



**AUG - SEPT**  
NEWSLETTER

## Contents

Up Front	1
A different way to help your community	2
HIV Balance	2
Hep C and NSPs	3
PLWHAs and Prison	4
A Holiday in Iran	5
Community Spotlight	6
ACTOUT Program	6
SpringOut	6
Up Ya Bum for Christmas in July	7
AIDS Action Council AGM	7
Bent Lenses	7
Dates for your Diary	8
Lesbian Health	8

**AIDS ACTION**  
COUNCIL OF THE ACT

**P** 02 6257 2855

**F** 02 6257 4838

[aidsaction.org.au](http://aidsaction.org.au)

## Up Front



I'm sure most of us have noticed the increasing frequency of the term "social inclusion" recently. Indeed, Prime Minister Rudd has a specific part of his department devoted to this very thing. But what is it exactly?

I have attended quite a few meetings recently dealing with quite diverse subjects. One was a forum hosted by Gay and Lesbian Health Victoria and sponsored by the Department of Human Services, to consider the specific needs of GLBTI people within the framework of services for mental health. In this, as with most of the other meetings, much of what was proposed was centred on this notion of "inclusion". And certainly, there is logic in a concept that feeling included is beneficial to mental health.

Of course, it really isn't quite that simple. If a person has no home, no food, no warmth and is depressed, they will most likely be diagnosed as having depression. Is a gay man more or less likely to suffer cardiac disease? Is a gay man more or less likely to suffer depression? Does this mean that gayness causes depression?

It seems to me that that the reason society is talking so much about social inclusion is because there is so much excluding going on. Even Wikipedia denies the existence of social inclusion, and directs you instead to the antonym.

AAC works in partnership with Government under the broad framework of the Ottawa Charter for Health Promotion. This 1986 Charter identifies five broad areas in which individuals, communities and governments can act to improve health;

- o Build healthy public policy
- o Create supportive environments
- o Strengthen community action
- o Develop personal skills
- o Re-orient health services

So of course, being gay – or lesbian, transgender or anything else that society deems a minority – doesn't of itself cause a diminution of mental health, but the effect of it can. That is, the impact of the social, political and economic environment on anything deemed as outside the norm can have very deleterious impacts on mental and physical health. This is the impact of social exclusion.

In this issue of your newsletter, we have chosen to focus some attention on the Alexander Maconochie Centre, which

is indeed a significant and potentially positive addition to ACT community resources. There has been considerable public debate about whether prisoners should have access to clean needles and syringes. We do, however, know that for at least the next 12 to 18 months, there will be no needle exchange program, but there will be a review after this time.

The AIDS Action Council believes that persons incarcerated in prison are still within the community, albeit with considerable loss of liberty. It is in fact this loss of liberty that is the punishment being metered out. The Corrections Health Policy states that prisoners should receive health care equivalent to that available to the broader community, and this must surely mean all the resources available to minimise the risks of blood borne viruses; all those things freely available to the broader community.

If we are serious about improving health through social inclusion, then we must surely do everything we possibly can to ensure that prisoners are released at least as healthy (and preferably healthier) than they were when their incarceration began. We should remember that gayness doesn't cause depression ... sometimes it is the effect that is the cause.

**Andrew Burry**  
General Manager

## HIV Balance

The latest campaign for PLWHA's to be launched by NAPWA and AFAO, and supported by the AIDS Action Council, is the HIV Balance campaign. It is centred on six stories of people who are all living with HIV and the outcomes they had from making some positive, albeit often very difficult, changes for their health. There are posters from the campaign that you will start to see around the place, and we will have a different image featured in *Positively* and the AAC newsletter over the next six issues.

We would love to know what we can do to tie all of these things together. Do you think that we should run groups on quitting smoking? What about starting yoga or a cooking class here? If you don't feel like getting into the group thing, you could always talk to our wonderful counsellor Stephanie or anyone else from PLWHA or the Community Support Unit. We have heaps of resources on nutrition, our weekly massages, and you can always come and see Jennifer McDonald, nutritionist extraordinaire when she visits the council four or five times a year.

## A different way to help your community

### Looking for 08-09 AAC Board Members

**Claire Drake, President**

Thinking about getting more involved with the AIDS Action Council? Do you have experience in governance of not-for-profit organisations or would like to develop some?

The AIDS Action Council Board is inviting members to nominate for a position on the Board for the 2008-09 term. Prospective Board members should be interested in the work of the Council and aligned with the organisation's aims and objectives; interested in, and aware of, HIV/AIDS prevention and health promotion; and sensitive to the diverse communities with which the Council works. Practical skills in administration, education, law, finance, medicine, health, community development and public policy would all be valuable but not essential. Board members should represent the diversity of the membership; People living with HIV/AIDS and women are particularly encouraged to apply.

The Board meets monthly to discuss, oversee and make decisions relating to the governance and strategic direction of the Council. In 2007-08, meetings have been held at Westlund House at 6pm on the fourth Wednesday of the month. A light supper is provided. The Board comprises a President, Vice-President, Secretary/Treasurer, 'ordinary members' (who we think are extraordinary!), a representative of People Living with HIV/AIDS ACT (PLWHA) and a representative of the staff of the AIDS Action Council. The General Manager also sits on the Board. All Board members are members of the Council and serve on the Board in a voluntary capacity.

Being a Board member involves a commitment of at least four hours per month to attend the monthly meeting, read Board papers and Board-related correspondence, such as emails. There are also separate subcommittees and working groups on issues such as finance, risk management, volunteer strategy and external relations. Board members with particular areas of expertise or interest are encouraged to be involved in a relevant subcommittee. In addition, the Board Executive (President, Vice-President, Secretary/Treasurer and an Ordinary Member) meets more frequently, generally once a week.

Serving on the Board provides an opportunity to get detailed insight into the workings of the organisation and make a contribution to its strategic direction. In addition to regular meetings, being a member of the Board opens opportunities to attend professional development training, represent the Council at interstate and international meetings, meet new people and make a valuable contribution to the Council and the Canberra community sector.

Nominations are being sought for 2008-09 Board Members to be elected at the Annual General Meeting on 24 September 2008. Nomination forms will be sent out to all members with the notice of the Annual General Meeting. The August meeting of the Board, at 6pm on Wednesday 27 August at Westlund House, will be open to interested members in an observer capacity, and a light dinner will be provided.

If you are interested in nominating for a position on the Board, or would like to attend the August Board meeting, please contact Westlund House on 6257 2855.

# Hep C and NSP in Prison

## **Bek Andersson-Nickson** **Promotion Co-ordinator**

In both the National Hepatitis C Strategy and the National HIV/AIDS Strategy people in custodial settings are identified as priority populations. The overall prevalence of HCV in custodial settings in some states tops 40% and, although the rate of HIV in prisons is low, it is still higher than that of the wider community (Australian Federation of AIDS Organisations: May 2007).

In the 2001 Prison Health Survey, undertaken by the NSW Corrections Health Service, the results found that prisoners' health was "poor compared with the general community in all areas... [and asserted that] ...efforts need to be maintained to reduce this gap." It further added that "of particular concern is the high level of infectious diseases which pervade this population", for example, 64% of women and 40% of men were HCV antibody positive (Butler and Milner: 2003), compared to 1% of the wider community who are currently HCV antibody positive (NCHECR: 2007).

At a recent health promotion seminar, Michael Levy, Director of the ACT Corrections Health Program relayed the disturbing statistic that a member of the general community has only a 2% chance of contracting HCV in their lifetime, whereas a prisoner has a 30% chance of exposure to HCV annually (Health-pact Seminar: 2007).

In light of these alarming statistics of HCV infection in the prison system, the ACT Hepatitis Resource Centre is concerned that if the Hepatitis C epidemic inside Australia's prisons remains unchecked, it will undermine all efforts to bring it under control in the wider community. In effect, prisons are akin to a large pool of water that flows into the main water supply. The pool is not stagnant and due to high recidivism rates, and on the most part brief sentences, constant flow between the wider community and prisons is ensured.

In addition, the Centre is also concerned about the current inequity in health service provision. It is clearly stated by the Human Rights Commission that prisons should provide health services equitable to that of the wider community however ACT Corrective Services choice to omit a Needle Syringe Program (NSP) or Needle Exchange Program (NEP) from the new Alexander Maconochie Centre (AMC) clearly demonstrates prohibition of the right to equitable harm minimisation strategies and sets a challenge to those charged with addressing these needs.

There are currently no NSPs active in prisons in Australia. A report commissioned by the ACT Attorney

General, Simon Corbell, on the viability of establishing an NSP at the AMC concluded that the proposal was "an excellent opportunity to implement this important intervention" (MacDonald:2005); yet the prison will be opened shortly without an NSP in sight. Apparently the feasibility will be reviewed in twelve months time... no doubt to the same end as all research seems to have found this time "yep it is a good idea - you should do it." Time will tell if implementation will ever occur.

Alarmingly, in lieu of any concrete BBV strategy at AMC, Simon Corbell has referred to the inclusion of bleach to clean equipment as a BBV strategy - even though research has proven bleach to be ineffective at killing the most prominent BBV in correctional institutions, Hepatitis C.

The roles and responsibilities of organisations providing harm minimisation to prisoners without NSP access must therefore look to alternative routes for the provision of this service. At this year's 10th International Hepatitis C Conference, Professor Dr. Heino Stöver of the University of Bremen in Germany highlighted the following avenues available for the realisation of sound BBV harm minimisation strategies and policies within prisons and other correctional institutions:

- Syringe and needle exchange
- Condoms and safer sex measures
- Opioid Substitution Treatment (both inside correctional facilities and within the wider community)
- Safer tattooing ( possibility of training inmates to use autoclave systems or hiring a professional tattooist)
- Provision of accurate and accessible information and educational resources
- Exploration and provision of alternatives to imprisonment
- Broader prison reforms designed at reducing overcrowding, improving conditions

Trying to implement these other strategies in the interim is our current challenge; starting with resourcing, the ACT Hepatitis Resource Centre is reviewing the resources of other states and constructing a local resource in partnership with the Canberra Alliance for Harm Minimisation and Advocacy for people in the AMC. We anticipate that the 12 month review will find favourably for NSPs and hope that no prisoners are harmed in the production of this conclusion.



### **ACT Hepatitis Resource**

You can visit the ACT Hepatitis Resource Centre at:  
Level 2,  
Suite 8  
18 Corinna Street,  
WODEN ACT

Phone for a confidential appointment:  
1300 301 383

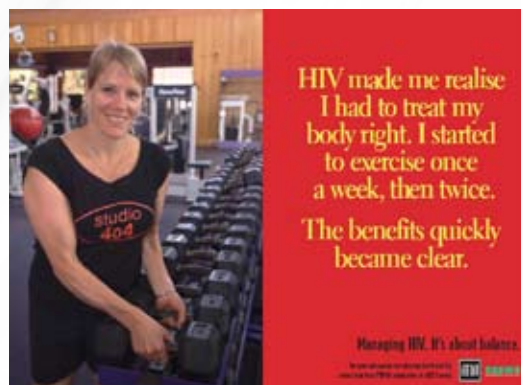
# PLWHA in Prison

Nada Ratcliffe

There are many important issues relating to the new Alexander Maconochie Centre (AMC) that are of relevance to the work of the AIDS Action Council and People Living with HIV/AIDS (ACT).

The prison will be modeled on the work of Alexander Maconochie who was a governor of Norfolk Island prison and a well respected advocate for human rights and prison reform. Clearly, human rights have particular relevance to people living with HIV/AIDS (PLWHA). The Council, together with other non-government and government agencies, has been involved in planning for the Centre over the last few years, particularly in the important area of health policy.

A most important aspect of prison health planning is the concept of 'equivalence'. Basically, this means that prisons should provide the same access to health related services and treatment options that are provided to the general community. While this is commendable in theory, at the present time, this strategy will not be realised across the board. This is highlighted in the article by the Hepatitis Resource Centre as no Needle and Syringe Program (NSP) will be available at the AMC – at least at the present time. This decision is clearly contrary to the Australia's harm minimisation policies promoted in the National Drug Strategy. Given the mobility of people between the community and prisons, the



repercussions for public health are great. The issue of NSPs at the AMC is expected to be reviewed after twelve months.

Staff members of the AAC and PLWHA ACT are currently going through the process of registering as 'Authorised Visitors', not only for health promotion and education purposes for prisoners and correctional staff but also to provide responsive services to those prisoners that are living with HIV or are affected by HIV, such as partners or family members. It is essential that our specialist services can be provided in a timely and flexible manner. In the absence of an NSP, peer education for prisoners and remandees will be of particular importance as well as the normal services provided to positive people in the community including counselling, treatments advice, advocacy and positive education/health promotion. Importantly, staff members should be involved in the case management of HIV positive prisoners while they are incarcerated and also for some time after their release into the general community.

The ACT Community Corrections Coalition (CCC) is a coalition of agencies and individuals that have a direct interest in corrections and particularly the ACT Prison Project (Alexander Maconochie Centre), its planning, operation and performance in meeting the goals and objectives set out by the ACT government.

Member organisations include (but not limited to):

- ACT Council of Social Services
- AIDS Action Council of the ACT
- Hepatitis Resource Centre
- Prisoners Aid ACT
- Women's Centre for Health Matters
- Youth Coalition of the ACT
- Families and Friends for Drug Law Reform
- ACT Mental Health Consumer Network
- Justice Action

CCC has been an active consultative forum in the lead up to the opening of AMC. As well as regular meetings, it has convened and hosted a number of events and forums.

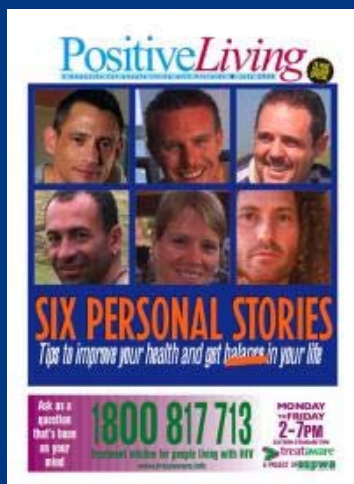
Further information is available on the CCC website: [www.correction-coalitionact.org.au](http://www.correction-coalitionact.org.au)

As the many issues that positive people face in the community can only be exacerbated in a correctional facility, the AAC will be strongly advocating for flexible, timely and specialist services for men and women living with HIV who become remandees or prisoners. Discrimination, stigma, confidentiality, access to specialists, treatments, dietary advice/ requirements are just some of the concerns that will be faced.

## Positive Living

This month's Positive Living is a special edition focusing on healthy living with HIV. If you're wondering how to make those small but essential lifestyle changes to keep healthy with HIV - getting regular exercise, eating well, cutting down on alcohol, cigarettes or recreational drugs - this issue has lots of information. The HIV Balance special issue was developed by the AFAO NAPWA Education Team.

Copies are available from PLWHA ACT—or via the web at [www.napwa.org.au](http://www.napwa.org.au)



# A Holiday in Iran

**Tuck Meng Soo**

I went to Iran for a holiday for two weeks in April. It has had a long history and there is a lot to see. We flew into Teheran and then went by car to Esfahan and then to Yazd and Shiraz. Imam Square in Esfahan is very impressive and the two mosques there are among the most beautiful buildings in the world. Shiraz has some lovely mosques and gardens too. Persepolis, which was the centre of the Persian Empire, has some interesting columns and friezes to remind us of its past glory.

As a society and economy, Iran is how I imagine the old East European communist countries would have been like. Firstly, the Iranian government doesn't encourage visitors. To get a visa, you either join a tour group or to visit as a private tourist as we did, you need an Iranian to write to their Department of Foreign Affairs to sponsor you and vouchsafe that you, as visitors, would abide by the tenets of Islam. Secondly, the Iranian government constantly interferes in the running of the economy. For example, petrol costs 10 cents a litre, but only because of government subsidy and this subsidy alone is nearly 20% of government expenditure. As a result of subsidies, most private entrepreneurs are only interested in the construction industry and this with oil money and rapid population growth has caused a real estate boom in Teheran that has resulted in prices for property in North Teheran exceeding those in Sydney.

I arranged to speak to some doctors in Teheran while I was there. I found to my surprise that Iran was one of the most progressive countries in the Middle East when it came to the management of HIV and harm minimisation measures with drug users.

Iran now has many Voluntary Counselling and Treatment Centres that can now offer HIV counselling and testing, drug treatment and social support for people who are HIV positive. There are also Drop-In Centres located in the poorer parts of cities to try to provide access to fit packs and methadone for people who are harder to reach. Treatment for some diseases like HIV is free and Iran has access to a range of antiretroviral drugs.

Iran has had a methadone program since 2000 and this has been expanded to include many of its goals. They are also trialling a needle syringe program in two of its goals. Needle syringe programs happen in a different cultural context to Australia. Apparently, the population was well educated several decades ago about the association between using dirty needles and diseases like tetanus and septicaemia. As a result, sterile syringes and needles are available cheaply throughout the country from local pharmacies and children often play with syringes.

Homosexuality is illegal in Iran and there has been a lot of publicity in the West about Iran's execution of homosexuals. My impression is that homosexuals in the cities are largely left alone if they are discreet. There is always a certain risk from firebrand clerics in Iran. The illegality of homosexuality and prostitution does mean that it is difficult getting a true picture of how much sexual transmission of HIV occurs. Current statistics show HIV is largely spread by IDU but there is a fear among workers in this area that sexual transmission is increasing and Iran's religious taboos would make it very difficult to alter sexual behaviour.

Above all, there is the great friendliness of the Iranian people.

I had a most interesting time in Iran and I would encourage everyone else to consider it as a holiday destination with a difference.



Top: Persopolis Eagle

Middle: Amir Chahmaq Complex

Bottom: Es Imam Mosque and Fountain



# ACTOUT Group



ACTOUT is an informal outdoors activities group promoting healthy outdoor fun while exploring some of the fantastic, natural and man

made wonders of the Canberra region. Activities are wide and varied and can range from the challenging to the more sedate. There are no memberships; all activities are freely open to the community.

## AUGUST

15th-17th: Big Purple Bus tour to the Illawarra. Spaces limited.

23rd: Perisher Blue Cross Country Ski. Approx cost: \$150 which includes equipment hire and return coach travel.

31st: Mt Stromlo Bushwalk

For further queries contact:

Mark: email: [mark@actout.cjb.net](mailto:mark@actout.cjb.net)  
phone: 62318203  
web: [www.actout.cjb.net](http://www.actout.cjb.net)

# SpringOut 2008

Canberra's ninth SpringOut will build on a long tradition of community celebration in Australia's capital city. The festival will be held throughout the month of November, kicking off with the AIDS Action Council Community Fairday on 1 November, and including the favourites of Purple Party, Bushdance, the Bentlenses queer film festival, forums, parties and much more. Enjoy a fun filled, empowering and fabulous time during the SpringOut festival. Choose to get involved with as many events as possible.



All of the events in the SpringOut Festival are undertaken by individual groups within our community, putting in lots of volunteer effort so we can have fun. The Canberra Pride Group promotes and co-ordinates the Festival and lets you know what each group is up to during November and how to join in the fun. The Canberra Pride Group is looking for committee members to guide this year's festival. In particular, if you have experience in graphic design, websites, marketing, communications or general queer community building we'd love to hear from you. If you'd like to be involved in Canberra Pride Group or if your group is organising an event please contact [info@springout.com.au](mailto:info@springout.com.au).

# Community spotlight

## Cube Nightclub



Beyond the blinding light displays, the perma-darkness that requires sonar to traverse the club were it not for the deafening thumping music, Cube is more than just somewhere to get trashed. As Canberra's only exclusively GLBTI venue (given that you can't get out the back of Champions if you are sporting a pair of ovaries) it provides a unique service to the community.

Cube opened originally in 2002, according to the owner for the last three years, Morris, because the local GLBTI community was seen wanting for a place to feel safe and call its own. It helped to fill the gap providing a central and identifiable location that was a safe place to let your hair down and celebrate our diversity.

Morris goes on to say that the club is an opportunity to educate people about the wider community, "there is no difference if you're gay or you're straight, it's about being human". Cube is very proactive in reminding people that it is a venue for the GLBTI community, and if you are not comfortable with that you are not welcome there.

Cube has not been free from criticism. Being the only venue of its kind in Canberra it is an easy target because people expect it to be all things to all people in the community.

But Cube has a very reciprocal relationship with its clientele. More than providing a safe space to gather, Cube also sponsors SpringOut, works with the AIDS Action Council and the universities, as well as providing assistance on case-by-case situations for groups and individuals within the community.

Morris also feels that the community has given back to him following the altercation outside of Cube on the 15th July 2006 that found Morris cuffed to a hospital bed (later found not guilty). A support party was held and at 2:00 am from his hospital bed he called the club, was put on loud speaker to thank everyone for their support and was told that the club was packed and a long line out the door.

Love it or love to hate it, Cube is an important part of a broader healthy GLBTI community. If Cube stopped existing there would be no single location that people could go to and know that they could freely and openly express and celebrate their sexuality.

If Cube is seen to be too limited in its focus, is that Cubes fault? Could others step up to the plate to fill those other gaps?



# Up Ya Bum for Christmas in July

The 25th of July saw the first official campaign launch by the AIDS Action Council in quite some time that had some fan fare about it. This was also stage one of a four stage staggered campaign.

At the launch, Lexxie Jury - perverse Goldie Locks and SWOP worker - launched the campaign with the Bears. The launch had around 40 Bears from across the country gathering to enjoy the weekend of bear-filled festivities. The meet and greet, part of their annual Christmas in July events, was held at the Majura Hall Dickson decked out with the new posters. Lexxie made a presentation of a mounted poster to the President of BearsCanberra Inc that thanked the Bears for their support of the campaign and also the Council over the last decade. Mr Grizzly then came out and handed out gift bags filled with goodies including chocolate bears, rolled up posters and the new Up Ya Bum Bears condom packs to everyone there.

Lexxie commented how touching it was to be so warmly accepted into the Bears domain, and was particularly flattered when asked to draw out the raffle tickets and the lucky door prizes.

The Up Ya Bum campaign is a tongue-in-cheek campaign that reminds people that the best way to reduce the spread of STI's (Sexually Transmitted Infections), especially with anal sex, is through the use of condoms and water based lube.

Up Ya Bum is designed to target key groups within the Canberra GLBTI community as we see it as important to respond to the rising levels of both HIV and Syphilis, not just here, but in Sydney and Melbourne where many Canberrans find themselves on weekends or work trips.

What are the next three campaign themes after the Bears? You'll have to wait and see, but there will be something special for each!



Above: Lexxie presents the mounted poster to the BearsCanberra Inc President.

# AIDS Action Council AGM

**Theme: Community Development**

**Date:** Wednesday 24th September, 2008

**Time:** 6:30 pm

**Location:** ACT Legislative Assembly, Reception Room

**Cost:** Free

The AIDS Action Council AGM is an important event for the AAC and the community which it serves and is a part of.

Come and see what we have done in the last year, have a say about the future of your AAC with the election of the Board, find out who wins the awards this year and then join us for a light supper afterwards upstairs in the Exhibition Room.

**Important Notice:** We will not be able to collect monies for membership renewals. If you would like to become a member or renew your membership please get in contact with the AAC to make arrangements so you can have your say on the day.

## What's screening with Bent Lenses

Canberra's Queer film group has yet more exciting movies being screened over the next few weeks at CMAG

Sunday 10 August *Gold* and *The Bubble* (R18+)  
Friday 19th September *Phoenix* (R18+)

Stay tuned also for *Desert Hearts* sometime in January, and the ever popular **BentFest 2008** during SpringOut.

For more info check out [www.bentlenses.org](http://www.bentlenses.org)



# For your *Diary*

## August

- 15- 17 Big Purple Bus Tour to Illawarra (ACTOUT)
- 19 Tuesday Good bye to winter PLWHA ACT PSN BBQ and information session on the Treataware information line 6:00 pm
- 20 Wednesday Volunteer Meeting 6:00 pm
- 21 Thursday STRIP Sexual Health Screening at Champions Mustang Ranch 6:00 – 8:30 pm
- 22 Friday Daffodil Day
- 23 Perisher Blue Ski Trip (ACTOUT)
- 27 Wednesday Board Meeting 6:00 pm
- 31 Mt Stromlo Bushwalk (ACTOUT)

## September

- 2 Tuesday PLWHA ACT PSN Dinner 6:00 pm Westlund House Spring/Summer schedule recommences dinner every fortnight unless other wise notified
- 2-5 Pan Pacific HIV+ Peoples Gathering New Zealand
- 17-20 20th Annual Australasian Society for HIV Medicine Conference Perth
- 19 Friday Bent Lenses screening *Phoenix*
- 24 AIDS Action Council Annual General Meeting 6:30 pm ACT Legislative Assembly

## October

- 6 Monday October Long Weekend
- 31 Friday Reclaim the Night Rally and March 6:00 pm Garema Place

**For more community events,** subscribe to the ACTQueer email list: [groups.yahoo.com/group/actqueer](http://groups.yahoo.com/group/actqueer)



## Join the AIDS Action Council

The AAC belongs to you, the community.

Proud to be a grass-roots organisation, we rely on our members. Members help us to carry out important work for our community. Join today and become part of our team.

To join, contact Lynn Parry on 6257 2855 or visit [www.aidsaction.org.au/membership](http://www.aidsaction.org.au/membership)

# Lesbian Health

## Opinion - Jeni Stein

I freely admit that I have spent the majority of my life in a heteronormative headspace, accepting heterosexual privilege without question, nor challenge. Having only been “out” for a couple of years I have found myself on a steep learning curve. After the initial hurdles of “to come out or not to come out”, to leave the marriage, consider the child etc, I have experienced many of the ongoing implications of staying out. Recently this was an awkward visit to the doctor.

Broadly speaking, I have come to recognise that these incidences require me to be comfortable about my sexuality. I come out, and then the challenge is to be confidently out, in the face of my vulnerability, and learn to advocate for myself and my child because heterosexual privilege is alive and well.

Accessing a doctor for anyone is difficult. Recently I was having my status tested for work related immunisations. The conversation became about whether I also needed my Hep C status checked and if I had been an IV drug user. I felt the line of questioning quite confrontational. When asked if I have been in a monogamous relationship, I found myself not wanting to divulge the details of my sexuality. Although I am comfortable with who I am, under pressure and in an unsupportive environment, I was not able to convey the exact nature of my situation for fear of unacceptance.

The Australian Medical Association (AMA) has recently launched a position statement on gender diversity and sexual orientation. The paper gives recommendations to healthcare providers suggesting that doctors provide a culturally responsive healthcare service by promoting sexual and gender diversity. Guidelines provided medical practitioners with tips for communication skills including using non gender specific language, providing information that is inclusive of same sex relationships, and avoiding assumptions of heterosexuality.

Whilst I am pleased to hear of these developments, it raises more questions for me. Will doctors practice these with all their patients or only the ones that ‘look’ like lesbians? Will health care providers implement changes in the language they use in all their interactions, when the heterodominant culture could show offence at the doctor assuming they might be gay?

I leave you to consider some of the questions I ponder. Can I rely on the medical profession to facilitate my feeling comfortable with my sexual orientation, cultural beliefs and identity when accessing medical assistance for issues that I am likely to be vulnerable around? Do I need to be comfortable with my own sense of sexuality and identity before I access assistance, or can I expect to obtain this as part of a medical consultation?