

## For your **Diary**

09/04/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
15/04/08	Tuesday 6-8pm PSN Dinner Westlund House
16/04/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
<b>16/04/08</b>	<b>AAC Volunteer Meeting 6pm</b> Westlund House
23/04/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
29/04/08	Tuesday 6-8pm PSN Dinner Westlund House
30/04/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
07/05/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
<b>12/05/08</b>	<b>National Volunteer week</b> 12 - 18 May 2008
13/05/08	Tuesday 6-8pm PSN Dinner Westlund House
14/05/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
<b>18/05/08</b>	<b>25th Annual International AIDS Candlelight Memorial</b>
21/05/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
27/05/08	Tuesday 6-8pm PSN Dinner Westlund House
28/05/08	Wednesday 12.45 - 4.15pm Massage Clinic, PSN Lunch & Op-shop
04/06/08	Wednesday Massage Clinic, PSN Lunch & Op-shop
<b>10/06/08</b>	<b>Dietician Clinic</b> PSN Big Dinner

## Canberra Transgender Network

The Canberra Transgender Network (CTN) meets at Westlund House every four to six weeks and provides a safe space for networking, sharing experiences and enjoying a meal together.

The ACT has a significant Transgender community, yet to many they may seem almost invisible. Long serving AAC Counsellor Stephanie Buckle says that while most of us talk inclusively of the 'GLBTI' community, we don't often get past the letter "L". General Manager Andrew Burry agrees that much more can be done to expand resources and support for some of our most marginalised communities and has committed the AIDS Action Council to work with the CTN to identify practical measures that can be undertaken immediately.

Anyone experiencing gender questions or who would like to make contact with the local Transgender Network is encouraged to telephone the Council on (02) 6257 2855.

## Key **Issues**

### **Syphilis** *Ask for it by name*

Over the last few years there have been reports of very significant rises in Syphilis infections. This has been particularly true in the major capital cities, and almost exclusively amongst men who have sex with men.

Here in the ACT, there are also signs of a significant rise in new infections

For many of us, syphilis must seem something of an 'old-fashioned' kind of disease. Indeed, in recent times it was commonly held that its elimination in the Western world was imminent. When we think of it, perhaps we are reminded of famous names of the past that are reputed to have succumbed to its final ravages. Composers including Beethoven, Delius, Smetana, Schubert and Schumann are all said to have died from Syphilis. So too were artists Toulouse-Lautrec, Gauguin and Manet. Less mourned, possibly were Idi Amin, Ivan the Terrible and Al Capone.

Today, Syphilis is easy to diagnose and treat.

Syphilis is most commonly passed through sexual contact such as anal, vaginal or oral sex, although it can be passed from mother to baby. Condoms significantly reduce the risk of infection, but unfortunately do not provide 100% protection against syphilis.

There are three phases of infection: Primary, Secondary and Latent infection. The symptoms vary according to the stage. People with primary or secondary syphilis are infectious to their sexual partners.

In primary infection a hard, painless sore usually occurs on the genitals or in the mouth or anus. Because it is typically painless and may be at hidden sites it often goes unnoticed. The sore usually heals by itself within about 4 weeks. Even though the sore heals, if you have not had treatment, you still have syphilis infection and can pass it on to others.

If syphilis goes untreated for 2-4 months, it becomes a secondary infection. Possible symptoms include a rash, fever, swelling of the glands in the groin and armpits, a genital rash, hair loss and general tiredness. If untreated, these symptoms may come and go for up to 2 years. While the rash is present, secondary syphilis is highly infectious.

If syphilis is not treated in the primary or secondary phase it becomes latent. At this stage there are no symptoms and it is only picked up by blood tests. If syphilis is diagnosed and treated early in the latent phase there are usually no problems. Untreated it can lead to serious problems with the brain and heart. Latent infection can be avoided by early treatment.

So, syphilis is highly infectious and condoms do not necessarily provide full protection. The presence of syphilis or another STI is also known to greatly increase the risk of HIV transmission or reception.

The AAC is working with a number of ACT stakeholders to develop an effective response to minimise further transmission and increase the rate at which current infections are being diagnosed.

The key to reducing syphilis in the community is by regular testing followed by treatment as necessary. General Practitioners need to be advised of the presence of syphilis and become proactive in offering and providing testing.

More generally, those most highly at risk need to become informed about the nature of the risk and understand strategies for avoiding or minimising it.

An education program for GPs and other clinicians is underway, and a health promotion campaign is being developed, targeted specifically at highly sexually active men with multiple partners.

Regular testing remains the key strategy, and we urge gay men in particular to specifically ask for syphilis testing to be included in regular sexual health checks. In other words, don't wait to be offered – ask for it by name!



08  
**AUTUMN**  
NEWSLETTER

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## **AIDS ACTION** COUNCIL OF THE ACT

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## Up **Front**

For the first time in more than 3 years, the AIDS Action Council is fully staffed! It is easy to imagine the extent of pressure on the organisation and its staff in recent times whilst continually covering for vacant positions. It has also meant that many staff have been acting in different positions to those for which they are employed, and this has made the delivery of core services (including those contracted by the ACT Government) somewhat challenging.

The fact that the Council has delivered, and done so at a high level of quality says a great deal about the resilience and strength of AAC and more importantly, about the dedication and commitment of our people. However, it has also been made possible because of the commitment of Board members who have freely given their time, energy and ideas.

Nonetheless, the improvement in the human resource position has now afforded the opportunity to give deeper consideration to what we do and how we do it.

At a recent Board planning day, we reviewed our current mission statement. The purpose of such a statement is to describe in a precise and succinct way exactly what it is we do. The existing statement seemed neither succinct nor precise, although it set out activities to which we remain committed.

The Board has agreed a new statement which reads;

"The AIDS Action Council of the ACT aims to minimise the transmission and the social and personal impacts of HIV/AIDS".

Of course, any mission statement (what we do) must be supported by some core values or principles (how we do it); and the Board agreed that we:

- Strive for excellence;
- Empower individuals and communities
- Commit to individual responsibility
- Promote equity of dignity, access and respect

There is evidence for the application of these statements throughout this newsletter. For example in the Council's support for the Campaign for Civil Unions, developing resources for the transgender community and the creation of the Community Development Unit out of what had been known as the Community Education and Health Promotion Unit.

The Board has also established two subcommittees (External Relations and Finance), as well as two working groups (Volunteers and Risk Management). This has greatly increased the capacity for organisation development and increased the opportunity to be looking and planning further ahead.

Like many community organisations facing a changing landscape in terms of operating environment, complexity and resource availability, the Council has struggled to maintain a volunteer program that evolves to meet emerging challenges. Indeed, this has been an issue for some years across the sector and very few organisations have been able to identify simple solutions. AAC has determined to work intensively throughout 2007/2008 to create a new volunteer approach that will meet the twin goals of increasing our capacity to deliver high quality services to our clients, as well as guaranteeing a high quality and fulfilling experience for volunteers.

The Board has recognised that an effective volunteer program must be supported by best practice policies, procedures and processes, and the working group has been and is continuing to investigate what similar organisations are doing. Consultation with past and present volunteers is also a crucial element in developing an effective and sustainable program for the future.

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## Up Front (continued from page 1)

As an organisation that has come from a community response and that celebrates its grass-roots heritage, it is particularly significant that AAC is further focussing its work on a foundation of community development. Healthy individuals develop within healthy communities and members will see increasingly visible signs of a more external approach from the council. In all areas of our work, we are seeking to achieve a much greater degree of engagement, including with other service providers in both community and public sectors.

The AIDS Action Council continues to be well supported by the ACT Government and the community. We continue to invite members to participate in our work as fully as possible. That is, after all, the essence of a community based organisation.

**Andrew Burry**  
General Manager



## A Perspective

**Marcus Bogie**

Here I am, a gay man living with The Virus in my body, taking treatments to keep me alive after sixteen years of wishing that things could be different. I've changed my medications many times, battling side effects like weight gain, chronic diarrhoea, and raised cholesterol.

At one stage my taste changed so I couldn't enjoy a glass of wine with dinner any more because it tasted like metal and made me violently ill. Gone are the days of wearing shorts in public, - someone may notice that I might have slight lipodystrophy (skinny legs and a pod belly). However, the pod belly could be from a change in medication that allows me to have a glass of wine with dinner!

I count myself lucky though, because I've lived to the ripe old age of 43 - in gay years that's old! So friends keep telling me. But as I look forward to what's in my future, and the futures of all my HIV positive peers, it all becomes a bit hazy.

I've just bought a house and have a mortgage for the next 25 years, so I have to live that far into the future at least! But after being told for so many years that I would not see "OLD AGE", now when I look forwards, I have to try to imagine what that old age might look like. Being the peer support worker at PLWHA ACT, I know a lot of other positive people are trying to imagine this too.

I'm happy to have a job. Many of my contemporaries don't, and for most of them this isn't because they don't want one, it's because of the medications and their side effects, or the virus and its side effects; take your pick. Discrimination and stigmatization are alive and well, even though we now have laws to prevent them. Many HIV positive people don't have the energy or the will power to fight for their rights and access to treatments. That's what the AIDS Action Council and People Living with HIV/AIDS ACT are here for.

To date there hasn't been a lot of research on growing older and living with HIV. As we age, things tend to go wrong with our body. It's a fact of life. Being HIV positive and ageing brings a whole lot of other challenges that we didn't see twelve years ago before the advent of antiretroviral therapy. Prior to 1996 HIV was a death sentence and most people were told that if they survived 10 years they would be lucky. Some people got angry; others shut themselves away from society. Many got on with their lives as though nothing had happened.

Since 1996 successive antiretroviral agents have come onto the market, billed as better, stronger and longer acting at keeping the virus at bay. I know that these drugs do work for most people. However, for people who lived through the eighties and nineties and saw more than their fair share of contemporaries go to God, another question has been added into the mix of uncertainties. What does the future hold for an elderly HIV positive person?

I'm tired of hearing simplistic notions that HIV positive people should be getting on with their lives because the new treatments are keeping us alive longer. I'm tired of hearing that HIV positive people should be getting back into the work force - fine for some, but if you have been socially isolated many years and you're walking around like a Jaffa in a straw (skinny arms, skinny legs and pod belly), this might be complicated.

I'm tired of the simple necessities of my own HIV positive life, having to take medication every single day, on time, with or without food, once, twice, three times a day, otherwise I might build up resistance and have to change medications. Or I might develop some frightening, life threatening condition, something that means I won't get to experience being an elderly man with HIV after all.

People living with HIV are individuals, not just one big homogenous group. Many are working, raising families, having relationships, travelling. Many people are not well. As the peer support worker for PLWHA ACT it's my job to help people to live the best life they can, and to keep reminding people that there is a future, - but I can't tell them what that future might hold.

Recently PLWHA ACT held a planning day to help set an agenda for the years to come drawing up a strategic plan for 2008 to 2010. This doesn't make me tired; it gives me hope. PLWHA ACT is an organisation that many men and women have volunteered their time to, and it has a future. What that future brings, who knows? I can only ask the questions!



## A New Face at the AIDS Action Council

The latest addition to the Council team is Ms Julie Chalmers. Julie (or Jules if you prefer!) has been appointed to the newly created position of Community Engagement Co-ordinator, which sits within the Community Development Unit.

This position has the key responsibility of strengthening the bilateral links between the Council and the many communities we represent and serve. It also incorporates the responsibilities for events and fundraising, as well as providing support and other resources for the many community organisations that represent Canberra's GLBTI communities.

Julie comes to us from ACON Northern Rivers, where she filled a number of positions, including Lesbian Health Worker and HIV Care and Support Worker.

Welcome Julie!



## Campaign for Civil Unions

On Saturday 29 March, the Campaign for Civil Unions held a rally at the ACT Legislative Assembly to protest the threatened override of the ACT Government's Civil Partnerships Bill by the Federal Government.

The ACT Bill proposes Civil Unions with ceremonies, which at the last attempt was overturned by the Howard Government. Since then, the ACT Government has been negotiating with the new Rudd Government's Attorney General Robert McClelland to ascertain their true position. The Federal Government has already made it clear that they prefer a 'relationships register' based on the Tasmanian model.

CCU spokesperson Rebecca Leighton is urging the ACT Government to proceed with the bill as soon as possible, even though the risk of it being overturned still exists.

The rally drew an enthusiastic crowd that heard from a number of speakers. Speaking on behalf of the Government, Education Minister Andrew Barr reaffirmed the Government's support for the bill currently before the assembly. He also commended the demonstration campaign saying that it is important for the community to publicly show its support.

The ACT Greens were represented by Deb Foskey MLA, who also urged the ACT Government to bring the Civil Partnerships Bill up for debate as soon as possible and discussed the continuing need for inclusiveness in a community.

The campaign is supported by the AIDS Action Council and was represented at the rally by General Manager Andrew Burry. He spoke of the need to deconstruct

## A new approach or the same approach?

**Editorial - David Mills**

If we look back at the early days of AIDS Action, over 20 years ago, we can see it was created to be a rallying point for the community in the face of the emerging AIDS epidemic. It is this very real involvement of communities from the very beginning that has made Australia a world leader in the fight against HIV/AIDS.

While many things have changed, and the organisation has grown and become increasingly sophisticated, the community has remained at our very core. This is why we are a community organisation, with a board of community members, why the volunteer program is central to our work and why we have many peers working in all aspects of the organisation. It would be very sad indeed if the only reason we existed was to provide services at low cost for the government.

Despite this, we have sometimes lost track of our purpose and neglected our ties to the community. It is apparent to me that the gradual increases in HIV infection around Australia in recent years coincides with a gradual disengagement of communities in AIDS councils. I am convinced that these two trends are related, even if nobody can prove it.

It's true, in some cases, that this 'drifting away' has been something normal and positive, as our community has found new centres, new rallying points and independent voices. However, some of this disengagement is because many agencies are not responding adequately to the changing needs and assets of their communities.

We cannot be all things to all people, but we do need to recognise that we are an important part of our community, and that we have an important role to play in engaging with the community, and working together to build a more cohesive, supportive and healthy community.

This is what we do already in almost all of our work, but we need to explicitly recognise this if we are to achieve our goals most effectively. We are gradually shifting in our emphasis so that our role in the community becomes central.

This is part of the reason why we are changing the agency's mission statement, and why the Community Education and Health Promotion Unit is changing its name to the Community Development Unit. We want to move away from an approach that implies telling people what is best for them, to working together towards a common goal.

I hope that you will agree with me that these changes are a very positive step in the right direction. And even though things are changing, in some ways things haven't changed at all.

ingrained homophobia for the sake of a healthy queer community. He reminded the crowd that the Council was originally formed by the Gay and Lesbian communities to confront the challenge of HIV/AIDS and that AAC is proud of its grass-roots origins.

AAC has always understood that discrimination in all its forms has a clear and detrimental impact on both individual and community health. As long as there continues to be inequality in the way that relationships are recognised, there will continue to be a strong government-sponsored message that relationships which fall outside the meaning of the Marriage Act are simply not as valued. There is then the prospect that this inequality will continue to encourage the homophobia that pervades Australian society. This is poor health policy.

The AIDS Action Council strongly supports the proposed legislation and believes that the ceremonial component is more than mere symbolism or an attempt to hetero-normalise. The council believes that official ceremonies are the means by which society moves beyond the idea of simple recognition and towards a goal of genuine equality.

The Campaign for Civil Unions has launched a petition against the threatened Federal Government override. The petition can be signed at Westlind House.