



OCT - NOV
NEWSLETTER

Contents

Up Front	1
Gadgets or Necessary Tools	2
Campaign Launches	2
Does 'GLBT - Friendly' Health Care Matter?	3
STRIP	3
Dykes Group	4
New Electronic Magazine	4
Community Spotlight: GLLOs	4
Reclaim the Night	5
Canberra Gay and Lesbian Tennis Club	5
A Trans Perspective	6
AGM Awards & 08-09 Board	6
Made Aware of Treataware	7
Dates for your Diary	8
Healthy Sexuality	8
Women's Health Survey	8

AIDS ACTION COUNCIL OF THE ACT

P 02 6257 2855

F 02 6257 4838

aidsaction.org.au

Up Front



"Taking Charge" is the theme of our latest newsletter. Perhaps this sounds rather clichéd coming as it does with such a rich variety of meanings. Yet, the idea of taking charge goes directly to our principles of shared responsibility and personal empowerment.

In the ACT we are in the midst of an election campaign, and of course this means that we are all considering who we want to take charge of our social and legal frameworks over the next period.

Individually, we will balance our own needs with those we perceive as societal needs and we will choose candidates that best reflect them.

In making our choice, we should perhaps try to see this as an active rather than passive process. That is, we are not abrogating our own social responsibilities to those in authority, but are instead taking this opportunity of having our voices heard.

At the Council, we too have elected new leadership with the 2008/2009 Board announced at the conclusion of our Annual General Meeting. The meeting was reminded of our origins as a grass roots response, and was further reminded that a grass roots organisation is one that is driven by its constituent members. The Board of an organisation such as AAC is an important component with the two principle roles of governance and strategic development. Importantly, the Board supports the operational work undertaken by both paid and unpaid staff. The Board also considers important matters of policy – for example, the position that the Council takes on the provision of clean needles and syringes in the ACT's new prison.

The AIDS Action Council determines these positions in consultation with its constituent members, including representatives of the various communities that it serves. It must therefore seem apparent that the health and wellbeing of our organisation rests primarily on an active and engaged membership. It also means that the council must work hard to be both visible and accessible, so the needs of our members are fully reflected in all our work.

In this sense, we do not seek to take charge of anything! What we actually try and facilitate, is the empowerment of individuals and communities to be able to make their own well-informed decisions. Being informed provides for a good understanding of risks and consequences.

Our work can be quite complex and this reflects new challenges such

as co-morbidities, drug and alcohol use, mental health, aging and so on. If these issues increase the complexity of our work, it is worth remembering that these are the things that make individual lives more difficult and impact directly in a capacity for 'taking charge'. We might also remember that all of these issues are those of the whole community and not only those with whom we directly engage.

Our council is Australia's last that has retained the word "action" in its name. It makes us distinct within the sector organisations that make up the Australian Federation of AIDS Organisations (AFAO). I rather like this distinction because it reminds me that as important as process may be, it is our outputs upon which our effectiveness will be measured.

One of the early tasks for your new Board will be the consideration of a new strategic development plan. I hope we will develop a plan that is truly representative of your interests and reflective of your needs. For this to happen, we need our membership to be active and representative. This has been our tradition and long may it continue.

Andrew Burry
General Manager

Campaign Launches

During SpringOut this year, the AIDS Action Council will have two more launches of its *Up Ya Bum* campaign. This is a campaign that is designed to remind men that have sex with other men that the best way to reduce the chances of getting STI's such as HIV and Syphilis, both of which are on the rise, is to use a condom and water based lube.

The first stage was launched in July with the Canberra Bears. The next two stages will have their own launch events, so keep an eye out for what's happening in November.

The first of these two launches will be at the SpringOut Fairday (1st November at Westlund House), and the second will take place later in the month.

The campaigns are supposed to be fun, and so are these launches. Come and see what we do to launch these stages of *Up Ya Bum* with fun and fanfare.

Gadgets or Necessary Tools?

Andrew McCleod - Finance Manager

Technology is a key issue facing financial controllers in all businesses. It is tricky for not-for-profit agencies to allocate resources to keep up to date. We manage on a limited allocation and we persevere with equipment that generally becomes out of date very quickly. Software requirements are becoming exponentially more demanding on machinery and the need to upgrade capability sneaks up and grabs you – suddenly your machine stops coping with the latest software update or won't run a new software product because there is not enough processor power!

The Council once relied almost entirely on flyers and printed newsletters to distribute safe sex messages and undertake advocacy work. Compare that with now, where we reach people instantly through our websites and email server; we can publish simple one page flyers or extremely complex graphical documents in full colour.

The Council has successfully developed Management Information Systems utilising different technologies like Microsoft SQL and PostgreSQL. Our key learning from this model demonstrates a non sustainable reliance on individual developers. When they move on, the programming skill is lost.

The Finance work plan identifies this issue and we are currently analysing models to migrate our statistical capture systems to an off the shelf package. This will allow easier upgrade, greater control and flexibility for our investment. Replacement of our four and six year old machines is required during 2009 and a revolving replacement program will be considered in our capital expenditure budget into the future.

The Council has a stable and reliable Linux server and Window XP workstation environment and we run and host our own web and email servers from Westlund House. These services provide that vital interface between staff and our affected communities.

Is our budget for Information Technology limiting our capability and denying our competitive edge?

One could argue that we need to spend more on delivering tools that assist our staff to develop and deliver community development and advocacy outputs in as many formats as possible. We need to analyse and evaluate the utilization of the latest trends like blogs, Facebook and Myspace. Video files to deliver short concise messages are becoming popular ways of delivering IT messages. It would seem advantageous to explore that area, however to do so requires resources and funding.

Why do we need it? What does it do? What is the return on investment?

We need to ensure a current equipment platform, including software, to remain competitive. In our ever changing environment we are beginning to see signs that AIDS Councils may well be forced into competing for funding. A workforce that is fully equipped with current technology is soundly placed to compete.

Technology facilitates our communication with stakeholders, with affected communities and allows us to be flexible in how we approach any given situation. It allows staff flexibility of operation which is becoming the norm in the Australian work environment.

This coming year will see a strong focus on investing in all aspects of development, analysis, evaluation and capacity improvement of our technology systems.

Made Aware of Treataware

Marcus Bodie - PLWHA ACT



Often it's too easy to place an ad in Positively about a new program or resource and believe that we have done all we can to promote it. However at the Positive Support Network (PSN) dinner on the 19th of August, we took another approach and had an information session on the new Treataware health promotion campaign for People Living with HIV/AIDS.

Kate DeMaere, a project officer from the National Association of People Living with HIV/AIDS Australia (NAPWA), travelled to Canberra to present an information session on Treataware. While we have been promoting Treataware in Positively, ACT Queer and with healthcare providers for the past couple of months, I learnt so much more listening and chatting to Kate about the project.

Treataware is a trio of resources that provide people with information to enhance the decision making processes around treatments and how to discuss and move forward discussions with your medical practitioner.

The first part of the project is the Treataware information line. This is available to help with advice and referrals about treatment, clinical trials and any HIV-related questions you may have. Staffed by trained operators, this free, confidential telephone service is available between 2pm and 7pm (Sydney/Melbourne time), five days a week (Monday-Friday).
1800 817 713

The Translator Interpreter Service (TIS) for cultural and linguistically diverse communities is available by calling TIS on 13 1450 and asking to speak to NAPWA

The second part of the project is the HIV Clinical Trials website. Kate informed us that this is an internet-based register of Australian HIV clinical trials. NAPWA will provide clinical, technical and medical information in a user-friendly format. This database will act as a centralised source of information, for both people living with HIV, and their clinical care providers. The website can be accessed at www.treataware.info.

The third part of the project is the HIV Treatment Checklist Guide. This booklet aims to empower HIV positive people to be engaged with their doctor/s and other health care providers about treatment issues and decisions regarding their health.

Copies are available from the PLWHA ACT office or you can call the information line on 1800 817 713 (free call) to have a copy posted out to you. You can also download a PDF copy at www.treataware.info

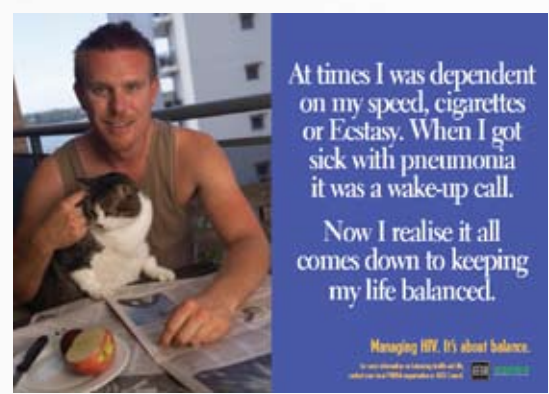
Kate also stressed that "Treataware aims to enhance not replace advice which would be provided by a doctor or other health worker. People who have HIV should regularly see their doctor, who can provide monitoring, up-to-date information advice and counselling if needed".

So it's good to know that wherever you are in Australia there is the Treataware number you can call for information and referral and take control of your medications.

This project is currently on trial for the next 6 to 12 months and will be evaluated for extension after that time.

NAPWA has also engaged the services of the wonderful Vanessa Wagner and Tobin Saunders to star in a film clip for the campaign and this can be viewed on Youtube at www.youtube.com/user/treataware

All this sounds really user friendly and with the 1800 number also being free of charge from a mobile phone, the project has been well thought out. If people don't have access to a computer to have a look at the website or are unsure about ringing the 1800 number and formulating questions to get the answers you need, you can always contact Marcus or Mick at People Living with HIV/AIDS ACT for assistance.



A Trans Perspective

Peter Hyndal

10 years ago I 'took control' when I decided to 'transition'; to stop identifying as female and to live my life as a man.

At that time, I was consumed by the completely empowering nature of the decision that I was finally making about my own life and about who I was in the world. But the most personally empowering decision I have ever made in my life also signalled the start of the most disempowering relationship I have ever had.

In order to be perceived by others as a man, I required a certain level of medical intervention – specifically I needed an ongoing script for testosterone to affect physical changes (such as male hair pattern and voice deepening) and I also wanted my breasts removed (double mastectomy).

It took 18 months of consultations with GP's, psychiatrists, surgeons and endocrinologists where I would pay large sums of money to tell them what that they wanted me to say before I finally got 'permission' to undergo the procedures that were necessary for me to maintain an acceptable quality of life.

I had always been clear that undergoing these medical procedures signalled the end of my transition from a medical perspective...but the medical profession had

other ideas. I felt continually pressured from that point to have a hysterectomy. I resented the degree of pressure that was being put on me to do this when there was no evidence of any need for the procedure. On more than one occasion I have been given 'information' that is completely medically inaccurate, in an attempt to scare me into agreeing to the procedure. I have also been 'advised' that "now your chest's done you need to have a hysterectomy..." and "you should have a hysterectomy so that you never have to have a pap smear..." and "if you have it ripped out, then you can't get cancer in it...".

So here was a medical profession with an ethical responsibility to treat my symptoms and to cause me no harm, yet it was obsessed with trying to pressure me to consent to surgery that I did not want, that would resolve no existing health issue and that would provide me with no health benefit. I remain confused about why these people, who had been working so hard to prevent me from having the chest surgery that I wanted, were now suddenly trying to force me to have more surgery which I did not want to have.

Although I consider myself to have undergone 'sex reassignment surgery', and although I pass consistently in all aspects of my life as unquestionably male, in order to be legally recognised as male in the ACT I need to undergo 'surgical alteration of reproductive organs'. In practical terms for transmen, 'surgical alteration' means 'surgical destruction'. For transmen (unlike transwomen) the reproductive organs are internal – their removal does not aid in the ability of the person to pass, or the degree to which they will be accepted by society as male. Their removal serves no socially measurable aid to transition whatsoever.

I start from the premise that the right to consent freely to medical procedures is one of the fundamental rights that all people hold. It is a right that is intrinsic to our own bodies and in our society a right that is correctly demarcated as "personal" rather than "political". It is not reasonable that trans people have to choose EITHER to be legally recognised in our chosen gender OR to retain autonomy and control over what medical procedures are performed upon us.

I do not understand how our government believes that it is equipped to legislate on what medical procedures should be undertaken by a particular group of people. Nor do I understand how ANY medical practitioner could ethically participate in performing a sterilisation procedure on someone for the sole reason that they want to obtain legal rights that non-trans people take for granted. Try substituting any other group of people (people of a particular race, religion etc) and see how it sounds - this situation would simply not be tolerated in any civilised society in relation to any other group of people. My respect and trust in the medical profession has been completely eroded, by their collusion in supporting this ethically unjustifiable legal position.

I choose not to have a hysterectomy not because I might ever use my uterus, but because as a matter of principle I refuse to have a government insist that I undergo a completely medically unnecessary surgical procedure to sterilise myself simply in order to obtain a legal right that I am perfectly entitled to receive, regardless.

I choose not to have a hysterectomy because, for the second time in my life, I am empowering myself and taking control – this time over the role that I allow the medical profession to play in my life and the way in which I allow them to play it.

AGM Awards & 08-09 Board



Awards

Michael Beck - *Fabulous Member Award*

John Guppy - *Fabulous Member Award*

Claire Drake - *Fabulous Member Award*

Sally Ramsay - *David Widdup Award*

Somon Corbell - *Communication Award*

BearsCanberra Inc - *President's Award*

Campaign for Civil Unions - *Community Award*

New 08-09 Board

Ross Wilson - President

Scott Malcolm - Vice-President

David Bengier - Secretary Treasurer

Alli Gordon - Ordinary Member

Vijaya Ratnam-Raman - Ordinary Member

Andrew Grimm - Ordinary Member

Alexander Hood - Ordinary Member

Kenn Basham - PLWHA Representative

Lexxie Jury - Staff Representative

Andrew Burry - General Manager

Does 'GLBT-friendly' health care matter?

Opinion - David Mills

"When I was in hospital I felt I couldn't confide in my doctors or nurses to tell them about my sexuality, because I had enough to deal with".

Why make such a deal about access to health care for the GLBT community? Why should sexuality and gender issues be a priority when the health care system is overstretched, and finding a suitable GP is difficult for everyone?

Our relationship to the health care system has a profound effect on our health and wellbeing and it flows on to all areas in our lives.

How many of us feel in control when we see a doctor? How many of us do whatever we are told? How many of us come out confused and not sure what tests have been ordered?

"I felt the Cancer Foundation is only for heterosexuals and the AIDS Council only for HIV/AIDS people."

The evidence suggests that many of us have been in these situations. We are experiencing a syphilis epidemic in gay and bisexual men in Canberra, yet the rates of syphilis testing are low. Too many clinicians make assumptions about the sexuality of the person in front of them, or are embarrassed to ask. GPs are overstretched, but it is unacceptable to have people falling through the cracks. Current rises in HIV and other sexually transmitted infections are symptoms of these broader issues of health care.

For my clinician to give me reasonable health care, they need to ensure that they have all the relevant information, which very often includes my sexuality or sexual behaviour. If I'm reluctant to disclose it for fear of judgement, lack of privacy and confidentiality, or because I feel that I'll receive lower quality care then there is a very serious issue that needs to be addressed.

"My doctor asked me if I wanted to bring my wife to consultations ... neglecting to first ask if I was married, let alone if I was gay!"

We often come into the health system in very testing times in our lives. As these quotations from people living with cancer show, we might not be prepared for the effect that our sexuality has on our health care.

There are some fantastic people working in the health care system – they take an active role in our community and they are sensitive to our needs. Unfortunately, there aren't enough of them and they are at least as stretched as everyone else, which is why generating more sensitivity and understanding for sexuality and gender issues has to be a priority.

Different models of health care also need to be used. We're not all the same, and one size does not fit all.

You shouldn't need to put off getting a check-up because you're too busy to see a doctor during the day. Outreach programs are a perfect example of health care reoriented to suit the community, reducing the barriers to access.

Equal access to health care is a basic human right. Our health care should empower us to take control of our own health. It should give us the necessary information to make informed decisions about our own bodies, and it should equip us and inspire us to live healthier lives.

"Being gay and having cancer was not an issue for me. My GP knows I'm gay. And it was the first thing I told my surgeon. If he'd had an issue with it, I would have found another surgeon. Having cancer is no time for niceties."

The quotations above come from *"It's a real bugger isn't it dear?"* a resource on sexuality and cancer produced by the GLBTIQ with Cancer Network and Gay Men's Health South Australia.



STRIP Sexual Health Testing

FREE and confidential sexual health check-ups at Westlund House and at Champions Fyshwick.

Female and male nurses from the Canberra Sexual Health Centre and the Division of General Practice will be in attendance and your results are available the following week.

Allow 30 to 45 minutes for your consultation. No appointment is necessary. Your results are available the following week.

For more information contact the AIDS Action Council ACT 9am to 5pm Monday to Friday on 02 6257 2855 or email testing@aidSACTION.org.au.

The next STRIP clinics will be held in October and November 2008:

Consultations for the **GLBTI** community at Westlund House, Acton:

- 10am to 12noon Saturday 8 November
- 10am to 12noon Saturday 15 November
- 10am to 12noon Saturday 22 November

Consultations for **men only** at Champions Mustang Ranch, Molonglo Mall Fyshwick:

- 6.00 to 8.30pm Thursday 30 October
- 6.00 to 8.30pm Thursday 6 November
- 6.00 to 8.30pm Thursday 13 November
- 6.00 to 8.30pm Thursday 20 November
- 6.00 to 8.30pm Thursday 27 November

The Dyke Coffee, Movie and Dinner Group

The Dyke Coffee, Movie and Dinner group has been running every Tuesday since 2003. As a community based event it helps lesbians connect with each other and to find friends.



We meet up for coffee before the movie and enjoy some time catching up with each other. For those who want to join us, we then go on to see the movie and afterwards enjoy a meal together. Women come along for any or all of those things. Some leave after coffee, some come just for the movie and some even come to eat without having seen the movie.

We are a diverse group of women who welcome newcomers

For more information and regular updates of upcoming gatherings, check out groups.yahoo.com/groups/actqueer

Community spotlight Gay and Lesbian Liaison Officers

Keiran Rossteuscher

I remember in my headier days at University, caught up in the idealism of student politics, hearing the phrase 'pink and blue never mix'. The GLBTI community has had a bumpy history with the Police Forces as they have so often been a part of some of the most important moments in our history. I think of the Stonewall Riots in New York City and again at the first Sydney Gay and Lesbian Mardi Gras parade some 30 years ago, hauling people away and supplying names and details to the press afterwards.

How times have changed. Now whole floats march, devoted to the pink men and women in blue.

Today that line between pink and blue is blurring. A small yet dedicated number within the AFP and the state police forces proudly wear a triangular badge that has the pride flag and the police checks pattern side by side. These are the Gay and Lesbian Liaison Officers (GLLOs). The GLLOs have existed since a pilot scheme in 1996 and their role is to help bridge the divide between the GLBTI community and the Police.

In an ideal world everyone should be able to approach any police officer and expect to be treated with fairness, dignity and respect. But for whatever reason it either doesn't happen or there is a fear that it won't. Within the GLBTI community there is an under reporting of crime, and not reporting crime increases the communities vulnerability. This is a proactive move to give the community an opportunity to take control and have faith in the police.

Who are the GLLOs? Some are members of the community, and others are not. Not all GLLOs are serving officers either, as they can also be staff of the AFP, many do it outside their regular duties, and so it is volunteered work. Even the current AFP Chaplain is a GLLO. A GLLO has gone through specific training that makes them particularly equipped to deal with the issues that affect GLBTI people.

GLLOs will rarely be called out to attend a scene specifically as a GLLO; their primary role is afterwards, to liaise with victims and the investigating officers to ensure the case is handled appropriately. The GLLOs provide sensitivity training to all recruits and are frequently called upon to provide advice on beats, same sex domestic violence, as well as overseas postings for their officers and many other issues affecting members of the GLBTI community (in and outside of the force).

The GLLOs can often be found at community events, sometimes as ordinary members of the community, and sometimes representing the GLLOs. They are aware that not everyone likes the police, but are more than happy to come along and support an event if you send them an invitation.

For more information about the Gay and Lesbian Liaison Officers call (02) 6256 7777.



New ACT Electronic Magazine

<http://www.actgay.e-p.net.au/>



Evolution publishing, who produce MCV, SX and Fellow Traveller have launched a new ACT site, featuring local news and events, scene pix as well as national and international stories of interest to the GLBT communities.

This is also an important opportunity for local queer writers to present their stories, views and opinions to a wider audience. The site contains a link which explains how to submit your work.

Reclaim the Night '08

Lisa Mason - Canberra Rape Crisis Centre

The Sex Worker Outreach Project has been involved with the coordination of the 2008 Reclaim the Night (RTN) rally and march. We asked Canberra Rape Crisis Centre if they would be able to tell us a bit more of the history of RTN.

Reclaim the Night is an annual event where women across the world take to the streets at night to demand an end to sexual violence. RTN focuses on the systematic nature of violence against women: how it impacts on women, children and men; and how we as a community can work together to stop it.

Since 1977 women have marched under the banner of reclaim the night – a statement against violence towards women and children. After the Yorkshire ripper murders when women were told by authorities to stay inside to keep safe – women instead rallied together to “reclaim the night” and their rights to safety. Protesting the idea that violence against women and children can be prevented by placing restrictions on their behaviour.

RTN marches and rallies in Australia began in 1978 and have traditionally been organised by collectives of unpaid women who have worked together in their communities to organise peaceful protests against sexual violence towards women and children, and to promote women's strength and survival.

'....personal problems are political problems. There are no personal solutions at this time. There is only collective action for a collective solution.'

This comment taken from an article by Carol Hanisch published in 1969 remains pertinent in today's social context. The essay defends consciousness-raising against the charge that it is “therapy.” The RTN rally and march can be seen as consciousness raising as it intends to put sexual violence on the political agenda.

Current research suggests that one in five Australian women and one in twenty Australian men over the age of 18 have been forced or frightened into unwanted sexual activity across their lifetimes, many of them having experienced coercion when aged under 16 years. Prevalence data indicates that the numbers may be as high as 1 in 4 women and 1 in 6 men experience unconsensual sexual activity by the time they are young adults, while 1 in 3 women experience sexual violence in their lifetime. This clearly demonstrates that sexual violence remains an issue that must be on the political agenda.

The notion of Collective action for a collective solution situates sexual violence as a social and structural problem that cannot be prevented by individual agency alone. Meeting for RTN is not a tokenistic gesture, rather it is a space for women to raise their collective voices, challenge the status quo and infiltrate the political consciousness.

As part of the Reclaim the Night rally this year we aim

to continue to challenge the myths that remain part of collective consciousness surrounding sexual violence such as:

- The myth of the “real rape” as one involving a violent attack by a stranger
- The myth of the lying, vindictive sexual offence complainant
- The myth of the deserving victim - drunk, provocatively dressed, flirtatious, out alone at night

The reality is, that sexual violence:

- Is any sexual activity that a person has not consented to and refers to a broad range of sexual behaviours, including the use or threat of violence to force another person to engage in sexual activity against their will.
- Can happen any where but is most likely to occur in the home of the victim or perpetrator
- Offenders are usually known by their victims
- Sexual assault or abuse is an act of power designed to control, humiliate, dominate or exploit

While the rally has a strong political message it is also a celebration of women's community and the talents present within. RTN offers the following positive messages:

- That women are not alone
- That as a community we offer hope through drawing on collective strength and advocating structural change and action
- That there remains the possibility for change

Our slogan this year for our rally is, 'Safe Equal Xpect No Less'. This slogan acknowledges that women have the right to expect safety in all aspects of their lives but particularly being free from sexual violence.

It is important to recognise that discussion about sexual violence, while vital can be hard for some people to hear because of their own life experience. Canberra Rape Crisis Centre offers both crisis counselling and long term counselling for women, children and young people who have been affected by sexual violence. The crisis line operates 24 hours a day, 7 days a week and can be contacted on 62472525.

We invite both women and men to participate in the RTN rally and march.

Date: Friday October 31st

Time: Rally speakers and entertainment 6.00 pm
March 7.30pm start

Location: Chess Pit Garema Place Civic

Canberra Gay and Lesbian Tennis Club

When: Monday evenings from 6.00 pm.

Where: Turner Tennis Courts, at the corner of McCaughey and Condamine Streets, Turner.

What is provided: tennis balls and court lighting, hot drinks and a heater in the clubhouse in winter, a monthly BBQ in the warmer months.

What do I need? tennis racquet and sport shoes.

(We have spare racquets for new players who don't have one)

The focus of these evenings is social. Players of all standards are welcome. Most weeks, we usually go for dinner somewhere after tennis and everyone is welcome.



For your **Diary**

October

- 18 Saturday ACT Elections
- 20 Stepping Out workshop for lesbian and bisexual women
- 30 Thursday STRIP Sexual Health Tests @ Champions Mustang Ranch 6:30 - 8:30 pm
- 31 Friday Reclaim the Night Rally and March 6:00 pm Garema Place, Civic

November

- 1 Saturday SpringOut Fair Day and Campaign Launch at Westlund House, 16 Gordon St Acton
- 1 Saturday Night Purple Party
- 4 Tuesday Public Holiday
- 6 Looking Out workshop for gay/bi men 25+
- 6 Thursday STRIP @ Champions 6:30 - 8:30
- 8 Saturday STRIP @ Westlund House 10:00 - 12:00 pm
- 13 Thursday STRIP @ Champions 6:30 - 8:30
- 15 Saturday BDSM Seminars at Westlund House 10:00 - 5:30 pm
- 15 Saturday night Campaign Dance Party Launch at Cube Nightclub, Civic
- 20 Thursday Ribbon Making at Westlund House
- 20 Thursday STRIP @ Champions 6:30 - 8:30
- 24-1 AIDS Awareness Week
- 27 Thursday STRIP @ Champions 6:30 - 8:30
- 29 Saturday Night Bush Dance 7:30 pm - late Yarralumla Woolshed.

December

- 1 World AIDS Day

For more community events, subscribe to the ACTQueer email list: 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

Healthy Sexuality and Gay Masculinity

Opinion - Daryl Evans

As gay males, what were the imprints, role models, rituals, culture and rites of passage in our growth to adulthood? Many of the sources of our knowledge and our initiations into adult masculinity may in fact be limiting our ability to experience healthy sexuality and sexual intimacy.

What were your experiences? How did you learn to be a gay man? Did you participate in a workshop, attend a seminar or complete a uni course? Was it from a porn video or magazine and what was the context? Was the context underground, forbidden and sexualised? What support and knowledge were given by your family and relatives? A beat or sex-on-premises venue, a toilet, spa, or steam? What intimacy or social skills were there in that quickie, thrill or sexual release? Did the crystal meth or other substance reassure you of your masculinity with the heightened energy and sexual drive? Did *Queer as Folk* or *Will and Grace* contribute to your growth? Was it the supermale you tried to make in the gym? Were you hung up on measuring the size of your masculinity by how well you were hung? Was it that fantasy, fetish or escort? How did dating and flirting at school and college help? Is the internet and cybersex the new beat? Did your queer eye meet a straight guy?

Our sources of knowledge about gay masculinity are limited compared to those available in straight culture. Many of these sources may be distractions or hinder our ability to find, develop and sustain healthy sexuality.

What do you think? What assisted you to define your gay masculinity? Do you find it easy to maintain a healthy sexuality?

We're keen to find out what you think. Give us a call (02 6257 2855); email us (newsletter@aidsaction.org.au).



Snapshot 2008

Canberra Lesbian and Bisexual Health and Wellbeing Survey

Help the Canberra lesbian, bisexual and same-sex attracted women's community.

Throughout November 2008, tell us about your... health, sex, relationships, family... This will be the first ever in-depth look at the lives of same-sex attracted women in the ACT.

Information will be available through the AIDS Action Council, ACTQueer and other community organisations through November.