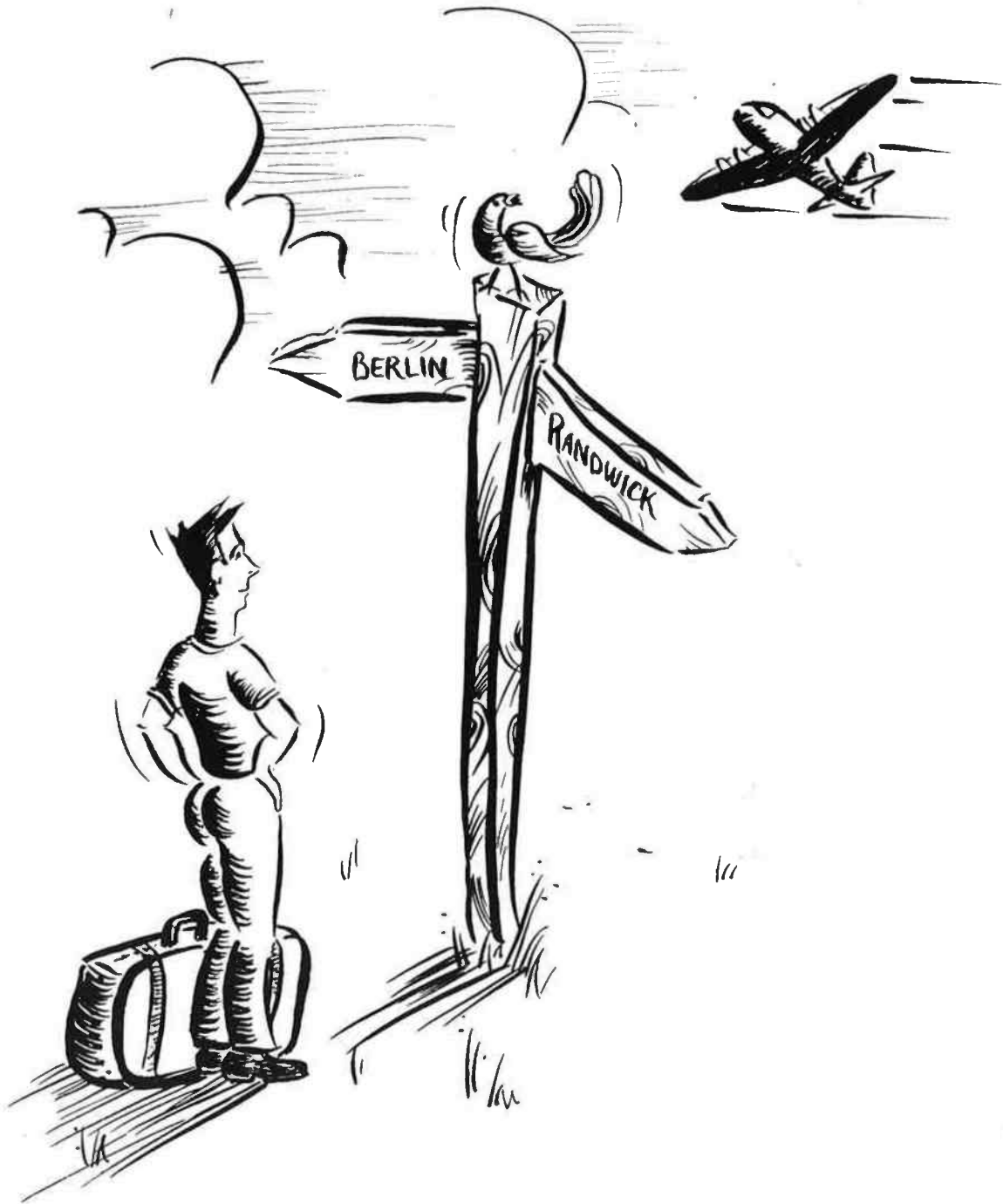


No. 33 June 1993

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



Traveller's aids

HIV living

June 1993

Legal Issues Wednesday 16 – 6:30 pm to 8:30 pm

- What are my superannuation and insurance entitlements?
- Specific information on power of attorneys.
- Can I appoint someone in advance to make treatment decisions for me?
- A general introduction to wills.

Finance Wednesday 23 – 6:30 pm to 8:30 pm

- How to live on a pension.
- What to do with my superannuation?
- Income support and Department of Social Security.
- Other available assistance.

Overseas Travel Wednesday 30 – 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.
- This session will also look at Tuberculosis and how it may affect HIV+ travellers.

a free service 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.

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This Month's Cover

by Phillip McGrath. While some of us are in Berlin, others are contemplating the bus-route to Randwick and the newly proposed AIDS centre. In this issue we provide some helpful advice for plwhas thinking of travelling abroad.

Talkabout goes to Berlin

THE NEW FASCISTS OF UNIFIED GERMANY will have something to think about this month when, from June 7 to 11, 12 000 AIDS researchers, educators, activists, and people with HIV and AIDS gather in Berlin, to the accompanying hum and flash of the international media, for the ninth International Conference on AIDS.

This year, *Talkabout* will have a special presence at this primo international talkfest, with a poster presentation by Jill Sergeant and Robert Ariss on the PLWHA (NSW) newsletter. The poster highlights *Talkabout's* unique interview methods, illustrating how we seek to provide people with HIV and AIDS a safe medium in which to explore issues, communicate with others, and even come out to a wide audience.

Highlights from previous issues of *Talkabout* will be featured, as well as comments from previous interviewees about their experiences with *Talkabout*.

The conference is usually a pretty dry affair, and to liven things up a bit we are taking 300 copies of our last controversial and popular Sex issue for distribution.

On the spot reports on the Berlin international conference will be featured in the July issue of *Talkabout*.

Randwick Clearance Sale

At a public meeting on Thursday May 20, in a display that combined the best features of *Wheel of Fortune*, *The Oprah Winfrey Show* and social hour at a horse traders convention, the NSW HIV/AIDS heads of state (aka Dwyer, Gold, Lowe and Baxter) consulted with the HIV community on the proposed moving and combining of the Albion Street Centre and Prince Henry

AIDS unit to the Prince of Wales Hospital Randwick campus. This space-age, multi-function, purpose built, luxuriously appointed *HIV super-centre* will be referred to in this planning and construction stage as the *Barker Street Centre*. A permanent name, title or dedication is yet to be announced.

"It should take approximately 12 to 18 months to turn the dream into a reality", Prof. Dwyer gleefully announced. "Albion Street and Prince Henry have worked glove in hand, particularly in the last 12 months"

Dr. Julian Gold, mopping his fevered brow and struggling with laryngitis, tried to reassure the concerned crowd that the level and quality of service we have come to expect from The Albion Street Centre will be maintained and transferred to the new *HIV Hyperdome*. In response to inquiries from the client group surrounding practical access issues Gold and Dwyer verbally raced forth offering gifts of allocated client parking, on-site pharmacy services, assessment bed allocation (thus avoiding those nasty casualty confrontations) and yes, they even hinted at child care facilities.

A substantial number of current Albion Street clients who benefit from the services of the counselling unit were left wondering exactly what the devolution and outreach plans of this much valued team to G.P. sites would mean. Transport to the new AIDS Adventureland featured heavily in the discussions to which Dr. Gold displayed his steady physicians hand in the deft retrieval of eastern sydney's bus timetables. David Lowe of the NSW health Departments AIDS Bureau made an absolutely, concrete, fully refundable, firm commitment "to look at the resources allocated to the transport needs of people with HIV/AIDS". An audible collective sigh of relief was heard from the gathered faithful.

When the 'Tony Packard' style

of health care administration team were questioned specifically if the steering or implementation committee overseeing the Central-American style creation of our HIV headquarters were allocating representation positions for people with HIV/AIDS, the Baxter response was that the community would continue to be consulted as always. Given that almost the entire HIV constituency learnt of the proposal via the sunday night 6 o'clock news after its public announcement, I guess we can all rest alot easier. NOT.

— Name supplied, but withheld by request.

One Epidemic, One National Response

THE SECOND EDITION OF AFAO's Legal Guide was launched recently. Speaking at the launch, Bill Bowtell, National President of AFAO, said that law reforms in the area of HIV and AIDS is the "greatest unmet challenge" facing Australia as the country enters the second decade of the epidemic.

"One virus, one epidemic needs one national response", Mr Bowtell said. Sydney barrister and living saint, David Buchanan, who co-authored the book, said that one of the advantages of being forced to deal with the epidemic over the past ten years was that "it enables us to say which laws are effective to deal with the virus, which ones can make life easier and which ones make life harder."

It includes 8 new chapters including procedures upon death, immigration, censorship and media standards, therapeutic goods, compensation, insurance and superannuation, employment, and family and children; and updates the 10 chapters which appear in the first edition.

This ideal tool for health-care workers, lawyers and other



A strong sense of community was clear when 10,000 people showed up for the 10th International Candlelight Memorial Rally on Saturday 23 May. Over \$7,500 was raised on the night. PHOTO: JAMIE DUNBAR

PLWHA service providers can be ordered through Federation Press on (02) 552 2200.

Country Counselling

THE GAY AND LESBIAN COUNSELLING Service is undertaking a new project targeting young men who have sex with men and who live in the country. The project will provide a confidential information and referral service to rural youth on HIV/AIDS issues in an attempt to reduce the risks of HIV infection and to minimise the personal and social impact of the epidemic. Hours

of operation will be between 5pm and 7pm, Sunday to Thursday. Volunteers are needed, preferably from the same peer age group, and training is taking place on the 5th, 6th, 19th and 20th of June. For more information, please call GLCS on (02) 360 3063 during business hours.

Unprotected Toe Sucking

YOU MAY HAVE MISSED IT, AND WE'D forgive you if you did, but in one of the latest issues of *Woman's Day* magazine, wedged between *Demi Moore's Fake Boobs* and *E Street's Secret Lovers*, was a tantalising lit-

tle piece entitled *Fergie's Lover in AIDS Scandal*.

Apparently, Fergie's financial adviser Johnny 'Shrimper' Bryan had carnal knowledge of the unprotected variety in 1986 with former model Peggy Caskie, who claims she was HIV positive at the time and has been desperately trying to contact him since. It wasn't until those photos hit the tabloids that she managed to track him down. Anyway, despite Johnny insisting that he is not infected, "the spectre of AIDS now haunts the Royal Family".

Did Johnny and Fergie go all the way or did they stop at the toes? Will Di — "a noted champion of

Talkabout

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DEADLINE FOR THE NEXT ISSUE

June 18

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

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

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AIDS victims" (sic) — step in to support her estranged sister-in-law? Do we really care?

Pharmaceutical Donations

PLWHA HAS NOW ARRANGED FOR the distribution of donated prescription drugs to PWA's who do not have access to Medicare or other health benefits. These people are having to either pay for their drugs and medications or go without.

If you have any leftover or unwanted drugs or other medications that are still current, and appropriate for this service, please either bring them up to the PLWHA office, or call Annella on 361 6011 and we'll arrange for them to be picked up.

Note that all medications are only distributed through a medical practitioner. PLWHA does not distribute any drugs from our offices.

Logo Competition Winner

THANKS TO ALL THOSE WHO SUBMITTED entries in our PLWHA logo competition. After reviewing all the entries we have selected a winner. It was difficult, but congratulations to *Stephen Yee* of Dulwich Hill. Stephen will enjoy a dinner for two at Burton's Restaurant, complete with wine and a cab home. (No expense spared here, folks). Look out for PLWHA's new look logo in the July issue.

Positive Women Wanted

THE NATIONAL CENTRE FOR HIV Social Research at Macquarie University is looking for women living with HIV/AIDS who are willing to

talk about their personal experiences, feelings and concerns.

The documentation is an attempt to redress the imbalance of research, which to date has focused mainly on men, and will hopefully provide a solid basis for appropriate policy development in the immediate future.

"We hope to stimulate dialogue about underlying presumptions regarding women and their access to health and welfare services", said project officer Sonia Lawless, "and how these effect the experiences of women living with HIV/AIDS."

All contact is confidential and participation may cease at any time. For further information, please call Sonia on (02) 805 8046 or fax her on (02) 805 8112.

Tox To The Animals

IN A CHANNEL FLICK-OVER DURING an ad break in *The Simpsons*, it was a relief to be told that humans cannot catch Cat AIDS, or vice versa. It's a bit like the man who was concerned because his penis had 'fallen' into the mouth of his dog, who had recently stepped on a syringe. Anyway, what *Talk To The Animals* failed to mention was what those of us with compromised immune systems can catch from these furry horrors. Toxoplasmosis, of course. Native birds aren't the only species endangered by the common cat. But aren't they adorable?

Doing the Continental

CONTINENTAL AIRLINES HAVE ANNOUNCED that HIV antibody testing is no longer an employment requirement.

The statement has settled an anti-discrimination case brought against the airline and, not surprisingly, follows the recent announcement by NSW Attorney-General John Hanaford of legislation banning

discrimination against people with HIV infection.

The AIDS Council of NSW has welcomed the decision. "It should always have been the case", said Don Baxter, ACON's Executive Director. "It is particularly disturbing that an airline which vigorously pursues customers among gay men ... should ...discriminate against the very people whose dollars they expect to make a profit from."

The case demonstrates the value of anti-discrimination legislation and the need for immediate implementation by the government.

Changes for Hunter

PLWHA NSW HAS RECEIVED A number of calls from PLWAs in the Hunter region who are concerned at changes being made to HIV/AIDS services at John Hunter Hospital. These changes involve the move of outpatient services from John Byrne House to a location on the main hospital campus. The other services currently available at John Byrne House will remain there. At the same time, the Area Health Service has announced a review of HIV/AIDS services and a senior specialist, Dr David Sutherland, has resigned.

PLWHAs' main concern is that the level and standard of care does not suffer as a result of these changes. We have spoken to the Area HIV/AIDS co-ordinator and arranged a meeting to more fully discuss our concerns. We have been assured that dedicated HIV/AIDS staff will remain and that the level of service currently on offer will be maintained, if not expanded. We have also written to the Area Health Service requesting consultation with community organisations throughout the review process.

We'd particularly like to hear from people with HIV or AIDS in the Hunter region as to how they feel about existing services and any

proposed changes, or changes you'd like to see happen. Give us a call on (02) 361 6011 or (02) 361 6023 and let us know what you think (we can call back if the STD charges are a worry).

PLWHA News

THE PLWHA COMMITTEE HAS BEEN busy with the usual rounds of meetings and consultations over the past month. In particular, we had a very productive meeting with Mardi Gras to discuss making the next PLWHA Time Out room an even greater success than this year's. There's also been a number of meetings around the move of the Albion St Centre to a new location at Prince of Wales hospital. A planning day has been set for July 18, by which time we should have a full committee and will be ready to set some new directions for the organisation.

Unfortunately for PLWHA, Andrew Morgan has started a new job which means he's resigned from the committee. His commitment and energy will be sorely missed.

Luckily for PLWHA, Tony Edwards and Greg Palmer have both joined the committee. This still leaves one position vacant, so feel free to come along and check us out any time.

The committee meets on the first and third Tuesdays of each month at 6.30pm at our office.

—Alan Brotherton, Convenor.

Talkabout

WHILE JILL'S AWAY, ADRIAN OGIER and Jeremy Nicholas are playing *Talkabout*. Newsletter working groups are meeting twice a month as usual and if you'd like to come, please call Adrian on 361 6750. All contributions gladly received.

Talkback



Sex I

I JUST GOT MY MAY *TALKABOUT* AND think it looks fabulous. Well done, everyone.

Deb Giblett
Newcastle

Sex II

THE LATEST *TALKABOUT* HAS RE-placed all my videos and glossy imported magazines. Since I picked it up, I haven't been able to put it down; well, except when I've needed my hand for another reason.

Reg
Coogee

Sex III

I WISH TO CONVEY MY DISTRESS AT THE depths to which your newsletter appears to have dropped. I have tolerated mention of these things in the past and am not against people with AIDS having sex in the privacy of their homes, but displaying all that blatant flesh in the pages of *Talkabout* is going too far.

M. Prendergast (Mother of ten)
Rooty Hill

We welcome your letters.

Send them to:

**Talkabout, PO Box 1359
Darlinghurst, NSW, 2010**

Write for Us!

If you would like to write, or be interviewed, call us on (02) 361 6750. Or just put something in the post (with your Ph. Number so we can get back to you).

Comment



Co-payments — Paying For Your Own Poison

Many of us have noticed that filling our AZT, ddI and ddC scripts now carries with it the pleasure of coughing up from our own pockets. Michael Staiff ploughs through the bureaucratise in an attempt to find out why some of our servants in the AIDS bureaucracy think it's acceptable that they ask us to pay for our own poison...

THE FINAL INSULT: YOU HAVE TO PAY for anti-retrovirals. These are the same anti-retrovirals which cause headaches, liver dysfunction, bone marrow failure, psychosis, hypermania, peripheral neuropathy, and pancreatitis, to name but a few, of the so-called insignificant side-effects. Our federal and state 'Health' Departments have decided to make us contribute to their mismanagement of AIDS budgets. This is a bit like asking Jews in Nazi death camps to chip in to pay for the cost of the gas pellets, but more of that later.

The new regulations, permitting this further persecution of plwhas, is a slap in the face to all plwhas, for the following reasons:

1. that our confidentiality and privacy will be further compromised by appearing at hospital pharmacies and cashiers three times as often as previously, making it likelier we will find our HIV status perhaps inadvertently disclosed; and
2. that unlike other pharmaceuticals we pay for, we cannot

access anti-retrovirals through the corner chemist shop, as they're not listed under the PBS, and are forced to patronise hospitals (such as St Vincents) which are often managed by corrupt and homophobic organisations (such as the Catholic church);

3. that the simple cost of the poisons: this being per annum \$30 extra for HCC holders, and up to \$156 extra for everyone else;
4. that there has been no effective consultation with PLWHA's constituency about how and when these changes in the ways we obtain anti-retrovirals have been made.

The first point really is a non-starter, as long as you are fortunate to have either \$7.80 (3 x \$2.60) for HCC holders or, for the rest of us, \$39 (3 x \$13) when you go to the pharmacy. Says David Lowe: "Point 5 of General Conditions in Departmental Circular 93/5 [blah, blah, blah] allow plwas to obtain three months' supply of anti-retrovirals, provided they have a script from their doctor for this quantity."

The second point about why we can't front up to the corner chemist shop for anti-retrovirals is a valid concern.

"If plwhas are going to pay like everyone else in the community, then it should be expected that such

drugs will be available readily through community pharmacies after hours, as is every other treatment," commented Peter Hornby, *Talkabout* columnist and PLWHA activist. Rumour has it that 'steps are being taken in this direction'.

The third point about costs is valid also. Despite Lowe's assurance that "there would, in effect, be no additional net cost from the new co-payments," it is obvious to anyone who suddenly has to find \$39 extra dollars from their personal pharmaceutical budget that there is an additional net cost.

"Fortunately many plwhas will in the end, through the safety net scheme, not be seriously financially disadvantaged than others with chronic diseases," claims John Ziegler of ASHM. Sure, we'll get closer to the prescription safety net figure sooner, but the bottom line is that the system of co-payment is going to cost us more.

However, the real question about cost is not one of safety nets and per annums. All sexual health services have traditionally been provided free of charge in Australia for the past hundred years. And for most of us, our anti-retroviral therapies are required because we have a sexually transmissible disease.

"It seems peculiar," says Peter Hornby, "that there is payment exemption, under Classification 6, and free dispensation of medications for sexually transmitted diseases,

[yet] plwhas whose sero-conversions occurred because of a sexual transmission are ineligible for 'medically acquired' compensation, and further are being required to pay for treatments as if they had any other non-sexually acquired, chronic condition."

If HIV is a sexually acquired disease then it must be treated at no cost to the patient as any other STD would be. Herpes patients receive free acyclovir through sexual health clinics, which shows that David Lowe's opinion on this matter is irrelevant, nonsensical and discriminatory.

"Medications ... dispensed free at hospital outpatients to people with STDs have the important public health benefit of eliminating the risk of [further] transmission ... Thus the reason these drugs are provided free relates to this," said Lowe.

Acyclovir does not prevent transmission of herpes simplex, yet straight disco bunnies with herpes get free acyclovir while we must contribute towards our AZT and ddI and ddC costs. This sort of hypocrisy from someone who claims to be a member of the gay community is unforgivable.

While the decision to charge co-payments was made by the Commonwealth Health Dept, the botched implementation clearly rests with the State AIDS Bureau.

A grandmaster of the Little Brothers of Positive Joy has placed David ("Cardinal Lettice") Lowe under a sentence of anathema, making it an offence for queerfolk to offer shelter, food or aid to Cardinal Lettice for a distance of two thousand kilometres from the parish of Darlinghurst. It is our duty to shun David Lowe, which no one should find onerous, in fact,

it will be a pleasure, and we wish the Cardinal success in finding shelter elsewhere, like in the Simpson Desert, without water.

But to return to our life and death question.

Marilyn McMurchie, much loved community GP, commented that patients of hospital dispensaries have been complaining more and more of pharmacy staff demanding identification, as well as announcing their names loudly for all and sundry to hear (You know the sort of thing: "John Doe! Your AZT is

"it is obvious to anyone who suddenly has to find \$39 extra ... that there is an additional cost"

waiting for collection at pharmacy," over the hospital PA system).

"Anti-retroviral prescribing general practitioners will be required to face from patients more anger, more distress, a lowered locus of control, and possibly more ill health because of this action (co-payment)," commented McMurchie.

This final problem seems to be that the Departments concerned didn't bother to tell anyone, and it has been left to doctors and pharmacy assistants to inform us of our new obligation to pay for our poison.

There has been an assumption on

the part of the AIDS Bureau (responsible for administering the budgets which are given to corrupt organisations like the Catholic church to squander through their inefficient and homophobic hospitals) that both patients and doctors know all about the co-payments scheme for anti-retrovirals.

"It is incomprehensible that doctors with [AZT and ddI] prescribing rights were informed after the event, and left to do all the work of confronting their patients with the charge," commented Peter Hornby.

That anathematised Cardinal Lettice Lowe "shares this concern" is cold comfort to our community GPs.

"The haste with which this decision has been implemented will make my professional life more difficult than it already is for months to come," said Dr McMurchie. And this is yet another hidden cost of co-payment: wear and tear (hastening burnout) of our GPs.

So what are we to make of all this? Not much, except we're stuck having to pay for our anti-retrovirals.

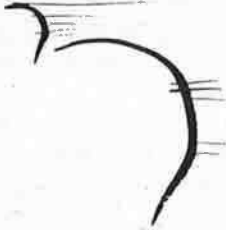
To return to the question of Jews being asked to pay for the gas pellets, it is historical fact that the Nazi SS during its occupation of Greece and Yugoslavia did advertise cheap holidays for Jews. When the 'holiday-makers' found themselves in the death camps of Poland there was little they could do. There is a direct parallel here with plwhas now being asked to pay for anti-retrovirals which don't work very well, and certainly poison us in the long run. Another parallel is that the Jews on holiday in Auschwitz soon ended in the crematorium, as plwhas in NSW do too.

International Travel



and HIV

Advice for the HIV+ Traveller



Overseas travel always needs to be well organised. This is particularly so for the positive traveller. This month we offer some hints for plwahas on the trot abroad, courtesy of the National Treatments Project. If financially, international travel is out of the question for you, look out for our budget holiday ideas in next month's issue.

MANY PEOPLE WITH HIV AND AIDS choose to travel like anyone else. And like anyone else they can have fun and adventure. Often there are special reasons why people with HIV and AIDS may want to travel — 'I've just retired from work and I want to make that overseas trip while I'm well enough' or 'I want to go and see my family while I still can'. Sometimes people with HIV and AIDS need to travel for work reasons.

People with HIV and AIDS often ask many questions when they are about to travel overseas :

- Are vaccinations safe?
- What vaccinations do I need?
- Are there risks of getting infections where I'm going?
- Are there entry restrictions?
- Can I carry my medicine with me?
- Is the food safe where I'm going?
- What happens if I get sick?
- Can I get travel insurance?

This daunting range of issues can make travel seem like it's too difficult. By following the tips in this article and by making preparations before you go you will maximise the chances of enjoying your international travel safely.



Travel Tips for the HIV Positive Traveller

1. Be prepared - plan where you want to go as far in advance as possible.
2. Find out about any entry restrictions in the countries you are planning to go to. You can do this by phoning your AIDS Council, PWA organisation or the International Travel Health Info-Line on (06) 269 7815. You can also find out by contacting the local embassies or consulates of each country you are intending to travel to. If you do this, you should not reveal your HIV-status or name to them. The information can change so it is important to double check. If restrictions do apply get advice from your local AIDS Council.
3. Get advice from your medical practitioner about vaccinations and any particular medications that may be required. The travel and vaccinations centres listed here can also help.
4. If you are quite ill, seek advice from your doctor about whether it is advisable to travel and if there are any special requirements which the airline or overseas doctors should be informed of.
5. Follow the sensible eating tips in this article.
6. Get the phone numbers and names of AIDS organisations close to destinations where you are going. These can often give you advice and assistance if you need it. Some of these are listed in this article. Your local AIDS Council may give you more detailed information for your particular destination.
7. Know the location of the nearest Australian Embassy.
8. Be aware of countries that provide reciprocal health care to Australians.
9. Be familiar with the health schemes that operate in the countries you are visiting.
10. Take out travel insurance (which does not cover AIDS-related conditions)
11. Leave your travel plans and contact telephone numbers with a relative or friend.
12. Make sure your 'power of attorney' (someone to take care of financial arrangements while you are away) and wills are updated before you go.
13. Carry identification which clearly indicates the name of the person to contact in an emergency.
14. Be calm and confident at customs points.

Vaccinations

THERE ARE MANY DIFFERENT TYPES OF vaccines. A common type are known as 'live attenuated' vaccines — that is they are live organisms that have been altered in such a way that they do not normally cause disease. These organisms stimulate the immune system in such a way that protection is provided against the disease causing organism.

For a person with HIV and AIDS there can be risks associated with live attenuated vaccines. This risk can be due to the live attenuated vaccine causing disease itself. This has occurred with vaccines for polio, measles and tuberculosis. Live attenuated vaccines for these diseases should be avoided. There is also a theoretical risk due to stimulation of the immune system by live attenuated vaccines. Other common live attenuated vaccines include mumps, rubella, small pox and yellow fever.

Some countries require

certificates of vaccinations for small pox and yellow fever. It is possible to get a certificate of exemption from Medical and Vaccination Centres and your medical practitioner. However, without vaccination, it is probably wise for people with HIV/AIDS to avoid regions where yellow fever is common.

Other types of vaccines include inactivated particles. These vaccines are usually safe for people with HIV. Diseases for which vaccinations are considered to be safe include influenza, cholera, typhoid and hepatitis B.

Travel Insurance

AT THIS TIME, ALL TRAVEL INSURANCE we are aware of excludes claims related to AIDS, AIDS Related Complex (ARC) and HIV. This includes claims for medical expenses, for loss of deposit or cancellation fee and for any additional expenses.

Travel insurance is available for people with HIV and AIDS — but only for claims that are not related to HIV or AIDS (and usually also don't include cover for treatment of sexually transmitted diseases).

If you are travelling to countries with expensive health systems like the United States then travel insurance is still recommended.

Travel Restrictions

MANY COUNTRIES IMPOSE RESTRICTIONS on entry of people with HIV, including tourists. Countries keep changing their rules, so it is necessary to find out about any restrictions that may exist where you want to go close to the time you are travelling. If you are not sure, an anonymous call to the country's consulate may help to clarify their current rules.

There is no consistency in how countries operate their exclusion policies — the decisions are often arbitrary or prejudiced. For

example, some countries target only 'performing artists', others target citizens of African countries and others target all entrants.

If travel restrictions exist in countries to which you want to travel then seek advice from your local AIDS Council. Sometimes you may choose to take the risk and travel to a country that has travel restrictions. You need to assess what the risks are (and sometimes they are very small whilst in other cases the risk may be too great), find out about steps you can take to minimise the chances of being denied entry and know what to do if you are denied entry.

Travel restrictions are one of the poor features of the international response to AIDS. The World Health Organisation concluded in 1987 that travel and migration restrictions related to AIDS are "ineffective as a public health measure, impractical, and wasteful."

There are other entry restrictions as well. Some countries have policies which restrict people entering for the purpose of seeking medical treatment and sometimes these rules have been used to deny entry of people with HIV and AIDS.

Even when the country concerned has no restrictions in relation to HIV/AIDS, customs officials who become aware of a person's HIV status can behave in unnecessarily officious and obstructive ways — they can also be welcoming and pleasant.

Travelling with Medication

IT IS OFTEN NECESSARY FOR PEOPLE with HIV/AIDS to carry medication with them when they travel — particularly medicine for preventing opportunistic illnesses (prophylaxis) and medicine for treating HIV infection — for example the antivirals AZT or ddI.

Border entry points usually take an interest in medicines and



pharmaceuticals. It is possible that some drugs used for the control of pain, while entirely legal in Australia, are restricted in the country you are travelling to.

You have three options in relation to medicines and travel. They are:

1. Sending your medicine ahead

Get advice from your local AIDS Council about this option. You need to do this in advance and make sure your medications have arrived before you leave.

2. Purchasing the medicine in the country you have entered

You need to find out if this is possible, how it is done, how long this is likely to take and what costs are involved. In some countries like the United States this can be very expensive.

3. Carrying your medication with you

You can choose to be open about what the medications are for. If you are not you need to be ready to answer the question, 'What are these for?'. You can get letters from your medical practitioner about the necessity of the medication you are carrying. These can be either open about your HIV status or couched in vague and broad terms (eg. 'a chronic illness').

Sensible Measures While Overseas

THE MOST COMMON HEALTH RISKS for any traveller stem from food and water and diseases spread by insects. For a person with HIV these illnesses may pose a greater risk.

The risks become greater in areas where hygiene is poor.

A few tips

- If possible try and boil water
- If possible use bottled water from a known source.
- Avoid eating salads in

countries where the water supply is not safe

- Don't eat undercooked meats

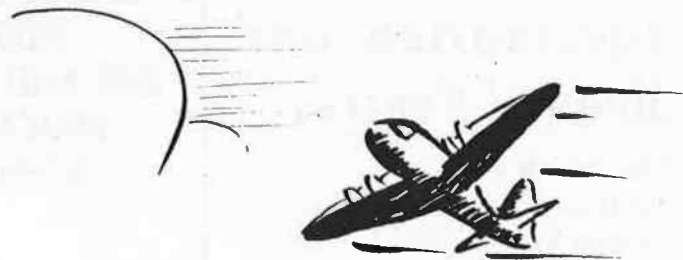
If you are travelling to areas where malaria is spread, it is essential that you take anti-malaria medication. If you are going to be in these areas for some time then investing in a mosquito net may be useful. An additional measure may be to use insect repellents — not just for mosquitos but for sandflies (which can also spread disease in some parts of Asia) as well.

If I get sick

THERE IS ALWAYS THE POSSIBILITY OF getting sick in areas with poor or very expensive health systems, or in places where HIV/AIDS medical management is not adequate.

If there is a high probability of you being sick while you are away or you have a particular HIV/AIDS related illness that requires (or may require) special medical management then, if possible, you should organise referral to appropriate specialists in the countries that you are travelling to. In such situations, travelling with someone might be a good idea if that's possible.

If you get sick then international AIDS organisations can be a good place to find out information about medical services. If you need assistance the nearest Australian embassy may be able to help. Having someone in Australia find out information for you (eg. from AIDS Councils) can also be useful.



Reciprocal Health Arrangements

Medicare has reciprocal health care agreements with six other countries:

New Zealand
United Kingdom
Italy
Netherlands
Sweden
Malta

Visiting Australian residents can get "immediately necessary" medical treatment under the public health systems of those countries. This includes treatment for HIV-related conditions. Pamphlets on these schemes are available from Medicare offices.

This list may expand, but it not likely that it will include the USA in the near future.

And finally, be safe and have fun. Hundreds of Australians with HIV and AIDS have travelled overseas without any problems.



Vaccination and Medical Centres

New South Wales

7th floor, Dymocks Building 428
George, Sydney (02) 221 4799

Victoria

6th Floor, 165 Flinders Lane, Melbourne (03) 650 7600

Queensland

6th floor, Australian Airlines Building (07) 221 9066

Western Australia

Level 5, Capita Centre Stage 111, 1 Mill Street, Perth (09) 321 1977

South Australia

5th floor, Connor Building, Queen Elizabeth Hospital Woodville Rd, Adelaide (08) 347 0296

International Travel Health Info Line

(06) 269 7815

When you're overseas

USA

- San Francisco AIDS Foundation
Hotline : 863 AIDS
- People with AIDS Coalition (New York) 1 212 532 0900

New Zealand

NZ AIDS Foundation
64 9 303 3124

United Kingdom

- Terrence Higgins Trust
071 831 0330
- Body Positive
071 835 1045

Netherlands

- Fight for life
31 20 627 5093
- HIV-VN
31 20 66 44 076

Malaysia

AIDS Resource and Counselling
Centre
60 3 442 4733

AIDS COUNCIL OF NEW SOUTH WALES GAY AND LESBIAN INJECTING DRUG USE PROJECT EDUCATION OUTREACH PROJECT-PART-TIME (LESBIAN AND GAY MALE COMMUNITIES) Position Code EOWG

THE GAY AND LESBIAN INJECTING DRUG USE PROJECT IS AN innovative project located at the AIDS Council of New South Wales. The aim of the project is to improve access to health promotion strategies for lesbians and gay men who inject drugs to minimise the transmission of HIV and other blood borne infections.

The aim of the Education Outreach Workers is to initiate contact with lesbians and gay men who inject drugs through the distribution of sterile needles and syringes and other harm reduction equipment in the inner city area of Sydney. The worker will be employed for 20 hours per week as part of the Community Development team and will be working closely with the gay male Education Outreach Worker. Due to the nature of this position the normal working hours will be irregular and penalty payments will not be available.

Understanding of and sensitivity to the issues faced by lesbians and gay men who inject drugs is an essential requirement of this position, as is a demonstrated understanding of harm reduction strategies in relation to injecting drug use. Other essential requirements of the position include a willingness to work with an sensitivity towards people with HIV, knowledge of services and programs for people who inject drugs and an ability to effectively communicate with a range of people within and affecting the lesbian and gay communities.

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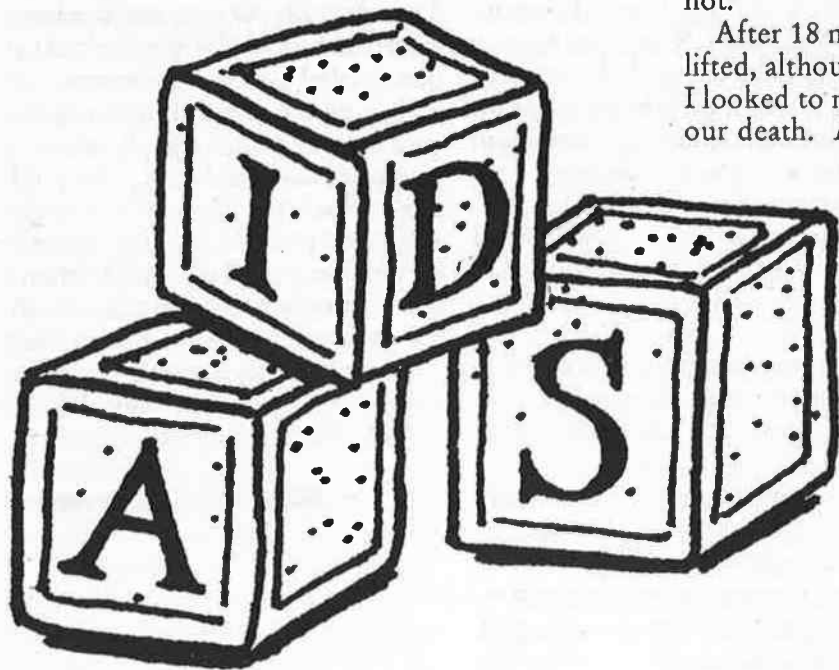
Big Sisters of Universal Joy

Contact Mother Desiree of Light during convent hours on (02) 206 2038

It takes many of us months and sometimes years to disclose our HIV status. This reluctance is not unusual and due, more often than not, to fear of the reaction we'll receive. For many parents, telling the kids that they or a member of the family has HIV/AIDS is no easy task.

In the following two pieces, disclosing to children is looked at from two different angles. The first is from that of an HIV+ mother. The second is from a sister and carer, and how she and her brother involved the kids.

TELLING THE KIDS ABOUT



"Will Tuesday morning suit you?"

WHEN WE WERE DIAGNOSED IN 1985 it was called AIDS. And AIDS equalled DEATH. An infected 3-year-old child was hounded from kindergarten, even from her country of birth, through fear and ignorance. So, how could we tell our children?

Fear motivated our decision not to tell them. Ignorance too. Ignorance created the formula for fear in those days. I got the diagnosis a week after my second child was born. I was breast feeding. *Is the virus in the milk?* I squirted it out and boiled it up. *Is the virus in tears?* I stopped crying. Part of me needed to know, but then most of me didn't. So we switched off the TV when the scary AIDS docs were announced, and skipped over the ugly media reports. And we waited. We took the long trek to Prince of Wales every 3 months for baby's blood tests and waited. Wondering how I would tell my baby about safe sex and needle sharing. Thinking, of course, that this baby would live to that age, infected or not.

After 18 months the tests proved negative. A cloud lifted, although the shadows of fear changed emphasis. I looked to myself and my partner, his illness, our sex, our death. AZT was an unknown quantity: who had heard of combination treatments then? Not me. I wasn't looking, I was just waiting for death.

All the unresolved explanations, the conversations. My children could work them out with the rest of the world after I'd gone. The world that I felt no part of any more.

Well, obviously I didn't die — the easy way out. My worst fears weren't realised, the children started school, illnesses were identified, prophylaxes were in use, information and support materialised, we told family and friends.

Life went on in a strange limbo,

waiting. I laid foundations for my children's future amidst the epidemic, and my future in respect to them. I taught them how to share and how to understand that some things were allowed to be entirely their own, like the teddys and the secrets. I identified the importance of privacy.

I knew children threw eggs and tomatoes at the neighbour's washing because she was Greek and grew lemons. Where would that leave my children if they spoke of us in the play-ground?

The life lessons went on by identifying peripheral people who had HIV and who had, or were dying of AIDS. What it was and how it could be transmitted. Time ticked by. I investigated the teachers' and principal's attitudes at their school, not able to say why we didn't become involved in the activities at the school, afraid someone may be aware of the obvious illness that had become a normal part of our household. I felt I had no right to inform the teachers before our own children.

So we visited Community Health Centres, spoke to child psychologists—who checked their reference books that contained nothing relevant to us. First case scenario. They invited our children to draw pictures, announcing them well adjusted and to bring them back next week, ready to be told all. "Will Tuesday morning suit you?"

I spoke to other women. The few who had been straight forward from the time the children could speak were dealing with different realisations as the children grew. I

found the women who hadn't told their children were like me, and had older children. All the time it got closer to saying the words but still they didn't come.

Then came more illness and more death, closer to the family circle. So we made quilt panels for friends and defacto uncles. They started participating in the Quilt unfolding ceremonies. Attending funerals. There was never a lack of conversation about AIDS and treatments in our household, yet it was always other people. So the "why didn't you tell me before?" and the "will I get it?" had been played out with the children well before. Yet those conversations laid some foundations for telling them about our status.

Now the close friends have gone, my children have sat at the bedsides, painted get well cards. I still couldn't say "Yes I have this virus, your Dad too." We talked about a grieving process, and sharing part of that with our children while we were still alive, having some input towards their knowledge, acceptance and understanding.

I've rationalised—"They've had seven years of real childhood, without living with the uncertainty."

I've been selfish—"When I'm with them, they create the only space in my life that HIV has no breath."

I've been angry—"If you only knew how hard this is for us."

I've been sad—"I know that when I can say the whole truth we can be great allies, we can share this. The feeling of not sharing the whole

of our lives will disappear."

I get hopeful—"By the time we die you'll have your own lives."

And fearful—"Who will care and love you as we do?"

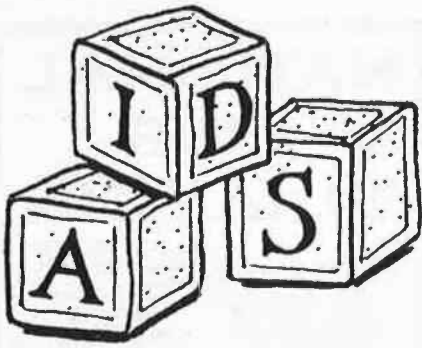
None of these emotions, none of the knowledge, none of the strength we gathered around us, none of the books I've read, or people I've talked to gave me the words to tell them.

None of the innocent/guilty labels explained away the anger or the reality.

And yet the truth did eventually get told. I don't think it's ever too late even if it is after the fact. I finally explained *why* their father was dying. The reality, of seeing their father dying was the ultimate issue when it came about. The years of being afraid of my children's fear, their anger, their rejection came to nothing in the face of death. Dying was the issue here, the knowledge that he had the virus paled into insignificance.

I don't think my children have a political or social agenda when it comes to love and loss. They tell me now, I shouldn't smoke cigarettes in case it kills me. Or talk of who they might live with when I die, naturally presuming that I will. At the same time they grieve their loss, and the loss of the others in our lives—not that they died of AIDS. They leave that to me.

— Name withheld by request



Life . . . and a fridge full of morphine

Anne Palmer is the sister of Andrew Carter, one of the founders of the AIDS Memorial Quilt, who died two years ago while living with her and her two sons in Perth.

MY SONS DAVID AND SIMON WERE SIX and seven when Drew was diagnosed in 1985, so they are from a generation where AIDS has always existed.

We had a lot of preparation and support for what was going on. Drew was so well organised. So many people I meet just don't know, but Drew prepared not just me, but the whole family. And the kids just seemed to accept it.

Drew was always very hopeful that there would be improvements in treatments and we passed that on to the kids. We always tried to be as positive as we could. When he came over to live with us, they knew that he was coming to die and that he'd chosen to live with us. They were aware that he'd changed a great deal by that time.

The kids had lost pets, and I'd cared for my grandmother who died when they were four and five and they could remember that. For a lot of people, death is something they've never come across or talked about, whereas the boys had.

Drew prepared them for his death in subtle ways. He had cassettes with "this is music for my funeral" written on them. No-one ever said anything to the kids, but they saw them and they knew.

I never sat them down and told them what was going on. We'd be stuck in a traffic jam and little questions would come up like "how are you going to tell when he's dead?".

I wanted to keep their relationship with Drew as normal as possible, and I knew that if they got into the hands-on physical side of things that would change. Their only responsibility was occasionally being left at home with him, and they'd have to listen out for him, but I never got them to fetch and carry or anything. It was tempting, but I wanted their relationship to stay just the same.

Drew was in such a great deal of pain. I think when you've got pain like that in the household it affects everybody and the kids responded to that very quickly. I never had to tell them to be quiet or not have friends in the house or anything like that, they just did it on their own. It seems quite funny in a way, but life just went on. They'd come in and I'd be sitting there drawing up a syringe and they'd be asking for lunch money. It was just life, and a fridge full of morphine, and we just got on with it.

When Drew finally did die, I didn't feel like rushing him off. Drew stayed in the house for the day. It was like part of living.

We had a lot of friends with young kids and Drew had seen them all grow up. So an awful lot of kids came to the funeral and said things

like "is Drew really in that coffin?" in loud voices during quiet bits of the service.

I asked Simon the other night whether there was any point when he realised that the situation had changed from "he might die" to "he is going to die" and he said he always thought Drew would die because that's what the TV said. I think that grim reaper advertisement is what really told them, but because we were always looking at treatments and being positive about it he felt that he had to go along with that, though deep down he thought that Drew would die.

I'm sure they have their own grief, but they never show me or talk about it. They know that Drew loved them a great deal and that he thought about how it was affecting them. He wrote them notes and some of the things he gave them would have a note on them explaining "why I want you to have this . . .". They just took it at face value.

Simon would have been thirteen and David eleven when Drew died. It was June 1991. When Drew got the Order of Australia, the Governor's office rang up because they knew Drew was really ill. He knew he wouldn't be around when the ceremony came up, but he could appoint someone to accept it on his behalf and he wanted Simon to accept it. He told me he felt so guilty that he'd brought this onto the kids, and the kids had to live in the house with him and all that stuff. And I said to him that the kids had got so much from

him that he didn't have to feel bad about it at all. But he felt that by giving the kids the Order

of Australia, that was something he was giving them. Simon was really proud to go and get it.

THIS HAS NOT MEANT TO BE A PRESCRIPTION for how to tell kids, but obviously it's easier to deal with this kind of knowledge if your relationship is based on open communication, love and respect. Kids need to know, and if you don't tell them they'll make up some story for themselves.

If you want to tell your child and they don't have the background experiences my children did, then you can start by saying things like "well, you know I've been pretty sick — what happens when people get sick?" and then follow their lead. If the child says "sometimes they die" don't stop there, but say "yes, they do, but sometimes they get better". Use a relevant example like "you got better when you had your tonsils out, but some people get sick and the doctors and the hospitals just can't make them better". Role playing with dolls

and teddys might help with really small children. I think that the most important part is 1) giving the child permission to talk about it and 2) giving them the vocabulary to understand a very complex concept.

There are some really good children's books on dying and death; but it's possibly better to read to them from the start, not when you think you've got to talk about it. That way you give them a language they can use. Kids get this anxiety that they can't put into words. I often think people assume that children are happy and they're okay, but in fact they don't talk about things because they can't. Obviously it doesn't work with two year olds, but once you give five and seven year olds some vocabulary and understanding, then they can talk about it.

A few books which you may find helpful:

- *The Tenth Best Thing About Barney*, Judith Voist.

A PICTURE STORY BOOK WHICH TALKS about loss and grief in a way children can relate to. Offers an explanation of what a funeral is. Very factual but introduces the idea that some people believe in heaven. Suitable for infants to about eight years or even older if a child was very distressed.

- *Nana Upstairs and Nana Downstairs*, Tomie De Paola.

A PICTURE BOOK ABOUT DEATH IN

old age and aging, but gives a child's idea of how people who die stay with us in our memories. For children about six to ten.

- *Gran's Grave*, Wendy Green.

USES HEAVEN AND GOD TO EXPLAIN what happens after death, but goes over the ritual of funerals, visiting cemeteries etc. I was surprised to find that children find this so interesting. A bit long for really little children but you can just talk through the pictures. Six to ten years.

NATIONAL AIDS BULLETIN

NATIONAL AIDS BULLETIN



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Anguish in

CHAPTER 20 by Ms E da O.

In the last episode Robbie and Wayne feathered their new nest while Leonard and Nigel 'discovered' each other at the clinic and Beryl continued to plead reality at The Loonibinni Gender-Reassignment Home. But where's Brad? Has Nigel spun out for good? Can Linda Sticklip overcome the evil Nurse Bambito to wreak revenge? And will Carin's counselling skills come in handy? Read on, gentle reader. Read on ...

Way of the Cross Dresser

BRAD ADJUSTED HIS BLACK PILLBOX hat, and sacheted towards the bar of Sydney's notorious Stuff Room. A pianist worked the ivories in the next bar, and Brad tried to recall the tune, but the name of the tune *Memories* escaped him. Searching piano bars for hours, Brad had still not found Nancy.

"Double Virgin's Veil and heavy on the blue stuff," Brad rasped at the tall, thickset woman behind the bar.

"Votre chapeau est formidable, darling!" shrieked a coiffed wonder sitting on the stool next to Brad. "I haven't seen a real pillbox hat in years. And such a minimalist statement — just the hat!"

"It belonged to a friend of mine, who's lost," Brad began. "You haven't seen a small glamorous femme vrai, have you?"

"What you need honey is ensemble-complet," said the large, vermilion mouth residing under the wondrous coif. "I'm Isabelle,

BOHEMIA



Countess de Ravenspur, incognito. But don't stand on formality, you may call me Countess. We must get you into something more respectable, and I've got just the gown, dans ma petite voiture."

Brad downed his Virgins Veil, and standing up he realised the Countess was taller than him — two feet taller in fact — though most of that two feet was elaborately lacquered, synthetic fibre from Taiwan which wobbled precariously as the Countess tip-toed downstairs.

"I don't know where Nancy could have got to," Brad said as they squeezed into an Austin-Healey Sprite, which was crammed with garbages vomiting out tulle and sequin-encrusted satins.

"Don't worry love, we'll find your friend Nancy for you," replied the Countess. "I have a second sense about these things, and my guess is you live nearby. Am I right?"

"That's amazing, Countess," stammered Brad. "I live just down the hill." And with that the glamorous noblewoman's car crunched into gear and sped away.

Lethal Cocktail

"MEMORIES, ALL ALONE IN THE LAMP-light," sang Leonard dejectedly into the bottom of the glass which until moments ago had contained his fifth Black Russian in under two hours. He gazed around the table at his drinking companions: Robbie and Wayne were tongue kissing for the last five minutes (surely a life-threatening condition), and Carin was leafing through a recent copy of the Sydney Stud Abuser, snorting derisively from time to time.

"Whose idea was it to come to the Gallbury anyway?" slurred Leonard. "That ham-fisted turkey assaulting the piano should be charged with crimes against musical-comedy."

"Lighten up, Leonard," said Robbie, disengaging from Wayne's prehensile tongue, the blood slowly returning to his lips. "But you're right about the music here. Let's go and find some real culture."

"Yeah, let's go to the Stuff Room — there's a beehive competition at



2.30am. We can just make it," suggested Carin. Tossing aside the Sydney Stud Abuser, she wiped the filthy, black newsprint from her hands.

"Not the Stuff Room," whined Robbie. "That place is OK at 9am after a dance party, but this time of day it makes the Bondi outflow pipes seem a tasteful place to go."

"Sounds perfect," slurred Leonard. "I want filth and degradation."

They poured themselves on to the street, and swayed in the direction of Taylor Square and a lot of stuff.

Valley of the Trolls

SETTLING HIS WEIGHT BACK ON TO the raw pine benches of the dry steam room, Nigel tried to centre himself. But being in a sauna he soon gave up and decided to get an erection instead. He felt safe in the

well-lit dry steam, not at all like the wet steam room, where hideous, creeping trolls lurked in every crevice, and occasionally oozed through the dimly lit fog.

Nigel wondered about things — a habit he'd developed, and now couldn't shake. His memory of meeting Leonard in the clinic waiting-room still disturbed him. Lying back he closed his eyes, feeling only the hot, dry air moving in and out of his nostrils.

Linda Flies over the Cuckoo's Nest

LINDA STICKLIP'S EYES SLID FURTIVELY across the recreational therapy room of Loonibinni, home for the gender aphasic. She had been playing Scrabble for several hours with a heavily medicated patient, and was beginning to weary of her opponent's method of play, which consisted of placing tiles in his mouth

and sucking noisily.

Slamming down the word F-A-L-S-I-E-S on the board, Linda looked up to see evil Nurse Bambi escorting a slumped figure in a bathrobe to a chair. Evil Nurse Bambi motioned towards some fuzzy-felt with the words: "Now Bradley, I'd like you to sit there quietly and create a beautiful barnyard scene for me. We'll be back to give you your pre-op medication in an hour. And no more of that 'Beryl' nonsense, Bradley."

The bath-robed figure nodded its wisteria-tinted mop, and lurched towards the fuzzy-felt compliantly. As Nurse Bambi spun on her orthopaedic Dr Scholls she espied a pale, young patient completing a 1000 piece jigsaw at a nearby table. With one deft movement she flung the puzzle to the floor, leaving the patient whimpering quietly as her brittle laughter disappeared down the corridor.

Linda reached across the scrabble board, and slapped her opponent on the back of the neck to retrieve the sucked tiles.

"Scram, you dribbly!" she hissed at her opponent, as the dribbling wreck slunk away to play with building blocks.

Across the fluorescent lit expanse of gender aphasic fuzzy-felters, Linda motioned for Beryl to join her at the Scrabble board. Beryl's mind had more in common with the inside of a Roche company warehouse than a steel trap, and responded equally to all commands.

Reaching Linda and the Scrabble board, Beryl looked down to see a partly formed message. It read: "I - K - N - O - W - Y - O - U - A - R - E - B - E - R - Y - L."

"Ickynowyeouareberryell," slurred Beryl somehow employing her autonomic brain functions, the only part of her mind untouched by the lithium-librium cocktail floating in her bloodstream.

Throwing caution to the wind, Linda slapped Beryl's face with a crisp crack, causing a momentary distraction to nearby fuzzy-felters.

"This is hopeless," snapped Linda. "We're getting out of here, and you're going to lead me to Brad. First he dobbed me in, and now he's admitted you, his own mother, to this nightmare trannie-torture chamber, masquerading as a hospital for gender re-assignment. I'm going to waste that pillbox-wearing monster!"

Lethal Cocktail II

LITTLE BROTHER CARIN LIKED THE Stuff Room. Gazing over an undulating landscape of beehive hairdos pushing through a cloudbank of tobacco haze, she could make out the forms of Wayne and Robbie, who appeared to be dancing with Ida Lupino and her less attractive, older sister. Distracted by a grunt from the next barstool, Carin turned.

Leonard appeared to be asleep. Lying with his face on the bar in a

pool of spilt Crème de menthe daiquiri, he mumbled something about Nigel.

"Has time rewritten every line?" Leonard sang. "Oh, Barbra..."

"Leonard!" Carin shouted as she wrenched him from his maudlin pool of Creme de Menthe, and shook him into a fit state to counsel. "Who's Barbra?"

"If you were a real gay man you wouldn't have to ask," Leonard slurred. Realising he was talking to Carin, a woman, he added: "Sorry, but when your life is a sinking ship in a high gale, sometimes all you have left is a raft of popular tunes, and Barbra Streisand."

Deep within Carin's social-worker's being a powerful hormone had been released causing her empathy glands to send a message to her co-counselling lobes, and as a reflex action, her mouth opened and uttered the words: "How does that make you feel?"

Leonard took a deep breath, and hoisted himself on to the bar.

"All men are bastards!" he shouted. "I never wanted to learn the piano!"

"That's great, Leonard, let it all out," Carin's reflex action continued.

"I hate my second cousin, twice removed! I've always hated him, and now I can say it. I hate my second cousin twice removed."

"Imagine this barstool is your second cousin, what would you like to say to him?" Carin prompted.

"I would say..." he began, but was disrupted by a large Tongan bouncer who plucked Leonard from the bar, and slinging him over his shoulder, headed for the exit.

"...I'm going to the tubs!" wheezed Leonard, as he struggled to prevent himself from retching all over his burly captor's back.

"I really think we're making progress here," shouted Carin across the Stuff Room.

As Leonard disappeared through the door, two impressively and freshly coifed beehives sailed through the slipstream caused by Leonard's enforced exit, and made for the safe harbour of the bar. Mooring themselves next to Carin, the Countess de Ravenspur nodded towards the exit and quipped: "That one's going to lose more than her party frock tonight! Ah, le grand passion..."

"Brad!" gasped Carin, suddenly recognising the companion of the Countess. "Where did you get that dress, and what's happened to your pillbox hat?"

"Not Brad, silly," he retorted. "My name is Gigi Oup. I-AM-A-GODDESS!"

TO BE CONTINUED

WIN A TRIP FOR TWO in the inaugural ANGUISH IN BOHEMIA quiz

Answer these five simple questions and you could be a winner!

1. Where did Brad's pillbox hat come from?
2. Why did Rod, the truckie, tell Nigel to get his pants off?
3. Where is Nancy now?
4. What does Leonard Klutsinger do for a living?
5. Which character in Anguish in Bohemia do you relate to? And why?

Neatness and originality count. Entries close July 30th 1993.

Send your entry into: ANGUISH COMPETITION, PO Box 1359, Darlinghurst NSW 2010. Judges decision is final and no correspondence will be entered into.

Fair Treatment



HIV Therapeutic Vaccines: Proceed With Caution

AT THE RECENT PUBLIC FORUM ON the proposed future trials of HIV preventative vaccines it was announced as an aside that the first of the therapeutic vaccine trials for those already infected with HIV are only approximately 1 month away from enrolling 225 Australian subjects. Despite the fact that there has been a small amount of community press coverage around the proposed trial, this revelation caught some members of the HIV community by surprise. Dr. Don Smith, the bearer of this news is the Director of Community HIV/AIDS Trials Network (CHATN) who will be running the proposed trial in conjunction with the National Centre in HIV Epidemiology & Clinical Research (The National Centre). In order to gain a more detailed understanding I interviewed Don Smith and some community activists about the details of the upcoming trial.

The trial known as VLP24 (Virus Like Particle) is a therapeutic vaccine trial for people with HIV infection as opposed to a prophylactic or preventative vaccine which would target those who are unexposed to HIV. The major differences between these two vaccine approaches are significant in that a therapeutic vaccine can be viewed as yet another experimental treatment strategy for people with HIV, the ethics of which can be readily transported from previous experimental clinical trials. However, preventative vaccine trials pose new and difficult ethical

questions around the dangers of using uninfected study subjects for potentially life threatening illnesses. Lou McCallum covers this aspect in more detail in his accompanying article.

VLP24 will be trialled in two separate studies in Australia and both are anticipated to start enrolments in late June/early July '93. The protocols for these studies are currently awaiting approval by ethics committees of treatment sites.

**... the response
from the AIDS
treatment activists
was ... in their
own words
"proceed with
conservative
caution"**

VLP24 has been developed and is being sponsored by a new comer to the AIDS treatment field from the United Kingdom known as British Biotechnology. This pair of phase two trials are differentiated by the code numbers of 005 & 006.

Trial 005 which will only be run only in Sydney, Australia at 5 sites including; St. Vincents, Sydney Hospital sexual health clinic and 3 community GPs being Dr's Mark Bloch, Marilyn McMurchie & Bill Genn. This trial will seek to enrol

75 "asymptomatic" participants. The criteria as follows: CD4 or T4 cell count of 500 or higher and Zidovudine (AZT) naive this means no previous HIV anti viral treatment. This will be a blinded and randomised trial split into 3 equal groups: one receiving the vaccine, one receiving the vaccine & AZT and the third group receiving AZT alone. All participants will be administered with monthly intra muscular injections for six months and followed up for a further six months with monthly pathology tests. I also understand participants will be asked to enter into an agreement to remain off AZT for a period of 12 months after the commencement of the trial.

Trial 006 will seek to enrol 150 participants in Australia and a further 150 participants in the U.K. The Australian contribution will be spread over the same sites as the previous trial with the addition of three Melbourne community GP clinics. The entry criteria will differ from 005. Participants with 350 CD4 cells or less will be eligible and there will be no restrictions on previous anti viral use i.e. people who have tried AZT, DDI, DDC or D4T will not be excluded. Similarly this trial will be blinded and randomised into 3 groups: one group receiving a placebo (dummy dose); one group receiving the vaccine; and the third group receiving a double dose of the vaccine. As with the 005 trial the vaccine will be administered via six

intra muscular injections a month apart participants will also be followed up for a further six months.

It is not envisaged that participation in these trials will exclude people from future clinical trials of other substances. However we must be wary of counting on inclusion to clinical trials for which protocols have not yet been written. Two previous phase 1 trials have been run in the U.K. using VLP24. Both these trials are 2 to 3 months old and preliminary data is very thin on the ground. They consist of

a trial on 16 HIV negative subjects and a separate study of 16 HIV positive subjects. It would seem, so far, that any ill side effects have been restricted to slight tenderness at the injection site and low fevers for the subsequent 24 hours or so. Keep in mind this is still very early days.

It was expressed by both Smith and the community treatments researchers that people with existing low levels of immune function may not experience the major benefits that are being hopefully anticipated for people at the early intervention

stage. Indeed there is some concern that the process of stimulating immune function in people who are immune suppressed may lead to stimulating viral reproduction and lead to an increased viral load in the most vulnerable of people with advanced HIV disease. While they were trying to be optimistic and supportive of the proposed trial I would have to say the response from the AIDS treatments activists was at best luke warm. Or in their own words "proceed with conservative caution".

— Andrew Morgan

HIV Preventive Vaccines: Another Story

COMMUNITY CONCERN ABOUT PARTICIPATION in the trialing of HIV preventive vaccines centred around three main issues: Who would participate? Would the presence of a partially successful vaccine lead to an increase in the HIV infection rate as people became less diligent about safe sex? Would funds be deflected out of the AIDS budget claiming resources for developing treatments and providing services for people with HIV and AIDS?

Preventive or prophylactic vaccines are intended to offer HIV negative people a level of protection against HIV infection. Just what level of protection and against which strains of HIV infection remains unclear. What also seems unclear is how the presence of a vaccine offering only partial protection against HIV will affect people's resolve to continue safe sex.

Associate Professor David Cooper, Director of the National Centre for HIV Epidemiology and Clinical Research, told the meeting that the trials would go ahead in Europe and North America whether we participated or not. He also argued that we would benefit from participating in the trials

whether they were successful or not.

In order for a preventive vaccine to be successful against HIV it would have to do several things: It would have to last in the body without having to be regularly topped up; it would have to provide protection against a virus which mutates at about three times the

"As a vaccine gets closer, we can only expect the pace of drug development to taper off"

rate of the flu virus; it would have to provide equal protection against both sexual and blood-to-blood transmission and it would have to protect against free floating virus and virus contained in body cells.

This is a tall order for any vaccine and Cooper seemed to indicate that it was unlikely the vaccines

currently being proposed for trialing in Australia would meet these challenges.

For the trial to show that the vaccine was useful it would have to be able to demonstrate that the sero-conversion (HIV infection) rate of those HIV negative people receiving the vaccine was significantly lower than that of the group receiving the placebo or dummy dose. The only real way to do this is to show that those people vaccinated failed to sero-convert even after being involved in unsafe sex or needle sharing.

The trial would need to recruit people currently at risk for HIV infection.

Two potential groups identified by the researchers were young gay men and injecting drug users. But just identifying young gay men would not seem to be enough. What the trial really needs is young gay men who occasionally put themselves at risk for HIV infection. How are these men to be recruited given that the Macquarie research presented by Professor Beverley Raphael at the meeting indicated that gay men more closely identified with the gay community were less

likely to be at risk?

Although it was proposed that all participants would receive counselling about risk behaviour throughout the trial, and that counselling staff would be independent of trial staff, it seemed that the participants of the trial would be caught between these two groups with conflicting aims — the researchers offering the participants, either directly or by implication, a temptation to test the vaccine by having unsafe sex and the counsellors pushing for sustained safe behaviour.

Community speakers, including Ken Davis, Manager of the Policy Unit at ACON, argued that the cost of community participation in the trial appeared to outweigh any possible benefits at this early stage. Davis pointed out that the relatively unique success of Australia's HIV prevention strategies could be jeopardised by the presence of a vaccine offering partial protection.

"A relatively small increase in unsafe behaviour could produce a sharp increase in infection rates," Davis said.

He proposed that if the trial were to go ahead, resources would have to be allocated to counter community optimism which might affect the ability of individuals to maintain safe sex. Davis was also concerned that the growing HIV positive/HIV negative dichotomy in the gay community would be further complicated by the emergence of a third group — those with positive antibodies, no virus and partial HIV immunity.

The main question which remained unanswered was the effect that participating in the trial would have on risk behaviour. Ian McKnight, AFAO National Treatments Officer, presented some of the concerns of HIV negative gay men. He cited the case of a gay couple involved in a preventative vaccine trial in San Francisco who both reported an increase in unsafe sex outside their relationship following participation in the trial.

McKnight also raised concerns about the fact that people vaccinated would show up as HIV antibody positive, even though they would not be carrying HIV. Would this preclude them from gaining health and life insurance, prevent them from entering the USA and other countries which banned HIV positive tourists and subject them to HIV related discrimination in employment, housing and other areas? How would the trial group deal with people who sero-converted during the trial? Would there be compensation available in the form of guaranteed treatment and care?

Other speakers raised concerns about the effect of preventive vaccine development on research into HIV treatments and on the AIDS budget. Speaking on behalf of people with HIV, Rolf Petherbridge raised concerns about any deflection of research and funding away from HIV treatments.

"As a vaccine gets closer, we can only expect the pace of drug development to taper off," he said.

"The development of a preventative vaccine poses a major threat to the welfare of HIV infected people," he added.

Petherbridge also called for the involvement of the potential target groups for the trial, HIV negative young gay men and injecting drug users, in any future discussions about the trial.

The Australian Federation of AIDS Organisations' position on preventive vaccine trials was presented by Margaret Duckett in a detailed discussion paper. Duckett echoed many of the concerns raised above and argued that much more work need to be done before any decision about participation could be made. It would seem that so far the arguments in favour of proceeding with a Preventive Vaccine Trial are not convincing.

— Lou McCallum,
ACON Policy Writer

**Thursday 17th
June - Friday
18th June 1993**

INTEGRATION: The Future of Mental Health Services

Marriott Hotel, Sydney

A two day Conference hosted by St Vincent's Hospital Department of Psychiatric Services and the Inner City Mental Health Service.

The Conference will present in detail four models of client-centred integrated services for the seriously mentally ill, people living with HIV, psychogeriatrics and youth.

Key professional issues including ethical practice and professional development will also be addressed.

There will be 14 stimulating interactive workshops, covering a variety of clinical issues, of which each registrant can attend four.

Details:

**Marie McMillan
Department of
Psychiatric Services,
St Vincent's Hospital
Darlinghurst 2010
Ph: (02) 361 2100
Fax: (02) 361 2384**

Gloria's Food



Getting more from your grocery money

Trying to manage on a budget? Aren't we all. Eating well need not be expensive, shoppers. This month, Hilda High shows us how with a few tricks you can take dollars off your food bill.

Before you shop:

Use a list. You are less likely to double up on things you already have or forget the things you need.

Try shopping only every fortnight. This is particularly important if you don't have transport. The cost of home delivery or taxis can make a serious dent in your food money if you make several shopping trips.

Eat or at least try not to shop on an empty stomach. If you're hungry, expensive junk foods and glossy packaging seem more appealing.

If possible, buy in bulk and share the purchases with friends, eg. soap powder and loo paper.

Food co-ops can be a cheap and convenient way of purchasing fruit and vegetables. Some co-ops also include meat.

When in the store:

Compare prices when you shop. A supermarket's own brand is usually cheaper than well known name brands and often is just as good.

Convenience foods often cost a lot more than the homemade equivalent.

Large supermarkets usually sell most foods more cheaply than corner shops but fruits and vegetables are usually fresher and

cheaper at local markets.

Trying to stick to those fruits and vegetables that are in season will also save you money. Frozen vegetables are just as nutritious as many of the "fresh" vegetables. They can be a cheap and nutritious alternative to out of season vegetables.

Value for money foods:

Fruit and veg:

Some vegetables are better "value for money" as they have more vitamins and minerals. These vegetables include broccoli, cauliflower, pumpkin, capsicum, peas, carrots, cabbage, potatoes, sweet potatoes, spinach, brussels sprouts.

Breads and cereals:

Home cooked cereals such as porridge are often much cheaper than ready-to-eat cereals with added fat, sugar and salt. Bags are usually cheaper than boxes eg. oats, muesli in bags.

Sliced bread keeps well in the freezer and is still easy to use.

Meat, chicken and fish:

Less expensive cuts of meat are good for curries, stews and casseroles.

To make the meat go further, add lentils, beans or soy products - these are good sources of protein. Chilli con carne is a good example.

Tinned fish, such as tuna, salmon, mackerel and sardines, is nutritious and relatively cheap.

Processed meats tend to be poor value for money. They are high in fat, salt and additives.

You do not need meat, fish or

poultry everyday. Try alternating with eggs, cheese and milk.

Dairy foods:

Powdered milk is cheaper than ordinary milk. (It tastes much better if you mix it up the night before). Even if you drink ordinary milk, powdered milk can be used in cooking, where you won't be able to taste the difference.

Block cheese is more economical than sliced or wrapped cheese. Some grated cheeses may actually be cheaper than block cheese.

Cream is high in fat and low in vitamins and minerals. It is better value to use yoghurt.

Damaged or dented cans or out of date foods may be sold cheaply. However they may be a health risk. It's much safer to avoid them.

Cooking and storing food:

You can also save money by the way you cook. For example, if you use the oven, try to cook several dishes at once. You can freeze the extra in individual servings for later.

Vegetables should be lightly steamed, stir fried or microwaved to retain their vitamin content.

Tight fitting lids on saucepans save money by keeping the heat in. Usually you can turn the heat off a minute or two before the dish is completely cooked.

Hilda High is an Albion Street Centre dietitian with the Dietitians Association of Australia HIV Oncology Special Interest Group.

What's Goin' On



Western Sydney Positive People's Education Program

Venue: Westmead Hospital, Classroom behind Clinic B

Time: 1pm - 2pm

June 15: Update on Social Security

An expert on 'Benefits' will be present to answer all of your questions and concerns about benefits and allowances.

June 22: Palliative Care

What does it mean? What can you and your friends expect?

June 29: Confidentiality

Protecting you and your family.

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

Western Sydney AIDS Prevention & Outreach 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

Are You HIV+ and Have You Been in Prison?

Perhaps you can help with a new research study by the National Drug and Alcohol Research Centre. The study aims to: monitor the prevalence of risk behaviours and HIV infection among a group of ex-prisoners; to determine the characteristics that put some inmates at more risk of infection than others; and to examine the level of contact ex-prisoners have had with a range of HIV prevention services.

We need to interview and test 180 people between April and October 1993 who: are male, have injected drugs in the last two years and have been imprisoned in NSW for at least one month in the last twelve.

The interview and test results will be confidential. Names will not be recorded. Test results will not be available to respondents. The study has the approval of the Research Ethics Committee of St Vincent's Hospital.

If you would like to participate in this research, please contact Kate Dolan at NDARC. Phone: (02) 398 9333.

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.

country connections

Do you come from the country or have an interest or connections there?

We need **volunteers** to help produce our newsletter for country guys and work with the team at the Rural Project.

We can offer you flexible hours and can teach computer, desk top publishing and loads of other employable skills.

Call Crispin, Nigel or Nik on (02) 206 2082 or (02) 206 2090 for more details.



acon rural project

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

Glebe Community Health Centre

184 Glebe Point Rd, Glebe

(near Valhalla Cinema)

Sponsored by Royal Prince Alfred Hospital,

Central Sydney Area Health Service

ACON Meditation Group

Instead of meeting on a regular basis each week, we will be holding special instruction sessions of about one to two hours either in the evening or on the weekend.

The meetings take place whenever there are enough people to warrant it.



Bodhidharma, after Hakuin Zenji.

*If you or your friends are interested, please call **David** on **(02) 358 1318** to register, and indicate a suitable time. (Messages can be left on the machine).*



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 Provides info on HIV health services, gay networks/advocacy and encourages the adoption & maintenance of safe sex practices in the country.

Call Nik or Nigel 008 80 2612 (free call). PO Box 350 Darlinghurst 2010.

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

ACT PLWHA GPO Box 229, Canberra ACT 2601.

Call Phil or David on (06)257 4985.

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.

Albion Street Centre Information Line 332 4000.

Australian Federation of AIDS Organisations (AFAO) Umbrella organisation for Australian state and territory AIDS Councils. (06) 285 4464.

Civil Rehabilitation Committee Family Support Centre. HIV education and support to families of ex-prisoners and ex-offenders.

Call Pam Simpson 289 2670.

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.

Innerskill Needle & syringe exchange, information & referral, also a range of free services for unemployed people. 754 Darling St Rozelle. Call 810 1122.

Latin AIDS Project Support, counselling and information for the Spanish speaking community. PO Box 120, Kings Cross, 2010. 315 7589.

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 Lane 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 Association of People Living With AIDS (NAPWA) GPO Box 525, Woden ACT 2606. Call Mark Boyd on (06) 285 4464.

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.

Positive Users HIV Awareness and Support is a group for HIV + users, their efriends, partners etc. Meets every Wednesday 7 - 9pm At St John's Church Hall, Victoria St Darlinghurst.

Call Sandra or John, 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.

Silk Road A social and support group for Asian gay and bisexual men which meets every Friday. Activities include work-shops, discussions, social activities, etc.

Call Arnel on (02) 206 2000

Social Workers in AIDS (SWAIDS) A special interest group for social workers working with people with HIV/AIDS. Also acts as a lobby group for people affected by HIV/AIDS. Contact the secretary, Stuart Pullen, C/- Royal Prince Alfred Hospital, 516 6111 or the chairperson, Stewart Clarke, C/- the Ankali Project, 332 1090.

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.

Prince Henry (Special Care Unit) Anzac Parade, Little Bay. 694 5237 or 661 0111

Prince of Wales Children's Hospital (Paediatric AIDS Unit) High St Randwick. 399 2772/2774.

Royal North Shore Pacific Highway, St Leonards. 438 7414/7415.

Royal Prince Alfred (AIDS Ward) Missenden Rd, Camperdown. 516 6437.

Sacred Heart Hospice A palliative care facility. 170 Darlinghurst Rd, Darlinghurst. 361 9444.

St George Hospital HIV/AIDS Services (Inpatient, Outpatient and Day Treatment Centre): South St, Kogarah. 350 2960
Sexual Health Clinic: Belgrave St, Kogarah. Call 350 2742.

St Vincent's (17th Floor South AIDS Ward) Victoria St, Darlinghurst. 361 2337.

Sydney Sexual Health Centre Sydney Hospital, Macquarie St, Sydney. Appointments 223 7066.

Transfusion related AIDS (TRAIDS) Unit: For people with medically acquired HIV/AIDS. Crisis/long term counselling

and welfare support to clients and their families throughout NSW. TRAIDS is based at Parramatta Hospital. Contact Pam or Claire 843 3111 ext.343.
Red Cross BTS: Contact Jenny 262 1764.
Westmead Centre (Westmead and Parramatta Hospitals). Westmead 633 6333. Parramatta 843 3111.

EMOTIONAL SUPPORT

Ankali Emotional support to PLWAs, their partners, family and friends. Volunteers are trained to provide one-to-one non-judgemental and confidential support. 332 1090.

Family Support (city) A support group for family members of people with AIDS. Short term group, possibility of continuing. Call Judy Babcock or Helen Golding on 361 2213.

Family Support Group for relatives of people with HIV/AIDS. Meets daytimes and evenings on a fortnightly basis in the outer Western suburbs. Call Claire Black or Kevin Goode at Wentworth Sexual Health Centre on (047) 32 0598.

Friends & Partners of People With AIDS A peer support group for friends and partners of PLWAs. 7pm, 1st and 3rd Mondays in the month at Maitraya Day Centre, 20 William lane Woolloomooloo. Inquiries Gary 369 2731.
HIV Living Support Groups For HIV+ people. Call HIV support officers 206 2000.

HIV+ Support Group — South Western Sydney. Meets in Liverpool Wednesdays 6.30pm. Call Julie 600 3584. Transport can be arranged.

Parent's FLAG Parents and friends of lesbians and gays. Meets monthly at the GLCS, 197 Albion St Surry Hills.

Call Heather, 899 1101, Kay, 831 8205.
Support group for parents of HIV+ adults every 3rd Friday in the month 7- 9pm at Ankali House 335 Crown St. Confidentiality assured.

Call Julie Fuad, 569 2579.

Partner's Group A support group mainly for partners of people who are in/outpatients at St Vincent's. Every 2nd Tuesday, 6-8pm. Please call Chris Connole 339 1111 (page 345) or Lesley Goulburn (page 255) if you're interested.

Par La Vida Un servicio de información y apoyo para personas afectadas por el VIH El SIDA. Support & information for Spanish speaking people affected by HIV/AIDS. 206 2016.

Positive Women Individual or group support for and by HIV/AIDS positive women. Non-judgemental and completely confidential. Contact via Women and AIDS Project Officer or Women's HIV Support Officer at ACON, 206 2000, TTY for the Deaf 283 2088.

PO Box 350 Darlinghurst 2010.

Positive Young Men A support group for positive gay men under the age of 26. Groups run for 6-10 weeks at a time. For information call Aldo or Brent 206 2077 or HIV Support 206 2000.

Quest for Life Foundation Emotional support and education for people with life threatening diseases, their families, loved ones and health professionals. Support groups, meditation/relaxation classes, one-to-one counselling.

37 Atchison St, Crows Nest. 906 3112.

Sydney West Group A Parramatta based support group.
Call Pip Bowden 635 4595.

PRACTICAL HELP

ACON Housing Project Offers help with accessing priority public housing, transfer advice, homelessness, housing discrimination and harassment. Call the Housing Project Officer, 206 2000.

Badlands Residential harm reduction service providing a safe, non-coercive space for people who are at high risk of HIV transmission or may be HIV+. Residents are mainly injecting drug users and/or may be sex workers. 6 Bellevue st, Surry Hills 2010. 211 0544.

Bobby Goldsmith Foundation A community based, registered charity providing some financial assistance to approved clients.

4th floor, 376 Victoria St, Darlinghurst, 360 9755.

Community Support Network (CSN) Trained volunteers providing practical home/personal care for people with AIDS. 206 2031.

Hands On Massage and Reiki for PLWHAs. Training of volunteer masseurs. Call Richard 660 6392

HIV/AIDS Legal Centre Legal advice and advocacy on HIV/AIDS related problems. Call 206 2060.

Tiffany's Transport Service For PLWAs (in the Sydney area.) 206 2040.

OUTSIDE SYDNEY

General

AIDS Council of NSW (ACON) Services in education, welfare, support and advocacy

in relation to HIV/AIDS to the gay and general community. See regional listings for branches.

Albion Street Centre Information Line (008) 45 1600.

Community Support Network (CSN) Trained volunteers providing practical home/personal care for people with AIDS. See regional listings for branches.

Cooma/Snowy Mountains HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Cooma/Snowy Mountains area. Call Victor on (018) 486 804 or Pam Davis on (064) 521 324.

Rural Gay Men HIV Peer Education-training Workshop held in Sydney every four months. Become an HIV Peer Educator in your local rural area by contacting. Nik or Nigel at ACON's Rural Project. 008 80 2612 (free call). PO Box 350 Darlinghurst 2010. TTY (02)283 2088 (Deaf only).

Yass HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Yass area. Call Victor on (018) 486 804.

Young HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Young area. Call Victor on (018) 486 804 or Valerie on (063) 821 522.

Hawkesbury / Blue Mountains Blue Mountains PLWA Support Centre Wednesdays 11am - 3pm (lunch). Fridays 6.30 - 10.30pm (dinner). For further information call the Centre on (047) 82 2119 or Dennis (047)88 1110.

Blue Mountains HIV/AIDS Clinic A range of HIV/AIDS services including testing, treatment, monitoring, treatment and counselling/support. Call (047)82 0360 between 9am - 12 noon Mon, Wed, Fri. **CSN Blue Mountains** hands on practical help for people with HIV/AIDS. Call Chas Stewart, (047) 32 0158.

Hawkesbury Outreach Clinic an outreach service of Wentworth Sexual Health Centre. A free and confidential service operating from 4pm to 8pm on Tuesdays. STD and HIV/AIDS testing, treatment and counselling/support services. For info or appointment call (047) 32 0507.

Karuna Blue Mountains Emotional support for people with HIV/AIDS, their partners, family and friends. Call Ann (047)82 2120.

Southern Highlands HIV/AIDS volunteer Supporter Group Emotional and practical support for PLWHA, their family and

friends living in the Bowral district. Call Marion Flood (048) 61 2744 or David Willis (018) 48 3345.

Wentworth Sexual Health Centre STD and HIV/AIDS testing, treatment, counselling/support and education. Free and confidential.

Call Clinic (047 24 2507; Counselling and support (047) 24 2598; Education (047) 24 2231.

Central coast / Hunter region
ACON Hunter branch PO Box 1081, Newcastle 2300. (049) 29 3464.

Karumah Day Centre Inc., Newcastle Upstairs, 101 Scott St Newcastle, opposite Newcastle Railway Station. Open every Tuesday for Social from 6.00pm. Open every Thursday for lunch & Social from 11am. PO Box 1049 Newcastle 1300, (049) 29 6367.

Konnexions Day Centre 11am-3.30pm Mondays for lunch & social. Info: Lesley. (043) 67 7326.

Central Coast Sexual Health Service offering HIV clinic for testing, monitoring, treatments, support.

Call Patrick (043) 20 2241.

Club 2430 (Taree) Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Contact Bill or Barry (065) 537502 or Liz (065) 511315.

PO Box 934, Taree 2430.

CSN Newcastle Call Rosemary Bristow, ACON Hunter Branch. (049) 29 3464.

John Hunter Hospital (Clinical Immunology Ward) Lookout Rd, New Lambton, Newcastle. (049) 21 4766.

Hunter Area HIV Support/Action group 6.30pm, 4th Wednesday every month at ACON, level 1, Bolton St Newcastle. Inquiries call (049)29 3464.

Newcastle Gay Friendship Network Peer support, workshops and activities for gay men under 26.

Call ACON Hunter branch, (049) 29 3464.

Positive Support Network Emotional/hands on support for PLWHAs on the Central Coast. (043) 20 2247.

Taree Sexual Health Service 93 High St taree, Tuesdays 2 - 6pm, Thursdays by appointment. 51 1315.

Tuncurry — The Lakes Clinic A sexual Health Service. Bridgepoint Building 2nd flr. Manning St. Thursdays 10 -2pm. Free and confidential. 55 6822.

North Coast

ACON Mid-North Coast PO Box 990, Coffs Harbour 2450. (066) 514 056.

ACON Northern Rivers PO Box 63, Sth Lismore 2480. (066) 22 1555.

Lismore Sexual Health/AIDS Service A free, confidential service for all STD and AIDS testing and treatment. Call (066) 20 2980.

North Coast Positive Time Group A support and social group for PLWAs in the North Coast region. Contact ACON North coast (066) 22 1555.

North Coast — Wollumbin CARES Community AIDS Resources and Support. Call Simon (075)36 8842.

South Coast

ACON Illawarra PO Box 1073, Wollongong 2500. (042) 26 1163.

Bega Valley HIV/AIDS Volunteer Supporter Group Emotional and practical support to PLWHA, their family & friends living in the Bega Valley area. Call Greg Ussher or Ann Young (064) 92 9120

CSN Wollongong Call Daniel Maddedu, (042)26 1163.

Eurobodalla HIV/AIDS Volunteer Supporter Group Emotional and practical support to PLWHA, their family and friends in the Narooma to Batemans Bay area. Call Greg Ussher or Liz Follan on (044)76 2344.

Nowra Sexual Health Clinic Confidential and free support for PLWHAs. Nowra Hospital, (044) 23 9353.

Port Kembla Sexual Health Clinic Confidential and free support for PLWHAs. Fairfax Rd, Warrawong. (042) 76 2399

Shoalhaven HIV Support Group Meets first and third Tuesdays in the month from 6pm to 7pm. Peer support group facilitated by an HIV+ volunteer. Completely confidential. Call (044) 23 9353.

South East Region HIV/AIDS Unit HIV/AIDS support, needle and syringe exchange and HIV education. For more information contact (048) 21 8111.

West of the mountains

Albury/Wodonga and Wagga HIV and sexual health service. (06)41 2677.

HIV/AIDS Project, Central Western Dept. of Health.

Call Peter or Martha, (063) 32 8500.

New England Needle Exchange Program Fits, swabs, water, condoms, lube, information and education. For locations of outlets and outreach services call (067)66 2626 message, (018)66 8382 mobile.

Is your listing correct?

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

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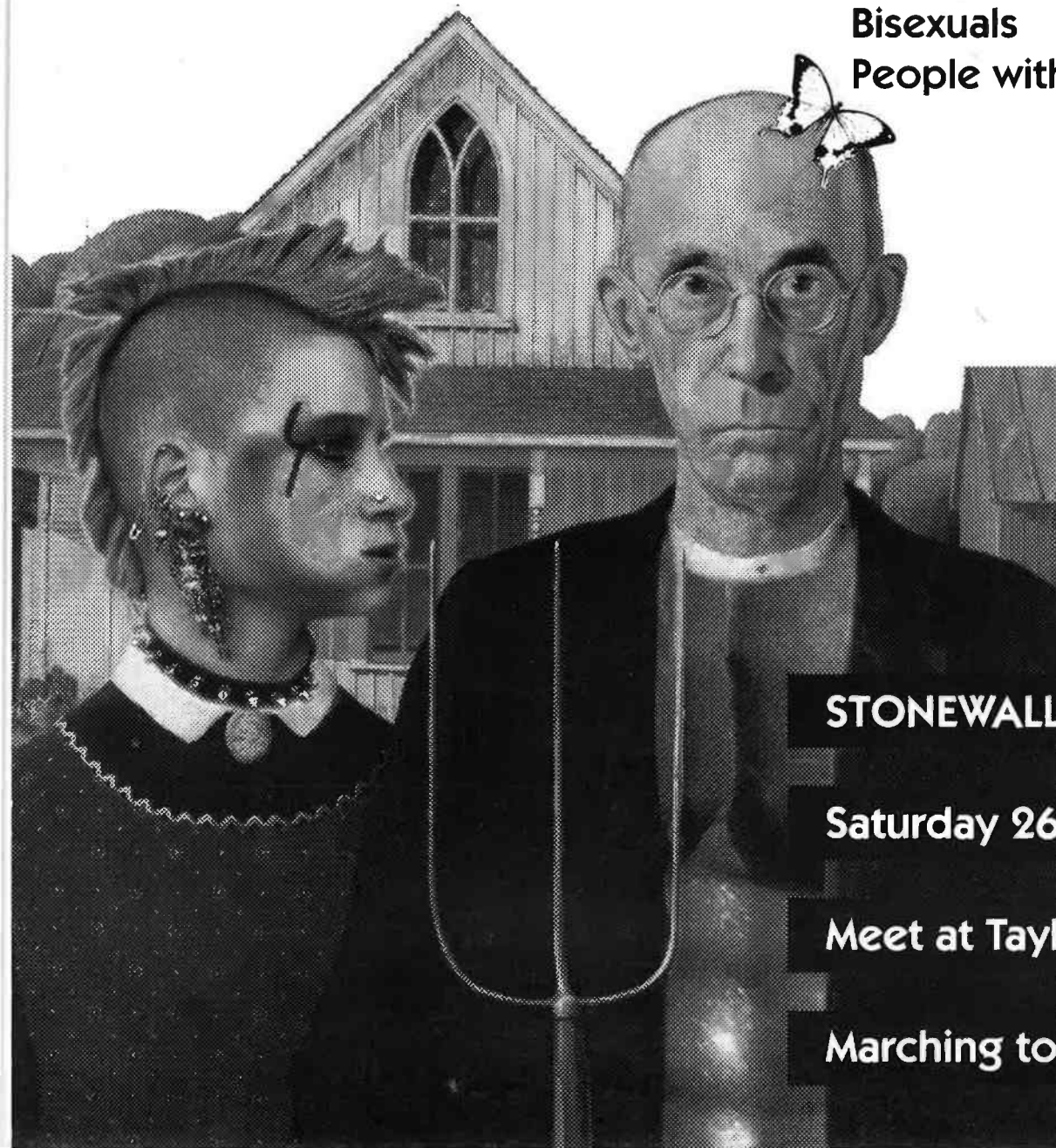
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STONEWALL '93 Sydney

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Saturday 26th June

▶

Meet at Taylor Square 6PM

▶

Marching to Kings Cross