not always receive the kind of recognition that he deserved for the valuable contribution he made. This, however, was not the reason Brett was involved in ACT UP. But rather, he believed in the principles upon which ACT UP came into existence. He understood the importance of having an activist group like ACT UP in Sydney.

Brett also enjoyed organising fundraising events. One which I had the opportunity of working with him on was the first, and arguably the most successful, Queer Party.

I visited Brett on the Tuesday before his death. Even while he was living with a considerable amount of pain and discomfort, one of the subjects we talked about was another fundraiser he was planning for later on this year.

That same day we went on what

I thought was just a visit to The Good Groove, we organised a wheelchair and oxygen tank and set off on what turned out to be a good dose of retail therapy.

Whilst I had previously suspected it, this was my first opportunity to witness how this man had elevated the everyday act of shopping into an artform.

He never ceased to amaze me with the amount of information he knew about the art world. In particular, street art, the designers, the artists, the history.

Like many others, I will miss Brett in my life.

I will miss lots of things about him among them his love, his wicked sense of humour, his courage and his commitment to HIV/AIDS activism, which inspired me on more than one occasion.

I will miss the man who could unashamedly and proudly have a calling card that read "Brett Collings — Opinions offered on anything".

Positive Joy

THE LITTLE BROTHERS OF POSITIVE Joy (LBPJ) is an Order of crusading, militant, HIV+ Joyists, founded in response to the Crisis of AIDS.

Formed in the year Anno Dingo 1991, the LBPJ is one extension of the spiritual needs of those HIV positive and represent a world first: an exclusively HIV positive order of religious queerfolk.

The precedents for the formation of the Little Brothers were taken from the crusading, military orders of monks created by the (guilt-promulgating) Church of the Rock. This occurred in response to the crisis presented by the expansion of Islamic power over areas of Europe and its borders. Orders of monks were formed as crack shock-troops in these so-called crusades.

The Crisis of this disease (presently affecting those most dear to the Holy Dingo in Her land) presents those who would persecute us with an apparently plausible reason why we should diminish ourselves and not practise and celebrate our sexuality (so joyously and generously granted us by the Great Bitch Mother); and affords these bigots and fools the opportunity to continue their millennia old hatreds and angers.

The Crisis is not merely a medical one, but a social and personal one: the question of discrimination based on a primitive fear of a plague is a good example. There are many others: for instance, how we express grief in a banal and deconsecrated secular



Fra. Michael at the blessing of the first monthly Talkabout in April last year. PHOTO: JAMIE DUNBAR

world whose temples have as much spiritual relevance to us as our banking institutions have; or, how to ritualise the deaths of our loved ones in a way that affirms their lives and our own, and celebrates the joy that is life. These are properly points of question more appropriate to a religious order than to a bureaucratic agency in the opinion of the Little Brothers of Positive Joy.

We are committed to freeing

ourselves from the tedium of AIDS activism (the mountains of paperwork and endless decision making processes of modern day formalists and fascists); and we are united in Joy, believing this is best achieved through the expression of all emotional states.

We eschew the guilt-inducing, anger-focussing ways of some members of our peer group, particularly as they seek to make us feel guilty for not following their chosen path.

The Little Brothers of Positive Joy are a direct affront to all the stigmatising nonsense preached from false pulpits on one level; but more importantly the Little Brothers grant indulgence, as peers, to all the whelps of Dingo who have received a positive diagnosis (to the relevant pathological tests) to be joyous and guilt-free in our natural state.

The point of question of Stigmatic Guilt is significant to the Little Brothers. The guilt we combat is a guilt imposed by secular and religious authorities in a manner historically reserved for lepers. Leprosy is a good parallel, as most forms are communicable, but not infectious in modern medical parlance.

We see guilt-imposition as injurious to those directly most affected by the Crisis, simply on the basis of a medical condition (which if contemplated, while horrid in itself, is a natural state of being).

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Reviews



Drug running for AIDS

Acceptable Risks, by Jonathan Kwitny. Poseidon Press (imprint of Simon and Shuster), New York, 1992. Reviewed by Lyle Chan. A shorter version of this article first appeared in *Capital Q*.

FOUR HUNDRED PEOPLE IN Australia bought an illegal version of the AIDS drug ddC, back when illegal means were the only way to get access to the drug. All these people should now buy this book and read about the two men who risked felony charges to make it possible.

Acceptable Risks is a double biography. Martin Delaney and Jim Corti ran into each other while independently running AIDS drugs through the Mexico-California border. It was the desperate year of 1984. HIV had been discovered only months ago, and no drugs existed to treat AIDS.

A few people, Delaney and Corti among them, went against the received wisdom that there was nothing to be done, and decided there was nothing to lose in trying unproven drugs. After all, here apparently was a disease with one hundred percent fatality. No matter what risks lay in experimental drugs, you couldn't make the odds any worse.

Someone somewhere thought that the drugs ribavirin and isoprinosine—available in Mexico but not the USA because of the latter's unreasonable drug regulatory system—could alleviate AIDS symptoms. Word got out. Californians with body

and soul sufficiently together drove across the border to buy these drugs. Those who were too weak or who lived too far from California to make the trip depended on people like Corti and Delaney to do it for them.

Delaney and Corti quickly learned that small-time smuggling of adventitious drugs wasn't the solution. A completely reworked system for creating, testing and marketing drugs was needed.

Delaney became the high-profile lobbyist working to change drug development. Corti became a crack smuggler of ever more sophisticated drugs that were needed because people had no time to wait for the system to be fixed. Together they conducted unauthorised 'guerilla' trials of the drug Compound Q because the official system couldn't move fast enough.

In 1991 Corti started manufacturing the drug ddC because it was obvious there was no other way to get it. I met Corti when a mutual friend put us in touch so I could import ddC into Australia.

Kwitny makes a point of showing how personal circumstances transformed two ordinary men into now-legendary AIDS activists. Both watched their lovers fall very ill; one watched his lover die during the Reagan administration that ho-hummed while America slowly came undone. The story of eight years of illicit activity and behind-the-scenes power-broking would make a terrific *roman à clef* were it not all sickeningly true.

Eventually, they won.

Although, as Kwitny poignantly points out, "not completely, because—except in ball games and comic books—nobody does." But they made enough of a difference that lives were extended and the momentum gathered to irreversibly change the course of the disease. I suppose the moral of this story is, you don't mess with people who have nothing to lose.

Books like this should be training manuals for AIDS activists. They show us how the west was won, and where the frontier is now. If our enemies are smart, they'd read these books too. My friend Bruce Brown said that treatments activism is *by necessity* getting more sophisticated.

Techniques which worked two years ago don't work today. Our targets have grown wise to garden-variety chant-and-placard activism, and seem to easily shrug off once-shocking invectives like 'murderer'. Their PR departments are armed. The future of treatments activism depends on our figuring out what no longer works.

Splendid shadows

Shadows on the Dance Floor by Gary Dunne, Blackwattle Press, \$11.95. Reviewed by Paul van Reyk.

THIS IS A SPLENDID BOOK. DUNNE has taken his experiences of the lives of his HIV positive friends and acquaintances and created a loving cameo of the response of gay men and their community in Australia to HIV/AIDS.

Lest that sound pretentious, let



"I'm lucky in that I work in a university which is a very tolerant environment. I teach trainee teachers, and I have often included HIV education as part of my course.

"I don't quite fit their picture of someone who's HIV positive."

It's interesting to see what happens to their faces when I tell them I am HIV positive. Because they see me as a Lecturer, and not as someone who fits their picture of a person with HIV.

With the staff, I don't go around shouting my status from the rooftops, but I don't hide it either. In the staffroom, we all have our own cups, and mine says "You can't get AIDS by drinking from this cup".

People can take that any way they like. If they ask me about it, I tell them."

ROBERT, 51

**HIV doesn't discriminate
...people do.**

For information on HIV/AIDS call:

008 01 11 44

Or for the hearing impaired
TTY 02 332 4268

ANCA
AUSTRALIAN NATIONAL
COUNCIL ON AIDS

me say this is not a dry or maudlin chronicle of who did what when. It is a very funny and very sad telling of the last year in the life of the irrepressible Mr Pointy Head.

Dunne denies that it is a biography of his relationship with his friend Greg Ryan, to whom it is dedicated, but claims for it an honest emotional core. Perhaps that's why when I read it I felt it was very close to a real story. Not just their story but that of my friends who are living with or have died from AIDS.

It has the style that we have come to expect from Dunne: pacy, littered with one-liners, and full of acutely observed vignettes of inner-city gay life and gay men and lesbians (Dunne is staunchly coalitionist).

He's something of an antipodean Maupin, but with a core of larrikinism that rescues what he writes from West Coast schlock. It's a style that works

superbly in dealing with HIV/AIDS, using humour not as a defence against loss, anger and grief, but to underline them.

He takes enormous risks and pulls them off. I mean, not many people could make you laugh at the thought of someone's ashes being flung in the air on the dance floor at Mardi Gras, to sexily streak a hunky body and then to be casually washed off in a toilet.

Dunne wanted to write a book celebrating 'a unique generation of gay men' who 'came of age at the dawn of gay liberation and were its prettiest stars' and who regret nothing — not shoplifting, not chemicals, and definitely not fucking. The book is the kind of testament of which we who are of that generation can be proud.

LBPJ

Continued from page 12

The socially and spiritually isolating effects of stigmatising severely unwell individuals shows our morally bankrupt society in its true light; this Crisis also presents us with a great challenge in countering its ill-effects — physically, sexually and spiritually.

The Little Brothers of Positive Joy believe that we can best confront the Crisis by proclaiming ourselves habitually and openly in the marketplace, in a guilt-free and joyous manner, and ask the assistance of the Great Bitch Mother to let our actions reflect as best as circumstances allow a sense of Positive Joy, as a part of the Universal Joy of the evolving New World Order.

Contact: Fra Michael (LBPJ)
Bibliotheca Candida PO Box 838
Darlinghurst 2010.

Talkabout February 1993 15

It's that frantically fabulous,
exuberantly erotic, lusciously lesbian and
glamorously gay time of year again

Happy Mardi Gras!

AS *TALKABOUT* HITS THE STREETS the Mardi Gras Festival gets into swing with more plays, films, exhibitions and special events than you can count — and every year there seem to be more.

Theatre fans may as well camp on the steps of the Belvoir Street Theatre all month for their special Mardi Gras season of plays. The season kicks off with Michael Kearns, who presented the popular *Intimacies* at the '92 Mardi Gras Festival. Michael has returned with *More Intimacies*, a one person show in which he portrays the lives and loves of six different people with AIDS. He is also presenting *Rock*, a one man show about Rock Hudson.

Teen Sex Scandal, performed by the Unley Youth Theatre, is a play about youth, sexuality, discrimination and AIDS.

Downstairs at the Belvoir you can catch US performance artist Tim Miller presenting the AIDS/ACT UP/Queer debate in *My Queer Body*.

Opera lovers will want to attend the *Stars of the Australian Opera*,

an AIDS benefit concert on February 14. Some of the stars are Heather Begg, Kenneth Collins, Roxane Hislop and Malcolm Donnelly. Money raised goes to the AIDS Trust of Australia. To book, call 319 1088 or 250 7777.

On Sunday February 14 you can get on the saddle for AIDS charities at the *Red Ribbon Bike Ride*. The ride goes from Kippax Lake, Moore Park, at 9am to Botany Bay. Call 0055 21 066 for more details.

On Saturday the 20th, you can indulge in some retail therapy along Oxford Street at the Bobby Goldsmith Foundation's *Shop Yourself Stupid*. Many Oxford Street businesses will donate a percentage of their takings to BGF. You also have a chance to win \$5,000 of Qantas airline travel if you make a purchase of over \$10 from any participating business. After shopping yourself stupid you can *Bop Yourself Barmy* at the Cell Block Theatre at East Sydney Technical College. BGF promises some very special surprise entertainment at this

event.

Both ACON and the AIDS Memorial Quilt will be having open days on February 13. This is an opportunity to check out their new premises, as both the Quilt and some ACON projects have moved in the past few months.

ACT UP are holding a special meeting for visitors to Sydney during Mardi Gras. The meeting is on February 23. Call 281 0362 for details.

On the night, those with HIV or AIDS who don't feel up to the scramble for a good spot on Oxford Street can reserve a seat in the HIV viewing room. This year it's at the Courthouse Hotel. Call Nora Savona at Mardi Gras for details on 332 4088.

Once you're at the dance, you might occasionally need a break from all the excitement. PLWHA are staffing two HIV retreat rooms. A quiet room will be in the operations centre at the Ford Pavilion. Another room is upstairs in the Royal Hall of Industries (no wheelchair access). Soft drinks will be available in these rooms.

IN 1991, PEOPLE WITH HIV AND AIDS led the parade calling for more action on treatments. This was the result of lobbying by ATAC, the AIDS Treatment Action Coalition. ATAC was formed in late 1990 by ACT UP, PLWA and ACON specifically to put pressure on the government to change the drug approval system, which was extremely slow compared to elsewhere in the world.

Marchers in the parade carried giant fluorescent pills and the very front row carried a banner which said "AIDS Treatments Now".

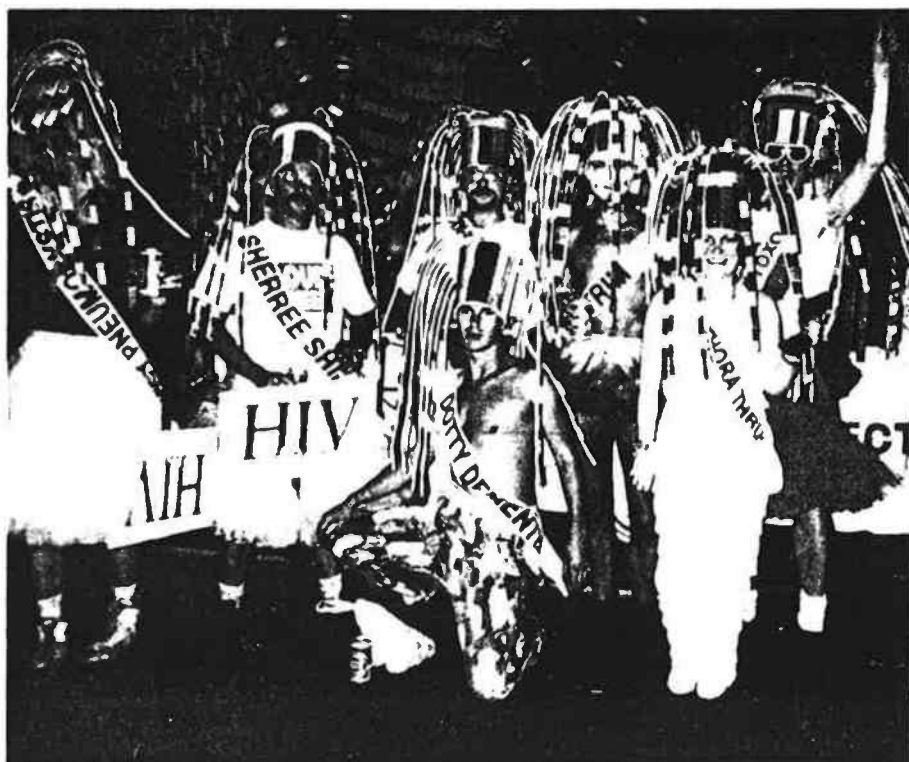
As a result of ATAC's public pressure the Health minister called for an inquiry into the TGA — the Baume Report. The Inquiry was concluded in July and the minister announced that all of its recommendations would be implemented.

Pictured in their ATACT-shirts are Terry Giblett (seated), his sister Deborah and friend Paul. It was to be Terry's last Mardi Gras.



PHOTO: JAMIE DUNBAR

Faces of Mardi Gras



IN 1992, PLWHAS CELEBRATED instead of protesting. Staff and volunteers with ACON's HIV Support Project made a huge skeleton puppet in fluoro colours called "Miss HIV Living" to promote the idea that living with HIV does not have to be bleak and depressing.

The skeleton (which supports our bodies) represents support. It was also chosen so that people would notice and perhaps be confronted by such a strong image, which usually has gloomy connotations, being used by HIV positive people to celebrate their lives.

The puppet was escorted by renowned HIV personalities such as Paula Pentamidine, Thora Thrush and Dotty Dementia.

PHOTO: PHOTOMEDIA

CHAPTER 16

by M s. A d a O.

The story so far: Beryl has booked make up artiste Rouge Blackhead to cover up Brad's KS, and the sinister Linda Sticklip arrives to investigate Nancy's death . . .

The No Nancy/No Pianos Dinner Party

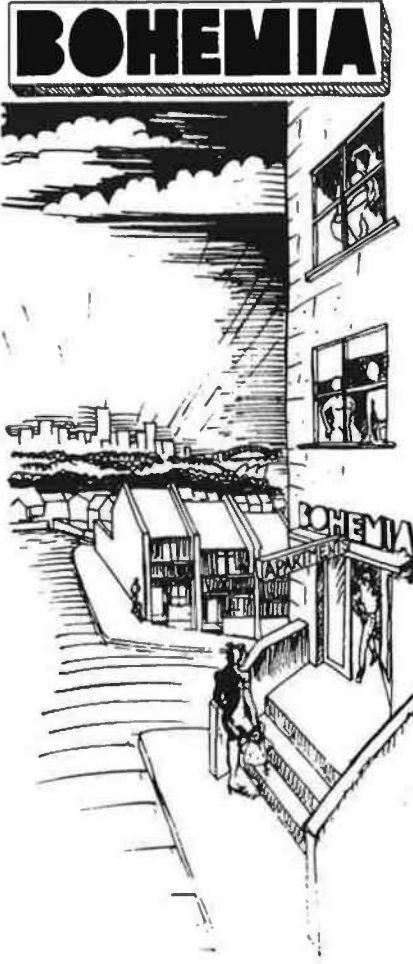
LEONARD FUSSED IN THE TINY kitchen of his flat, putting the finishing touches to an over-complicated desert which would become the finishing touch to an over-complicated meal for four. Nigel hadn't been allowed into the kitchen all day, and was talking with Robbie and Wayne at the table between courses. There was a lull in the conversation and the three of them looked idly out the apartment windows. These windows had seen so much lately, and not all of it pleasant.

Leonard entered with his flaming bombe and they all gasped in surprise, as Nigel had coaxed them to do — he had taken to protecting Leonard from the insincerity and uncaring attitudes of many of his fellow Bohemians, the residents of Bohemia Apartments. *Some of those philistines don't know the agony an artist goes through to entertain them*, thought Nigel as he looked at the bombe in the centre of the table.

Leonard was pleased with how the meal had turned out, and even more pleased that his idea of a dinner (at which no mention of the sad encounter between his childhood baby grand piano and Nancy Kelly would be tolerated) had been accepted and enjoyed.

They had drunk several bottles of wine, and were moving into the belligerent stage that follows good

Anguish
in



humoured tipsiness.

"I think it's awful . . . you know, what ACTUP has been doing lately," blustered Nigel staring aggressively at Wayne.

"What do mean?" asked Wayne, his ACTUP T-shirt inflating defiantly over his fifty inch chest.

"Well, all that attacking people working in the AIDS crisis . . . at the conference and so on . . ." Nigel was becoming animated. "It's as if now you're empowered you're allowed to say and do whatever you like without thinking who it might hurt, no matter how much sincere work they've done, no matter how many

significant friends they may have lost. Who has the right to do that?!"

"Some more bombe, Robbie?" Leonard asked, attempting to deflect the first serious contretemps of the evening.

"Thanks," he stammered. "But Nigel, you should know that HIV+ people have a lot to be angry about."

"Yes, but empowerment isn't about shouting at friends," trumpeted Nigel. "It's about ripping off the system for all it's worth, and maybe making a few sero-negative service providers feel guilty."

"Not all members of ACTUP agree with everything that's been said lately," Wayne pitched in quietly. "And it's not really fair to blame me personally."

"Some port, perhaps?" asked Leonard, deciding the best thing to do was get drunk. In the short and traumatic time he had lived amongst the Bohemians he was never completely sure where they were coming from when they got passionate about a subject; and the chances were they would forget all about it in the morning. His question unanswered, Leonard poured a round of ports.

"I go to ACTUP rallies," said Robbie, lighting a cigarette and inhaling deeply. "And I do it because it's important to be doing something about AIDS; and being informed gives you power."

Leonard had been pondering the discussion, and decided to weigh in.

"Actually, it's interesting that you mentioned 'power'," Leonard commented softly. "Because, it may be unknown to you here, internationally ACTUP Sydney lost all credibility with that 'KNOWLEDGE . EQUALS POWER' slogan."

"Yes, I worried about that," said Nigel, smiling cutely at Leonard. He could have added that he worried because at the time he had thought the slogan meant he would have to think about things. Now Nigel thought about things quite often. "But what was that about international credibility?"

"The problem," began Leonard, "seems to be that, in the opinion of contemporary philosophers in Paris and New York, the concept of power has become nothing but an empty simulacrum of itself, a great chiascuro, but instead of colour it is a whirling blackness from which no light or energy ever emerges, like a black hole which sucks everything into it and allows nothing to escape because of its density."

"Come again," demanded Wayne, suspecting that at last someone was coming to his aid.

"Well," began Leonard, "the equation, a paradigm itself fraught with difficulties, is meaningless because power doesn't exist except as a simulacrum of itself . . . everyone has been given a little parcel of power (this is called empowerment by activists) so that no one can be said to have power any more. And if you'll indulge a little sophistry, if power is nothing and nowhere and 'equals knowledge' then knowledge is nothing either."

"You mean nothing equals nothing," ventured Nigel hesitantly. His attempts at thinking about stuff had inadvertently prepared him for participating in these sort of discussions. He had never expected that his new boyfriend, Leonard, was brainy, and his pride at this new discovery caused him to glow.

"I guess you're right," said Wayne. "Empowerment has sort of dressed us up, and now we don't have anywhere to go. But at least it's given us some snappy T-shirts."

"Well, I still think that knowledge equals power is a good slogan," protested Robbie.

"But you're a little know-nothing," spat Nigel.

"Enough of this," said Leonard. "Let's go over our plans for a Bohemia Apartments' float in the Mardi Gras parade. Do you really think we can make a scale model of Bohemia Apartments to fit on the back of a truck?"

Beryl's Grand Plan

"MOTHER, I AM TRYING TO GET MY face done! I can't talk about it now!"

Beryl stood behind her son, weeping loudly as Rouge Blackhead applied the finishing touches to Brad's make up.

"There, not a sunspot to be seen," the Avon lady announced proudly as she stood back to admire her work.

"Oh Bradley! I still can't believe you could do something so embarrassing," Beryl lamented between large sobs. "In front of all those people. I just know it. I just know you're trying to shame your mother into an early grave!"

Brad pointed to a small brown mark on his cheekbone and, as if his mother didn't exist, complained that it was a sunspot.

"That's not a sunspot dearie," Rouge assured him as she chewed her gum, "that's a mole. This make up only covers sunspots. If you want me to do moles I'll have to use another product. Of course it will cost . . ." She started rummaging through her suitcase.

"That's alright, mother won't mind. Yes, get rid of it I think."

"Bradley, stop doing this to me! Listen to your mother!"

Brad swung around and scowled at Beryl. "Alright mother, just what have I done wrong?"

And for the fourth time in two days, Beryl tried to explain.

"You called a private detective in to investigate Nancy's death."

Brad shrugged. "Yes, so what?"

"But she wasn't a detective at all!"

"How about this one?" Rouge interrupted. "It's called 'Summer Fruit'."

"Sounds fabulous. Well mother, she *told* me she was a detective."

"But you met her at that clinic you go to."

"Yes, and when I told her I was convinced that someone deliberately made that piano fall on me and Nancy, and now they had successfully murdered Nancy they were sure to try to get me again and that my life was in mortal danger and she said to me 'Well friend, you certainly are in luck because I'm a detective', well of course I believed her."

"But Bradley, she was a *he*!"

"Well I didn't know that did I? It was only when Nigel recognised her because he had once *slept* with her . . ."

"Male or female, she really needs to change her colours," Rouge added, "those gorgeous cheekbones just aren't given the prominence they deserve with that Island Puce. Amway products. Waste of money if you ask me."

"And everyone laughing!" Beryl continued shaking her head in shame. "I almost fainted when I was told there was a transistor in the room."

"Transsexual, mother."

"Oh, what's a mother to do?" Beryl cried, bursting into her next round of tears.

"If you're that worried about it mother, go home."

"No Bradley," she replied defiantly after blowing her nose loudly, "I came to look after my baby boy and that's what I must do. I think I've found the solution."

A warning bell — or perhaps tintinitis — sounded in Brad's head. He pushed Rouge's hand away and turned to face Beryl.

"What have you done?" he asked, knowing he wasn't going to like the answer.



"I've booked you into a 'home'. Gwenny Houndstooth recommended it when I rang her the other day. Oh Bradley, it's for the best," Beryl added when she saw her son's face turn bright red, "it's only for a short time. Just while you recover from the past few weeks. They said you can even wear that hat of yours and they'll let me visit you every day."

Brad sprang from his chair. "No mother, *absolutely not!*"

And before another word was uttered he marched out of the room, leaving Beryl and Rouge stunned at the vehemence in his voice. Moments later he returned wearing the pillbox hat and, grabbing a tube of Raging Red lipstick from Rouge's suitcase, announced he was "going out".

"Mamma mia!" Rouge exclaimed after a moment of uneasy silence when he left. "He didn't even let me finish."

"Oh Rouge!" Beryl cried in a frustrated voice. "This is no time for French!"

Meanwhile, near the coast . . .

LINDA STICKLIP FLIPPED OPEN HER compact and applied a liberal layer of lipstick. She studied her eyes in the small mirror and smudged the greasy lines of violet and green with her forefingers. That done, she took a packet of Alpines from her shoulder bag and lighted one with an orange disposable lighter.

The room was spartan, but not uncomfortable. She was sitting on a small narrow bed facing an armchair. Above the chair hung the only picture in the room. The image confused her somewhat: it showed a circle of white clad figures standing around some hieroglyphics drawn on the ground. "Religious" she assumed and tried not to look at it.

The night before had not gone quite as she had expected. Her entrance into the party at Bohemia Apartments, and the announcement of her intention to question everyone regarding the homicide of Nancy Kelly, should

have caused a sensation; but instead it had produced a roar of laughter. Everything went a little awry. The only thing she could remember was being enclosed in a swirl of white fabric, and a sharp jab in her arm.

Linda wondered where she was. Linda wondered who she was.

A rumbling disturbed her. The noise came from outside the door and grew louder, interspersed with squeaky noises. She froze. The noises stopped outside her door. There was a clanking of keys and the door inched open. A tray slid into view. On it was a large platter covered by a metal dome. The door closed and the rumbling and squeaking echoed into the distance.

Linda looked at the tray for some time before gathering the courage to read the note attached. She crawled over to it and in the light of her orange disposable lighter read the words: "But ya are, Linda. Ya are."

TO BE CONTINUED

Gloria's Food



More macrobiotics

The Way of Hope, Michio Kushi's Anti-AIDS Program by Tom Monte. Warner books, pbk. Reviewed by Matt Bradshaw.

THE WAY OF HOPE IS AN UNCOMMON combination of genres. It doesn't restrict itself to the telling of a story. Neither does it restrain itself to merely the 'how to' concept, although it provides recipes and cooking instructions in the back. It is probably best described as an attempt to outline the possible importance of a macrobiotic lifestyle in the fight against AIDS. It does so by narrating the story of Michio Kushi's anti AIDS program in New York.

The story begins in 1983 and follows the lives of about ten gay men and their fight with AIDS by macrobiotic means. Although this does not sound like an Agatha Christie cliff-hanger, one could have done considerably worse. The style is easy to read and the story flows well. The author is given to some over generalisations and sensationalising that the story doesn't really require.

On the whole Monte manages quite well in combining factual information with an interesting story. Some factual inaccuracies need to be overlooked and on the odd occasion he tends to oversimplify. For example, referring to the promiscuous pre-AIDS gay community in New York, Monte happens to know that "penicillin

was a standard part of the diet". Having lived in that city at that time I can assure you it wasn't part of my diet and I dare say the same for my friends.

On the whole Monte deals quite well with the issue of homosexuality. He seems more concerned about promiscuity and a self abusive lifestyle than with sexual preferences.

A rather double edged sword is raised in the context of lifestyles and responsibility for the treatment of one's body. Putting the responsibility for one's health squarely on one's own doorstep, as the author does, also puts, by inference, the responsibility for illness in the same place. From there it's only a small step to revive the old 'guilty of AIDS' attitude popular with the right. In all fairness it should be pointed out that the book doesn't in any way support the latter conclusion, but it certainly supports the first. In a word, if you cherish your greasy hamburger, a good smoke, alcohol and recreational drugs, this book is not for you.

However the book is not written for the die-hard macrobiotic fanatic, but for a general audience with an interest in learning more about macrobiotics. In my case the book succeeded—it motivated me enough to partake in a macrobiotic dinner organised by one of the local health food stores.

So if you don't mind getting

your information in a slightly messianic and preachy, but entertaining style this is certainly a book to look at. If you are only interested in recipes there are other books on the market that will better meet your need. This book provides a readable first insight into what macrobiotics can do for you. Seven out of ten.

Recipes

FOR THOSE INTERESTED IN GIVING macrobiotics a try, there are a number of cook books on the market, but perhaps one of the more interesting is *The Australian School of Macrobiotics Cookbook*, which includes recipes using Australian wild foods such as bunya nuts and kangaroo meat (it also tells you how to obtain these foods).

The cookbook also has information about the macrobiotic philosophy and approaches to food and cooking; macrobiotic medicinal preparations; and about the courses offered by the school.

The Australian School of Macrobiotics Cookbook is available from the School for \$29.50 plus \$4 postage. Send order and payment to PO Box 705 Glebe 2037. It is also available from a small number of retail outlets. Call the School on 660 1878 to find out where to get it.

This month we publish a small selection of recipes for you to try out.

Zucchini and dill soup

onions
zucchini
dill
lemon
pinch salt

Slice onions in half moons. Put into a slightly oiled pot, with chopped dill, saute with a pinch of salt. When onions are translucent add sliced zucchini and water to cover. Cook 20 minutes, adding more water if necessary. Add salt or white miso to taste, with a dash of lemon juice. Garnish with fresh dill.

Fish balls

3 med sized fillets of white fish
1/2 large onion
2 cloves garlic (optional)
1/2 cup flour (wholemeal or unbleached white flour)
1-1/2 tsp salt

Blend first two ingredients in a surbachi or food processor. When the mixture is well blended and no large pieces of either fish or onion remain, mix in flour and shape mixture into small balls. Bring a pot of water to the boil and drop in the fish balls. When they rise to the surface, remove and drain. Let ball contract before rolling in flour, then deep fry until golden.

Fish ball noodles

1-1/2 litres fish stock
12 cubes age tofu
fish balls (see above)
spring onion and coriander to garnish
1-1/2 cups chinese cabbage or other greens thinly sliced
shoyu (soy sauce) to taste
chilli if desired



Add greens to hot stock. Place some noodles in bowl with three fish balls, two sliced age cubes, bean sprouts pour on stock and greens and sprinkle with spring onions and coriander and shoyu (usually 1 tbs per bowl). Fresh chilli or chilli condiment can be sprinkled on.

Thumbprints

1 cup ground almonds
1 cup ground rolled oats
1 cup wholemeal flour
1/4 tsp cinnamon
pinch sea salt
1/2 cup maple syrup
1/2 cup corn oil
raspberry jam for filling
Combine dry ingredients. Whip oil and maple syrup together and add to dry ingredients. Mix well. Shape into balls, place on oiled baking tray and flatten a little. Press centre with thumb and make a dent. Fill with jam (approx 1/2 tsp). Bake at 350 15 — 20 minutes until golden brown. Do not overcook.

Working up a sweat

Exercise | A lot of people dismiss this word with an emphatic "yuk".

In moderation, however, it has some proven benefits. These include increased energy level, strength and flexibility. Regular exercisers report better appetites, sleep patterns and an overall better outlook. PLWHAs participating in exercise studies have shown good training responses and significant increases in muscle mass and flexibility.

If you want to exercise but don't know where to go, what to do, how much to do etc, then there is a service for you!

There are three gym classes a week (Monday Wednesday and Friday from 2pm - 4pm) at QE II in Camperdown. They are run for free by physiotherapists who will individually assess you and get you started on an appropriate exercise program incorporating aerobic fitness, strengthening and flexibility.

For more information or to book in please call

David Peterson — Redfern Community Health
690 1222 / 318 3000

Mark Zacka — Royal Prince Alfred Hospital 516 6488

Fair Treatment



Don't get wasted

HERE I GO AGAIN — WRITING ANOTHER article on a common illness for which there isn't adequate treatment. I guess I write these articles hoping that more notice will be taken of the problem.

Wasting syndrome, like the neurological disorders I wrote about in the last issue, does not receive much priority in the doctor's room. It isn't immediately life-threatening. Doctors pay more attention (and rightly so) to things which kill people, like toxoplasmosis, or which cause a lot of pain, like fungal infections. But what isn't always recognised is that loss of weight, while not immediately life-threatening, can nonetheless kill.

Wasting syndrome is also called cachexia, and a person is described as cachectic if they have lost more than 10% of body mass. People with HIV lose weight due any combination of the following:

- (a) reduction in the amount of food eaten,
- (b) reduced absorption of the food that is eaten.
- (c) increases in energy consumption.

Appetite loss and nausea

Eating less might result from lack of appetite, nausea, or even general feelings of fatigue. In turn, lack of appetite and nausea can be caused by drugs. AZT, for

example, has been known to cause nausea. Nausea is treated with a class of drugs known as antiemetics — such as Maxolone. But if you know what's causing the nausea, then try something less drastic. For example, if the cause is AZT, perhaps changing the time of day when you take the medication (especially in relation to mealtimes) will be sufficient.

Lack of appetite is not easy to fix. It might be possible to modify your diet to make food more appealing, but this approach can only go so far. Appetite stimulants would be useful if they weren't so hard to come by. Last week the United States licensed the first drug to treat wasting syndrome: Marinol (also called dronabinol). Eagle-eyed readers would notice that the chemical name bears resemblance to cannabis — yes, this is a synthetic version of marijuana. Unfortunately it isn't known if it will be marketed in Australia. Its manufacturer (Roxane Laboratories of Columbus, Ohio) has no local representative, but I will talk with Boehringer Ingelheim, who owns Roxane.

Speaking of marijuana, smoking dope is a good way to stimulate appetite. But I also know of a few people who have been using dope all their lives and still they start to lose weight. It's yet another case of how one thing can't work for everyone. By the way, some people

in Australia charged with possession of a prohibited substance have had the charge dropped on the basis that they require marijuana as a therapy — which makes for interesting AIDS politics.

Another drug, called Megace (or megestrol acetate) has been used but with varying success. Megace is probably more useful at an early stage rather than after a person has lost a lot of weight. It *was* available through clinical trials in Australia years ago. Perhaps manufacturer Bristol-Myers could be sweetly asked to provide some?

Reduced absorption of food

Bad absorption could be caused by an opportunistic infection of the gut. In fact, if the loss of weight is very sudden, infections are the culprits to look for. HIV itself can infect the stomach lining, changing the length of time that food stays in the stomach and very possibly the ability to absorb. Then there's diarrhea, which will cause nutrients to be flushed out before they can be absorbed.

There's consensus that people with HIV have low levels of vitamin and minerals like B-12 and zinc. Obviously dietary supplements help, but it's nearly impossible to figure out how much to use. As with any other dietary modification, vitamin

supplementation should be done in consultation with a nutritionist.

Increased energy expenditure

Fighting disease often requires that the body use up more energy than usual — for example, fever increases the amount of energy used by about 7% for every Fahrenheit degree raised. There's evidence that even in the absence of fevers and active opportunistic illnesses, people with HIV expend substantially more energy, and this hypermetabolism occurs even in relatively early stage illness.

What's called *cytokine-mediated weight loss* is probably also a metabolic abnormality. (Cytokines are chemical messengers used by the nervous and immune systems.) Levels of a cytokine known as tumor necrosis factor (TNF) are elevated in wasting syndrome, so perhaps a drug that lowers TNF can stop weight loss. The drug N-acetylcysteine (NAC) is thought to do just that, although clinical trials have not been done to prove this (see 'NAC' in *HIV Herald*, Dec 92).

Anabolic steroids modify metabolism to help people gain weight, and again appear to be more useful at an earlier stage of weight loss. However, the ones used — like nandrolone decanoate or Deca-Durabolin — are testosterone-derived and so should not be used by women because they have androgenising effects (ie. a woman may develop some male body characteristics such as facial hair).

A class of drugs known as beta-agonists could be used by both men and women but they just haven't been trialed. Anyone with good connections (and good connections is how certain professional sports teams build muscle using beta-agonists) should agitate for studies to be done.

Conclusion

I don't have one. What does *Diseased Pariah News* say — Get Fat Don't Die?

— Lyle Chan

In Brief

ddC prescribing

GENERAL PRACTITIONERS HAVE TO sit an 'exam' to obtain ddC prescribing authorisation, just like they did for AZT and ddI. Currently twenty nine GPs in NSW have such authorisation. GPs who want it must sit the exam (which is just a questionnaire to complete at home, obtainable from the AIDS Bureau — 391 9234).

Glyke!

A COUPLE OF MONTHS AGO, I read that a herbal remedy called Glyke was the first treatment to be approved in China for HIV disease. So I got an address and wrote away for information, especially on importing it. I received a reply—in Chinese, no less. I'll get it translated, and make the in-

formation available. Anyone willing to help?

Recent approvals

THE TOWNSHIP OF COLUMBUS, Ohio must be particularly fecund — two major AIDS treatment developments have originated from there.

• The first is Marinol, which, as I mentioned in 'Don't Get Wasted', is used to treat weight loss in people with AIDS.

• In another first, the FDA has also approved a drug to prevent the onset of MAC, an opportunistic illness which causes fevers, diarrhea, weight loss and general fatigue.

While the availability of rifabutin is very welcome, there's much controversy over whether MAC prophylaxis with only one drug is a good idea. The organism that causes MAC comes from a family that is notoriously drug resistant, which means it is important to use two or more drugs. Expected date of approval in Australia is unknown. Rifabutin is made by Adria Laboratories of Columbus, Ohio, whose local rep is Farmitalia Carlo Erba.

— Lyle Chan

The Australian Institute of Tibetan Medical Practices
presents

Tibetan principles of healing & mind

Free Workshop: February 20 & 21
9.30 - 5.00pm

Ethnic Affairs Community Centre, 164-174 Liverpool Rd. Ashfield

Plus Saturday evening video presentation (\$10)

Cancer & AIDS: View of Tibetan Medicine

Retreat: March 12 - 14

A weekend at Yerrinbool in the Southern Highlands

The Tibetan Meditation centre holds free classes every

Monday night; write to PO Box 146 Waverly 2024 or
call for details 387 3019.

Doctor, Doctor



On trial

HERE WE GO AFTER A BREAK WITH another series of *Doctor, Doctor*. While I anticipate that the column will not necessarily appear every month, I am hoping that there will be a column through most of this year.

Like some of you, perhaps, I read a little notice in the *Sydney Star Observer* some time ago requesting volunteers for a study of fluconazole, an anti-fungal drug. I decided to participate. Of course the \$200 reimbursement at the completion of the trial and the free lunches at St Vincents hospital staff canteen didn't really twist my arm, but the thought of a day spent relaxing, reading, chatting and sleeping did.

Apparently fluconazole, which is a well known drug, acts a little differently in people with HIV and the pharmacologists and doctors don't quite know what's going on. So they're doing a study comparing non HIV people to those with HIV at various concentrations of the drug to try and see what the story is.

It involves spending a full day at St Vincents after the drug is administered so they can take blood samples and then turning up at various times over the following week for more blood samples to be taken. Then there is a week lay off and you start again for three more doses.

All the HIV negative people are done but they need more HIV positive people to participate. Volunteers do not have to have a fungal infection at the time of the study. Please ring Susan Tett or

Sarah Moore on 361 2368 if you wish to find out more about this study. And by the way Susan, Sarah and Suzanne, the other person involved, are really nice people to be with.

Video AIDS

NOBODY WANTS AIDS MATE IS A training video for interns and junior doctors. It has been produced by the Post-graduate Medical Council of NSW (an arm of the NSW Department of Health) and has been funded by a CAWISE grant from the Commonwealth Department of Health, Housing and Community Services.

I recently viewed the tape, which is about 30 minutes long. It tells the story of two interns and their reactions to being involved in AIDS as part of their training. The story becomes particularly poignant when one of the AIDS patients in the ward is discovered to be a friend from medical school.

While, as in all training videos, the story is didactic and contrived it is nevertheless very good and covers the very many issues concerning health care workers and HIV/AIDS both succinctly and cleverly.

I particularly liked the attention given to areas like 'normalisation' of people with HIV/AIDS and the promotion of awareness among doctors that PLWHAs want to be informed in their health care.

The tape is so good I would like to give it a five star recommendation for all people studying or working in a health care environment. Indeed, it may have some value in the broader

community. Let's hope that the tape, which has yet to be distributed beyond an 'experimental' group of teaching hospitals in NSW, gets to the widest possible audience soon.

The tape will only go out to the 'control' group, ie. the remaining NSW teaching hospitals, in July and its distribution to teaching hospitals in the other states is by no means assured. This is ridiculous. The issue is so important, as I can personally testify from very recent experience, that there are no grounds for preventing anyone, either in NSW or nationally, in the health care field from seeing this video, simply so that some evaluation can be carried out and because of a failure of imagination in the AIDS Branch of the Commonwealth Department of Health.

Safety net

YOU MAY HAVE SEEN THE ITEM about co-payment for ddI and AZT in the news section (page 4) of this issue. If you are taking these or any other drugs for which there is a charge, it is important that you do something about getting a Pharmaceutical Benefits Safety Net Scheme card *now*.

From now on, AZT and ddI are going to cost us money, but the Safety Net Scheme, which Lyle described, puts a limit on these costs on a *calendar year* basis — that means it's already started for 1993. You can organise a card by talking with your chemist. Don't miss out.

*Ciao for now
Peter Hornby*

What's Goin' On



Western Sydney Positive People's Education Program

Venue: Westmead Hospital, Classroom behind Clinic B

Time: 1pm - 2pm

February 2nd: Coping with deteriorating health

The reality of change(s), what to expect?

Do I really want to know? What changes can I make to adjust to decreasing ability, mobility? What to do when I need a carer? Asking for assistance.

February 16: Alternate therapies

Massage, herbs, Chinese medicine, oxygen therapy, acupuncture, aromatherapy etc.

March 2nd: Update on nutrition

What's new, changes in taste/tasting effects of the virus.

Weight gain or maintaining a stable weight.

Open to all positive people, carers and friends. For more information call Judy 843 3127.

MERGER IN THE WEST

*Western Sydney AIDS
Prevention & Outreach
Service*

The Kendall Centre has merged with the old Blacktown AIDS Prevention Service. Open 7 days. Free & confidential

- Needle exchange •
- Condoms • HIV testing
- Education • Counselling
- Hep B testing • Outreach
- Support services •

Parramatta: 26 Kendall St
Harris Park 2150 Tel. 893 9522
Mobile 018 25 1888
Fax. 891 2087

Blacktown: Unit 7, Marcel Cr.
Blacktown 2148 Tel:831 4037
Mobile: 018 25 6034

The Hands On Project

A community based training program aimed at educating young people and youth workers throughout NSW about HIV/AIDS issues.

The project aims to: provide training forums for youth workers; encourage them to take an educative role in the prevention and spread of HIV/AIDS; and encourage the adoption of appropriate HIV/AIDS policies and procedures by youth services.

Workers from the Project would be glad to hear from anyone who is interested in these issues.

Box 8 Trades Hall, 4 Goulburn St Sydney.
Call 267 6387.

P E T P A N I C

Much as you love them, pets can become a problem when you're ill or if you don't have a lot of money for pet food and vet bills.

The Animal Welfare League can help. They provide veterinary care, some assistance with food and will take your animal if you're no longer able to look after it. They give advice on economical, healthy feeding and care.

AWL also provide pets who are fully vaccinated and desexed (puppies, kittens or trained adults).

Call The Bobby Goldsmith Foundation on 360 9755 if you would like a referral to the Animal Welfare League.

Talkabout editorial lunches

The Talkabout Editorial Group meets every few weeks to discuss what goes into Talkabout each month. Any interested people are welcome to attend.

The next meetings are:
Thursday, February 18
and
Thursday, March 4

Call Jill on
361 6750 for more info.

Join ACON's Meditation group

ALL WELCOME

Open to all people living with HIV/AIDS,
their friends, supporters, carers,
health workers etc.

Meditation can be useful as a means
to reduce stress, energise the body and
increase clear thinking

Instruction and assistance in how to meditate
is available to newcomers

ground floor
AIDS Council of NSW
188 Goulburn st, Darlinghurst
Tuesday mornings 9am - 10pm
Thursday evenings 6pm - 7pm

Just turn up, or ring David (02)358 1318

S I L K R O A D

*A social and support group for Asian gay
and bisexual men which meets every
Friday.*

*Activities include workshops, discussions,
social activities, etc.*

More information available from
Arnel on (02) 206 2000

H A N D S O N

- Massage and Reiki for PLWHAs
 - Training of volunteer masseurs
- Call Richard 660 6392

HUNTER AREA

HIV Support/Action group

6.30pm on the 4th Wednesday
of every month at:

ACON, Level One, 6 Bolton St, Newcastle

For more information call ACON on (049)29 3464

HIV RELAXATION SESSIONS

Would you like to learn various easy healing,
strengthening, relaxing techniques?

Open to people with HIV, Carers, Partners, Family
at NO financial cost

Come along

Wednesday Evenings

between 6-7pm

Newtown Neighbourhood Centre

Cnr Australia & King Sts, Newtown

Sponsored by Royal Prince Alfred Hospital,
Central Sydney Area Health Service



HIV Awareness starts at home

If your home is in South-Western Sydney, you can now receive
all HIV services, including testing, information,
treatment and counselling, close to your home.

No names, no hassles ... no travel

General information: (02) 827 8033

HIV testing and outpatients: (02) 600 3584

Needle and syringe availability: Bankstown 018 446 369

Liverpool/Campbelltown 018 251 920

Contact List



GENERAL

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 281 0362. PO Box A1242, Sydney South 2000.

AIDS Council of NSW (ACON) Services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Darlinghurst.

206 2000, fax: 206 2069.

(For Branches, see **Outside Sydney**).

ACON's Rural Project Telephone service for men who have sex with men. Info on HIV health services, gay networks/advocacy. Call Nik or John 008 80 2612 (free call). PO Box 350 Darlinghurst 2010.

ACON Western Sydney 21 Kildor Rd. Blacktown. 831 1899.

AIDS Trust of Australia A non-government national fundraising body which raises money for research, care and education related to HIV/AIDS. PO Box 1272, Darlinghurst 2010. 211 2044.

Australian Federation of AIDS Organisations (AFAO) Umbrella organisation for Australian state and territory AIDS Councils. (06) 285 4464.
Deaf Community AIDS Project Call Colin Allen at ACON 206 2000 or (TTY only) 283 2088.

Euthanasia Voluntary Euthanasia Society of NSW Inc. PO Box 25 Broadway, 2007. 212 4782.

Fun and Esteem Workshops and drop-in groups for gay or bisexual men under the age of 26. Meets in Darlinghurst and Parramatta. The groups are a chance to talk about everything from safe sex to coming out. Social and fun. For more information call Aldo or Brent 206 2077.

Kids With AIDS (KWAIDS) and **Parents of KWAIDS.** Inquiries c/- Paediatric AIDS Unit, 39 2772. Donations c/- AIDS Trust, 211 2044.

Hands on project Community based

HIV/AIDS training program for youth workers. Call 267 6387.

Maitraya Day Centre Daytime recreation/relaxation centre for people with AIDS. Lunch Tues, Wed, Fri. (free or donation). Massage also available. Some group meetings. 20 William St Woolloomooloo. Inquiries 357 3011. Client's phone 356 4640.

Mark Fitzpatrick Trust Financial assistance for people with medically acquired HIV. Also administers the NSW Medically Acquired HIV Trust. PO Box 3299 Weston ACT 2611. (06) 287 1215 or (008) 802 511.

Metropolitan Community Church (MCC) International gay church. 638 3298.

Multicultural HIV/AIDS Education and Support Project Workers in 15 languages who providing HIV/AIDS information and pre & post test counselling and emotional support. Also provides cultural information, training & consultancy. call Peter Todaro 516 6395

National AIDS/HIV Counsellors Association Support and Communication for HIV/AIDS counsellors. NSW contact Keith Marshall 206 2000.

National Audio Visual Archive of PLWA NAVA (PLWA). People telling their stories on video. Call Royce 319 1887 (after 1pm)

National Centre in HIV Epidemiology & Clinical Research Federal research centre conducting trials for AIDS treatments and other AIDS related research. 332 4648.

National Centre for HIV Social Research (Macquarie Unit). 805 8046.

National People Living With AIDS Coalition (NPLWAC) GPO Box 164, Canberra ACT 2601. Call (06) 257 4985.

NSW Anti-Discrimination Board Takes complaints of AIDS related discrimination. Sydney 318 5400. Newcastle (049) 26 4300. Wollongong (042) 26 8190.

NSW Users and AIDS Association (NUAA) Community/peer based organisation providing advocacy, support and referral for injecting drug users and their friends. Needle

exchange services. Information nights 3rd Monday each month at 6pm. 369 3455.

Quilt Project Memorial project for those who have died of AIDS, consisting of fabric panels completed by friends, lovers & family of those to be remembered. 360 9422.

Sex Workers' Outreach Project (SWOP) 391 Riley St, Surry Hills. 212 2600.

Social Workers in AIDS (SWAIDS) A special interest group for social workers working with people with HIV/AIDS. Contact the secretary, Lib Edmonds, C/- Kirketon Road Centre, PO Box 22 Kings Cross, 2011 or the chairperson, Grahame Colditz, C/- Prince Henry Hospital, 694 5721.

Sydney South West Needle Exchange For access and locations call 601 2333 or Mobile 018 25 1920.

CLINICS & HOSPITALS

Albion Street AIDS Centre (Sydney Hospital AIDS Centre). Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. 332 1090.

Brighton Street Clinic Western Suburbs Sexual Health Clinic. Open Monday, Wednesday, thursday. For appointment call 744 7043. 8 Brighton St Croydon No medicare card is required

Haemophilia Unit Royal Prince Alfred Hospital, 516 8902.

Kirketon Road Centre Community based primary health care facility of Sydney Hospital. Nursing, medical services, counselling, 9am - 8pm, Mon - Fri. Social welfare service, needle & syringe exchange 9am - midnight Mon - Fri. Old Fire Station, Victoria Rd, Kings Cross. 360 2766.

Liverpool Sexual Health Clinic/HIV Outpatient Clinic 52 Goulburn ST Liverpool. Free, confidential HIV/STD services, counselling, HIV support groups, practical support. Call 600 3584.

JOIN US IN THE FIGHT AGAINST AIDS. SUBSCRIBE NOW.

PLWHA 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 others affected by HIV to create a positive, friendly and supportive environment in which we can all live with HIV & AIDS — join PLWHA.

FIRST NAME _____

LAST NAME _____

POSTAL ADDRESS _____

POSTCODE _____

PHONE _____

(W) _____

(H) _____

I wish to apply for membership of PLWHA Inc. (NSW)

I wish to subscribe to *Talkabout*

I wish to renew my subscription

I wish to make a donation of: \$ _____

I enclose a cheque/money order for \$ _____

In the interests of your confidentiality

I agree to have other members know my name and address Yes No

I am publicly open about my membership Yes No

Annual rates

Membership \$2

Subscription donation to *Talkabout* (optional for people receiving benefits)

Individual members \$10 Non-members \$15

Organisation Concession (PLWHA organisations, community based organisations)
(up to 6 copies) \$30 (up to 10 copies) \$40

Organisation Full price (Interstate, Government agencies, private businesses)
(up to 6 copies) \$40 (up to 10 copies) \$60

Every additional 10 copies will cost \$20 conc/\$40 full price.

Overseas Concession \$A20 Full \$A40

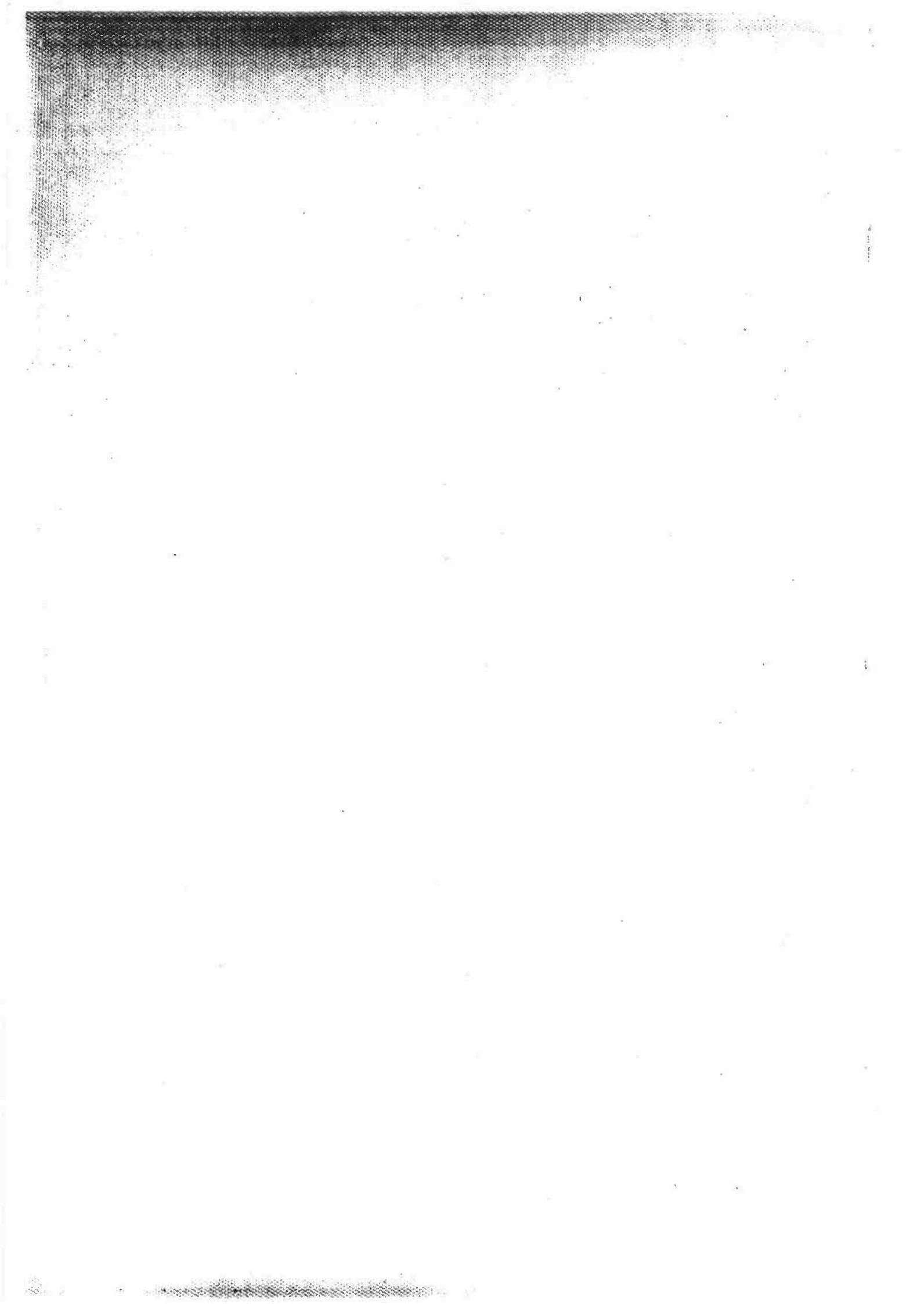
Please specify number of copies _____

Please forward this completed form to PLWHA Inc. (NSW),
PO Box 1359, Darlinghurst NSW 2010.

Make all cheques payable to PLWA Inc. (NSW). Donations \$2 and over are tax deductible. We will send you a receipt.

SIGNATURE _____

DATE _____



HIV *living*

February 1993

Treatments Update Wednesday 10 - 6:30 pm to 8:30 pm

- Latest information on existing drugs.
- What to look out for in 1993.
- Information on accessing new drugs.
- New drug trials.

Travel Wednesday 17- 6:30 pm to 8:30 pm

- What vaccinations do I need?
- Countries with restrictive policies on HIV+ travel.
- How to carry AZT and other necessary medication.
- Where do I go if I need assistance while I'm away?

Recreational Drug Use Wednesday 24 - 6:30 pm to 8:30 pm

- Having fun versus causing damage.
- Drugs and progression to AIDS?
- Harm reduction.
- Safe injecting practices.

at

The AIDS Resource Centre
AIDS Council of New South Wales
188 Goulburn Street
DARLINGHURST NSW 2010

For further information about these seminars call
HIV Strategy and Support Unit
Ph (02)206 2000 Fax (02)206 2069
TTY (02) 283-2088



AIDS Council of New South Wales Inc.