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ACON CEO 2001 - 2009

1) What has been the impact of HIV on lesbians in NSW?

Of course someone doesn't become infected with HIV because of their sexual identity, they become infected with HIV because of sharing infected body fluids either through sex, drug injection, or in the very early days before the blood supply was made safe, through blood products. Whilst most sex between lesbians is per se low risk for HIV transmission, some lesbians do have sex with men, including gay men, do inject drugs and may have other practices that put them at risk of HIV. Indeed there are and have always been some lesbians in NSW with HIV. The numbers are so low, however, that it has always been difficult for them to get the support programs that they need and that are so readily available for men. Secondly, we have very much a 'coalition' community in NSW so most lesbians have gay men they are close to and may even regard as part of their 'chosen family'. As HIV has impacted on those men so it has impacted on the lesbians in their 'families'.

2) How have lesbians contributed to the response to HIV/AIDS in NSW, particularly in the late 80s and early 90s?

Throughout the 80s and 90s lesbians were looking after gay men who were their friends and family as they got sick and died, advocating alongside gay men for improved services, better access to treatments and improved rights, working in HIV organisations, providing care as doctors and nurses, and being volunteer carers alongside the many heterosexuals who also wanted to help.

3) What impact has HIV had on the identity of the GLBT community? Has it brought the gay and lesbian communities closer together?

We have a fledgling rights movement when the HIV epidemic hit. In some ways it distracted people from the fight for increased rights, took the energy and resources away to what was a more urgent struggle and decimated the newly emerging community as one by one the strong voices died from AIDS. But at the same time, it brought different parts of the community together against a common foe. It mobilised people to united community action and created a powerful voice for our community with government which then helped to achieve legislative reform.

4) What are some of the stories involving lesbians and HIV that you find particularly memorable?

People think of ACON as a gay men's organisation because for most of its life most of the services were targeted to gay men but in fact for a really long time, almost half of the staff have been women and many of them lesbians. In fact many of the longest serving staff are lesbians. I think if you got personnel to do a quick rough count of lesbians in the organisation and how long each has worked there you would easily get a total of over a hundred years of service.

5) What do you think is the legacy of lesbians in relation to HIV/AIDS in NSW?

Lesbians have been there alongside gay men and others in every aspect of the epidemic.

6) How have lesbian health services developed at ACON over the last 25 years?

In the late 90s the Policy & Women's Unit at ACON contained projects focused on women living with HIV, women partners of bisexual men, HIV prevention with women generally. The obvious focus was on areas of risk for HIV and this was a very small part of the organisation because over services were seen as having the main responsibility for working with women and ACON was funded mainly to work with gay men. At the same time, it was obvious that there were few services for women and this was an area that ACON could not overlook. So initially ACON's work for lesbians was very small and only in the only in the context of HIV prevent for women and care and support services for lesbian with HIV. The second step was the development of the Aboriginal and Torres Strait Islander Unit which had a focus on HIV health promotion and support programs, in a very broad context, targeting people with HIV, gay men, lesbians and sisters in Indigenous communities. Then in 1999-2000 the ACON Board began a lengthy and far reaching consultation process to develop a new strategic direction for the organisation. They recognised that the advent of HAART in 1996 had brought about a profound change in the course of the epidemic in Australia and particularly in the way that many gay men prioritised HIV in their lives and with great foresight they realised that ACON would need to change too. The result of that consultation process was an acceptance that good HIV services, whether prevention or care & support must be provided within the context of people's whole lives. That means delivering broad population-based programs that look to total physical, mental, social and emotional health and well being, not just the treatment of disease and in the case of ACON the Board was clear that the population to serve was a GLBT community. So ACON then began slowly but surely broadening its programs to GLBT, where appropriate and where new funding was available.

7) What have been some of ACON's key achievements in terms lesbian health over the last 25 years?

The lesbian health project itself has remained relatively small, although ACON has always managed to have some presence for it in rural and regional areas which is incredibly important. The project has developed some ground breaking resources such as Opening the Window - A Guide to Lesbian Health which is requested from all over the world and an important resource on HIV prevention for lesbians into BDSM. The project has also been an important catalyst in encouraging research into lesbian health in conjunction with ALMA, encouraging lesbians to take greater care of their own health and working with the Cancer Council to provide support groups. It is also important to understand that almost all new projects at ACON, unless they are HIV specific, are now GLBT projects which means that lesbians are included in those broader programs and services from the Anti-violence project, though drug & alcohol programs to the new work in ageing.

8) What were some of the challenges involved with developing lesbian health services at ACON?

Funding for lesbian health work has been very difficult to get as (1) there are no policy and funding structures in Federal or NSW State Government that recognise GLBT health in general or lesbian health in particular; (2) even when you could get them to listen, they would say "Where is the data?", but they wouldn't fund the research or mandate sexuality questions so we could get the data; (3) we would often be told that the needs of lesbians are no different

than other women and they should be subsumed into women's health; (4) women's health programs were so under-funded it was impossible to get anything out of them. Most men were incredibly supportive of building lesbian health and GLBT health programs at ACON but I have to say that one of the greatest challenges and most disappointing things has been the handful of men who at every turn were critical of this change and made constant unfounded accusations about taking HIV money to fund lesbian health programs. For some reason they just couldn't bear the thought of lesbians having something for themselves and so they had to make up lies and attack women working at ACON. They are quite sad really.

9) What impact has ACON had on lesbian health in NSW specifically and in Australia and internationally generally?

When ACON began working on lesbian health there were only a few isolated researchers and project officers around the country, and of course the long history of women's health centres providing services to lesbians but no real profile of the issue and certainly not with government. There is now a major research centre in the form of Gay & Lesbian Health Victoria, researchers working at various centres around the country, Ministerial Advisory Committees on GLBTI Health in some states and various projects springing up. ACON's lesbian health project was a forerunner of many of these and is now in contact with all of them, learning from them and collaborating with them. Across the country and internationally we are seeing other organisations following in the footsteps of ACON and starting to develop GLBT health organisations and increasing they are looking to ACON to learn about the benefits and the pitfalls.

10) How do you think lesbian health services will develop over the next 25 years and what role do you think ACON will play?

I think the biggest issues for lesbian health will be: (1) getting lesbians to understand that they have health needs and caring enough to deal with them in the necessary timeframe, which means regular pap smears and breast checks but also quitting smoking, drinking less alcohol, exercising more, and de-stressing; (2) getting doctors to understand that they have lesbian patients who have health needs and meeting them in a welcoming and appropriate way; (3) building programs so that we can age and then ultimately support each other to die without having to lose who we are on the way. I hope that ACON will help me with all of that.