

ANWERNEKENHE II

Report of the
Second National Indigenous Australian
Gay Men And Transgender Peoples Conference



Cedar Creek Lodge, Thunderbird Park,
Tambourine Mountain, Queensland,
July 7 - 10, 1998.



Australian Federation of AIDS Organisations

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FOREWARD

AFAO National President

The Australian Federation of AIDS Organisations (AFAO) is delighted to present this report of the Anwernekenhe 11 conference, held on the lands of the Kombumerri nation at Mount Tambourine, Queensland, in July 1998.

This highly successful conference could not have been staged without the tireless efforts of AFAO's Indigenous Gay and Transgender Steering Committee, and on behalf of AFAO I would like to thank Committee Convenor, Colin Ross, and all the members of his team, for their hard work and leadership.

More than ever before, AFAO is aware of its responsibilities towards Indigenous gay men, sistagirls and positive people, and excited about extending our work in support of these communities. With the assistance of the National Aboriginal Community Controlled Health Organisation (NACCHO), with which AFAO has recently developed a Memorandum of Understanding, I am confident that we will be able to successfully support an Indigenous response to the threat of HIV/AIDS.

At Anwernekenhe 1 in 1994, representatives of AFAO attended to learn how the organisation might better work with Indigenous communities. Four years later, AFAO is proud of its Indigenous Gay and Sistagirl Project and of the recently released National Indigenous Gay and Transgender Project Consultation Report and Sexual Health Strategy. This document is the first comprehensive assessment of the impact of HIV on Indigenous gay men and sistagirls and provides a thorough and accessible blueprint for responding to the urgent health needs of Indigenous gay men, sistagirls and HIV+ people. I am pleased that the Report and Strategy were so positively endorsed by delegates at the conference.

AFAO is working to enhance the capacity of its member organisations, including AIDS Councils, to implement the recommendations of the Strategy.

I would like to thank our conference co-hosts, the Queensland AIDS Council, for its support in running this important event. Thanks are due also to project officer, Gary Lee, for his tireless efforts to assist AFAO understand and meet its Indigenous health responsibilities.

I commend this Report to you, and urge all interested in the health of Indigenous gay men, sistagirls and positive people, to consider the messages contained herein.

Peter Grogan
National President

FOREWARD

AFAO National President

I am pleased to present this report of the Anwernekenhe II conference.

The AFAO Indigenous Gay and Transgender Steering Committee was established in response to the Anwernekenhe I conference, held on the lands of the Arrente nation near Alice Springs in 1994.

Since that time, the members of the committee have continued to pursue the goals identified at Anwernekenhe I and I would like to thank all members of the steering committee for their hard work and commitment in pursuit of these goals. Among the achievements of which the steering committee is most proud are the successful establishment of the AFAO Indigenous Gay and Transgender Project, and the overseeing of the National Consultation Report and Sexual Health Strategy.

The steering committee is also proud of Anwernekenhe II, and pleased that so many delegates from all around Australia were able to attend this important event. The conference offered an opportunity for Indigenous gay men and sistagirls to share experiences and learning about HIV/AIDS and sexual health in a context which acknowledged race and racism, sexuality and gender identity. The conference was highly educative, challenging, uplifting and at times overwhelming. There is so much work to be done that the task list seems a bit daunting at times. The new steering committee, elected at Anwernekenhe II, has a challenging time ahead of it, but with the support of Indigenous health services and community-based HIV/AIDS organisations, these challenges can be met.

Thanks to the Kombumerri nation, who welcomed us to their traditional lands for the conference, project officer Gary Lee and conference organiser, Brendan Leishman, for their hard work. And finally, to all the attending delegates, the committee extends its thanks for your participation and the sharing of your experiences and expertise. I look forward to seeing you at Anwernekenhe III.

Colin Ross

Convenor, 1994 - 1998

AFAO Indigenous Gay and Transgender Project Steering Committee

CONTENTS

Foreword	iii
AFAO National President	
Foreward	iv
Steering Committee Convenor	
Conference Report	1
AFAO Project officer	
Acknowledgements	8
Article One	9
Us Mob	
Article Two	14
In translation: implementing the Indigenous Strategy	
Article Three	17
Indigenous gay and transgender people given a voice	
Article Four	19
Excerpts	

CONFERENCE REPORT

AFAO Project Officer

Throughout this report I will use the term 'Indigenous' with a capital letter to signify Indigenous Australian Aboriginal and Torres Strait Islander persons. This is to differentiate Indigenous Australians from indigenous peoples in general and to accord respect to the original owners and inhabitants of this country.

Four years on from the first historical Anwernekenhe 1 gathering at Hamilton Downs, 75 kms north-west of Alice Springs in the Northern Territory, Anwernekenhe 11 (the Conference) took place. This important conference was the culmination of the dedicated efforts of many groups and individuals and was one of the direct outcomes to emerge from that first significant meeting in Central Australia. It was voted then that the next gathering should be held at a Queensland venue, in deference to the large representation from that State, and so it was that we all found ourselves at Tambourine Mountain in 1998.

Many people contributed to the planning and success of the Conference and none more so than the Australian Federation Of AIDS Organisations (AFAO) and the AFAO National Indigenous Gay and Transgender Steering Committee (the Committee). With the guidance of AFAO Deputy Director Tim Leach, the Committee worked hard in the initial stages and along with the Project Officer, began planning the Conference in earnest in early 1998. The Project Officer began a concerted letter-writing campaign seeking possible funding from State and Territory Aboriginal and non-Aboriginal health services, AIDS Councils, Aboriginal, Medical Services (AMS's) and, along with the Committee, we were able to raise sufficient funding to meet our main needs. This supplemented the funding from the Commonwealth and from the AFAO National Indigenous Gay and Transgender Project to mention a few. The Queensland AIDS Council (QUAC) agreed to be co-host with AFAO for the Conference and by mid-year, Brendan Leishman a Murri man was appointed as the Conference coordinator to bring it (and all the delegates) together, while located in at the QUAC offices in Brisbane, which he did tirelessly and brilliantly, no mean feat considering the relatively short run-up time he had to do it all in.

Significantly, the *AFAO National Indigenous Gay and Transgender Consultation Report and Sexual Health Strategy 1998 - 2000* (the Report/Strategy), was officially launched at the Conference. The Consultation Report was researched and written over the preceding twelve months by the Project Officer Gary Lee and the Sexual Health Strategy in conjunction with the valuable assistance and input of AFAO Policy Officer Timothy Moore.

The Consultation report and Sexual health Strategy was unanimously endorsed and ratified at Anwernekenhe 11 by all delegates. What delegates, as well as all gay men and transgender people nationally now had for the first time, was a document that they could not only call their own but which was also a valuable 'tool' by which they could now progress their issues and concerns onto the national Indigenous health and HIV/AIDS agendas.

Anwernekenhe II built on from Anwernekenhe I in that it provided a further national forum at which several very important things could take place. Delegates had a supportive, non-

judgemental and non-threatening environment in which to meet, network and to talk over the many issues which bound most of them together. This was an important factor especially since the majority of the delegates this time around were younger in general and many had not been to the previous Conference. In fact many had never been to any sort of conference and certainly never with other Indigenous gays and transgenders. Consequently there was a high level of interest and participation by delegates in the agenda program and workshops.

The Report/Strategy provided the basis for the Conference agenda while the workshops and plenary sessions allowed added input from the Indigenous gay men and transgender delegates present,

The Conference agenda spanned three days and was highly flexible in that last minute changes could be implemented which was just as well because, as is usually the case, last minute changes were necessary. Nevertheless significant guest speakers included past AFAO president Bill O'Loughlin, Commonwealth representative Alan Thorpe, transgender spokesperson Ms Tanya Wilde and Edward Cowley, Pacific Islands Community Educator from the New Zealand AIDS Foundation in Aotearoa (New Zealand).

The Jagera Jarjum dancers from Brisbane performed for the delegates on open day which was greatly appreciated. But it was our own Ms Jarmila I. Larsh and Ms Roshumba Phillips who really stole everyone's hearts. At the end-of-conference social held at a Brisbane disco, Jarmila and Roshumba brought the house down with their stunning cabaret acts, lip-synching and sashaying to thunderous applause from all present. What made their appearance more special was the fact they both were conference delegates, whom nobody suspected were very talented and beautiful showgirls as well. Jarmila and Roshumba did more for delegates' self-esteem than perhaps even they might realise and for many, if not all the delegates, they were the perfect ending to a very successful and affirming conference.

Following are the Anwernekenhe 11 Recommendation amendments which arose from the workshops and Plenary Session on the final day. These were all fully endorsed from the conference floor.

Anwernekenhe II Workshop Recommendations

To be considered as complimentary/additional to the major recommendations of the *National Indigenous Gay and Transgender Consultation Report and Sexual Health Strategy 1998 -2000*.

Transgender workshop:

(Statement: Please note that our identity is Aboriginal and Torres Strait Islander sister or sistagirls and (this term) should not be seen as a technical term by our Aboriginal and Torres Strait Islander sisters and brothers).

1. That transgenders be addressed as transgender person/s for bureaucratic purposes only.

2. That the AFAO Indigenous Gay and Transgender Steering Committee recognise, acknowledge and include two persons from the transgender persons forum - one member from the mainland and one from the Torres Strait. The transgender persons forum to nominate two proxies for when representatives can't attend meetings.

To that end the two members elected were Ms Rusty Nannup and Ms Gorgeous Uta (mainland and Torres Strait respectively) and their two respective elected proxies were Thomas Barry and Frankie Puttaburra.

3. That training of transgender /sistergirl personshelp educate sexual health workers on issues relating to transgender persons e.g. on HIV/STD and identity throughout the communities or country.

4. That transgender persons be trained in relevant positions within the health industry to enable us to gain employment.

5. That the Aboriginal Medical Services (AMSs) make rooms available on a regular basis for support groups in regional areas as well as in mainstream organisations.

6. That funding be provided for a national Indigenous gay and transgender person/s newsletter or paper to cover all issues - for black gay men, lesbians and sisters and sistagirls.

7. That sexual health workers be educated on all aspects of transgender persons in a non-discriminatory manner. Aspects to include sexual health sexual identity, hormonal therapy, genital reconstruction/surgery etc.

8. That the implementation of transgender networks be developed on a state, national and regional level.

HIV Positive workshop

1. That ANET (AFAO NAPWA/Education Team) be shown how to include Indigenous gay and transgender PLWHA (People Living With HIV/AIDS) issues in its work plan.

2. That OATSIHS (Office of Aboriginal and Torres Strait Islander Health Services) recognise that many Indigenous PLWHAs live in poverty and to encourage health workers to support them.

3. That OATSIHS in particular develop strategies for covering the cost of HIV medicines for Indigenous PLWHAs in all parts of Australia and to provide education about the pharmaceutical safety net.
4. That Indigenous housing services be made aware of Indigenous PLWHA housing needs and provide suitable housing.
5. That AFAO and NAPWA (National Association of People With AIDS) work with the Indigenous Gay and Transgender Steering Committee to create a national network of Indigenous PLWHAs. This has three main purposes - (1) to help identify advocacy issues, (2) to create local PLWHA support groups, and (3) to provide local retreats for PLWHAs, families and carers.
6. That NACCHO (National Aboriginal Community Controlled Health Organisation) encourage its member organisations (AMSs) to be proactive about Indigenous PLWHA issues and needs and that Indigenous PLWHAs be involved in developing the MOU (Memorandum Of Understanding) between NACCHO and AFAO.
7. That the Commonwealth fund a NAPWA conference pre-conference meeting for Indigenous PLWHAs and carers.
8. That ANET provide regular information on HIV treatments that can be understood by Indigenous PLWHAs and which is circulated across Australia.
9. That AFAO develop its own Aboriginal and Torres Strait Islander health policy covering HIV and related diseases, sexual health, PLWHA, sex workers, IDU (injecting drug use), gay men and sistagirls and work out how this will be implemented through AFAO's structures, particularly through the Executive Committee and the AFAO membership.

Gay Men's workshop

1. AMSs, AIDS Councils and Indigenous health services to jointly seek ongoing funding for an Indigenous position to oversee implementation of the AFAO Indigenous Gay and Transgender Report and Sexual Health Strategy.
2. That each state and territory member of NACCHO and AFAO sign MOUs.
3. That NACCHO and AFAO jointly seek funding from OATSIHS for research into Indigenous gay and transgender suicide.
4. That the AFAO ANET and Indigenous Gay and Transgender Project Steering Committee develop a proactive media strategy to get coverage in the Indigenous media.
5. That the AFAO Indigenous Gay and Transgender Project Officer work with AFAO to produce a national Indigenous poster/calendar/print campaign to promote self-esteem and HIV awareness.
6. That AIDS Councils and AMSs collaborate to resource support groups for Indigenous gay men and sistagirls.
7. That the AFAO Gay/Positive Educators' Conference (1998) have an Indigenous stream throughout its agenda.

Child Sexual Abuse workshop

- 1.** We renounce sexual abuse and incest in any form - we recommend that Indigenous gay men and transgender people be given resources and support to research, develop, implement and evaluate social, emotional and spiritual healing programs (including training and skills development), which are specific and appropriate to their needs.
- 2.** Support should be provided to people who say they have been abused. It is not for the service providers to determine whether they have been abused or not - or to judge.
- 3.** Cultural respect requires that we proceed cautiously with this issue, but silence is not the answer.
- 4.** We must acknowledge that sexual abuse occurs within all cultures and that includes Indigenous communities.
- 5.** Perpetrators of sexual abuse should not be protected for cultural or any other reasons.

Other Recommendations

- 1.** That the needs of Indigenous people from rural areas be addressed.
- 2.** That networks between Indigenous gay and transgender groups be established, maintained and supported .
- 3.** AMSs need to take on issues for Indigenous gay and transgender people and Indigenous gay and transgender people need to become involved in the local AMSs.
- 4.** The AFAO Indigenous gay and transgender steering committee to progress the issues raised at the conference on behalf of conference delegates.
- 5.** Training: that training programs on Indigenous gay and transgender issues for AIDS Councils and AMSs be developed and implemented for all AMSs and AIDS Councils - all new staff to undertake training.
- 6.** Local communities to decide where Indigenous gay and transgender positions are to be located.
- 7.** Where our projects work with HIV positive people, we work with all HIV positive people regardless of their sexuality.

Amendments to Recommendations of the *National Indigenous Gay and Transgender Report and Strategy* - by issue and recommendation number:

Indigenous gay men

1.5 (Add) Positions to be identified for Indigenous gay men/sistagirls.

Men who have sex with men

2.5 (Add) that State and Territory Government Health Departments should provide 'recurrent' funds... '.

2.1 We make a blanket statement that we don't condone sexual assault (whether by MSM, gay men or women perpetrators).

2.6 (Add) 'Australian' before 'Indigenous men's groups... '.

Indigenous Australians with transgender issues

3. (Amend) heading to read 'Indigenous Sistagirls with transgender issues'.

3.1 (Add) 'Resources need to address: safe-sex education, safe houses, peer education, AMS transgender employees, legal information, a rape hotline and grief counselling'.

(Also add) 'That the Gender Centre and other similar organisations take on board Indigenous issues; consider Indigenous employees and Board members; sensitive EO (employment opportunities) that includes Aboriginal and Torres Strait Islander sistagirls'.

(Also add) 'A support network for the remote-area sistagirls of Palm Island to address safe sex education; AMS confidentiality; safe houses; more peer education; transgender workers in the AMS; legal information; a national mailing list; rape hotline and grief counselling'.

3.4 (Change to) 'AIDS Councils, transgender community organisations and AMSs should collaborate on the production of a resource booklet aimed specifically at Indigenous transgenders and their issues and include information on potential drug interactions between Hormonal Therapy and anti-HIV treatments and prophylaxis'.

Youth sexual identity formation

4.3 (Add) 'Youth forums include general youth forums, but there is a need for gay-specific forums as well'.

(Also add) 'Information about state and national forums be distributed so as to ensure representation by Indigenous gay and transgender youth. They need to be able to participate in a safe and respected way'.

Social and environmental factors affecting health

5.6 (Change to read) 'Commonwealth, State and Territory health departments should carry out drug and alcohol reduction/abstinence programs including controlled-drinking programs in conjunction with, and targeting Indigenous communities'.

Indigenous people living with HIV/AIDS

(Add) 'The needs of heterosexual HIV Indigenous people need to also be considered'.

Treatment, care and support

(Add) 'Social research projects need to involve the communities studied in any social research undertaken'.

(Also add) 'The stories of communities need to be gathered only with the permission of the communities being studied'.

7.4 (Change to read) 'The National Centre of HIV/AIDS Epidemiology and Clinical Research should monitor HIV disease progression in Indigenous Australians and report annually on comparisons with non-Indigenous Australians'.

Conclusion

This second national gathering of Indigenous gay and transgender people - Anwernekenhe 11, proved to be a great success on several different levels. Firstly was the official launch of the *AFAO National Gay and Transgender Consultation Report and Sexual Health Strategy 1998 -2000*. This Strategy gave conference delegates a basis from which to move their issues and concerns forward and into the collective consciousness and sphere of the wider Indigenous and non-Indigenous health service community. Indigenous gay men and transgender people are now able to address these issues in a public way which they weren't equipped to do so before. Particularly the issue of Child Sexual Abuse, close to all delegates' hearts and one that few could not relate to either directly or indirectly in some way.

The wider release and distribution of the Strategy and the Recommendations therein mean that now the ball is in the court of health service providers and with the AMS's and AIDS Councils. They now have at their disposal guidelines from which they can work together to start addressing the needs of Indigenous gay men and transgender people. There is a role that the Commonwealth, NACCHO and AFAO can play and already AFAO has begun implementing a number of Recommendations with the commencement of a national calendar self-esteem project in conjunction with the AFAO Indigenous Gay and Transgender Project Officer.

There is no doubt that for many of the young gay and transgender delegates, being able to meet and interact with so many other colleagues and peers from each State and Territory was a very empowering thing. This was evident throughout the three days and particularly at the end-of-conference social where people could let their hair and their guard down. Post-conference emotions bubbled to the surface in a positive and loving way such were the high feelings of accomplishment, empowerment and strengthening which pervaded.

ACKNOWLEDGEMENTS

Members of the pre-conference National Steering Committee

Colin Ross, Convenor, QLD
Neville Fazulla, SA
Peter Pinnington, ACT
Jo'Deanne Gleeson, Transgender representative
Phillip McGuinness, NT
Shane McLennan, TAS
Ron Johnson, VIC
Rodney Junga-Williams, HIV+
Chris Lawrence, WA.
Gary Lee, AFAO National Project Officer and Acting NSW
Tim Leach, AFAO Deputy Director
Alan Thorpe, Commonwealth, ex-officio

Steering Committee elections were held on the last day of the Conference and each State and Territory broke into their respective groups to elect their representatives. Some members of the pre-Conference Steering Committee were re-elected.

Members of the new AFAO National Gay and Transgender Steering Committee, with their proxies in brackets:

Robert Smith, WA/Convenor / (WA: John 'Ella' Fitzgerald & Convenor: Michael Costello)
Michael Costello, QLD / (Thomas Barry)
Phillip McGuinness, NT / (Jonathon Stott)
Peter Pinnington, ACT / (Anthony Newton)
Shane McLennan, TAS / (Shane Bone & Alan Radford)
Darren Darcy, NSW / (Ross Moore)
James Mullet, VIC / (Sylvester Hay)
Smilar Sinak, Torres Strait / (to be considered)
Rusty Nannup & Gilbert 'Gorgeous' Uta, Transgender-Sistagirl
(Thomas Barry & Frankie Puttaburra)
Tony Creighton, HIV Positive / (to be considered)
Shane Burgess, SA / (Robert Doolan)
Gary Lee, AFAO National Project Officer
Tim Leach, AFAO Deputy Director
Alan Thorpe, Commonwealth ex-officio

Special Thanks to Brendan Leishman, Conference coordinator and Hedimo Santana for video documentation of the entire proceedings.

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ARTICLE ONE

'Us Mob'

In the Arrerente language, it means “us mob”. Anwernekenhe II was the second national conference for Indigenous Australian gay men and sista girls. And as Gary Lee writes, it was a time for breaking silences, making resolutions, and naming some deep-running waters.

ANWERNEKENHE II unfolded against the rainforest surrounds of Cedar Creek Lodge, in Mount Tambourine — country west of Brisbane. It was attended by around 70 Indigenous and 10 non-Indigenous delegates from each state and territory, and four international delegates.

The conference was the culmination of months of hard work by a number of people including Tim Leach acting director of AFAO, the AFAO National Indigenous Gay and Transgender Project Steering Committee (Steering Committee) and staff of the Queensland AIDS Council (QuAC). Funding for the conference came primarily from the Commonwealth Department of Health and Family Services and AFAO with additional assistance from the National Association Of People Living With HIV/AIDS (NAPWA), the AIDS Trust Of Australia, state and territory AIDS Councils, Aboriginal Medical Services (AMS) and Aboriginal Health Departments.

The AFAO Steering Committee and QuAC combined resources to bring to fruition what turned out to be a memorable gathering. A conference coordinator, Brendan Leishman, was appointed the mammoth task of bringing it all off, which he did brilliantly — an unenviable task carried out at all times with good humour and much patience.

Anwernekenhe II had a three-day agenda, unlike Anwernekenhe I which ran for five days. The shorter time span did not detract from the overall success of the conference itself although a common agreement among delegates was that ‘next time’ it should be for at least a week in duration. This was based on the widely-expressed view that people felt they were only beginning to touch the tip of the iceberg in terms of the issues being aired. And that’s where the real strength and power of the conference lay — in the very fact that important issues were able to be raised in an empowering, non-threatening forum; for many, it was for the very first time they had been in such an environment. What were these important issues and why was it empowering to have them raised in this way at this time? To answer these questions adequately, one has to revisit some of the terrain of Anwernekenhe I, held in 1994.

At this landmark gathering, Indigenous gay men and transgender delegates had a national forum through which, for the very first time, they had an opportunity to voice their concerns and experiences. Consequently there was a lot of unresolved anger and many unanswered questions which had been waiting to ‘come out’, which was both the right and the appropriate thing to happen. This first historical gathering led to the Anwernekenhe Report, and was also the catalyst for the genesis of a national recognition and awareness of Indigenous gay men and transgenders as an identifiable group. This also resulted in the formation of the AFAO National Indigenous Gay and Transgender Project and its Steering

Committee, into which each state and territory could now have direct input through their individual representatives.

By the time of Anwernekenhe II, delegates now had their own powerful ‘tool’, the *Consultation Report and Sexual Health Strategy*, launched at the conference, which clearly articulated their priority issues while at the same time providing a basis and guidelines for both Indigenous and non-Indigenous service providers to work with for the betterment of Indigenous gay men and transgender people’s issues around the country. Delegates also had the Priority List of Recommendations within the Report (pp. 59–61), a summary of the main listing of 77 overall Recommendations (pp. 63–69), for discussion and ratification. Plenary sessions and workshops enabled delegates to discuss the Priority Recommendations and to raise other points which otherwise may of have been left out. Through this process all delegates were able to endorse the Report and the Recommendations found therein unanimously.

FOLLOWING are the additional recommendations from the floor and those which emerged out of the workshops.

Child Sexual Assault

- We renounce sexual abuse and incest in any form. We recommend that Indigenous gay and transgender peoples be given resources and support to research, develop, implement and evaluate social, emotional and spiritual healing programs (including training and skills development) which are specific and appropriate to their needs.
- Support should be provided to people who say they have been abused. It is not for service providers to determine whether they have been abused or not, or to judge.
- Cultural respect requires that we proceed cautiously with this issue, but silence is not the right answer.
- We must acknowledge that sexual abuse occurs in all cultures and that includes Indigenous communities.
- Perpetrators of sexual abuse should not be protected for cultural or any other reasons.

Transgender Statement

- Please note that our identity is Aboriginal and Torres Strait Islander Sista or Sista Girls and [these terms] should not be seen as technical terms by our Aboriginal and TSI [Torres Strait Islander] Sisters and Brothers.
- That (Indigenous) transgenders be addressed as transgender person/s for bureaucratic purposes only.
- That training of transgender/sista girl persons help educate sexual health workers on issues relating to transgender persons, for example, HIV/STD and identity throughout the communities or country.
- That sexual health workers be educated on all aspects on transgender persons in a non-discriminatory manner. Aspects to include all health, sexual identity, hormonal therapy and genital reconstruction/surgery.

- AIDS Councils, transgender community organisations and AMSs should collaborate on the production of a resource booklet aimed specifically at Indigenous transgenders and their issues and include information on potential drug interactions between hormonal therapy and anti-HIV treatments and prophylaxis.
- That a support network for remote area sista girls be established through AIDS Council and AMS collaboration.

HIV Positive

- That ANET [AFAO/NAPWA Education Team] be shown how to include Indigenous gay, transgender PLWHA issues in its Work Plan.
- That OATSIHS [Office of Aboriginal and Torres Strait Islander Health Services] recognise many Indigenous PLWHAs live in poverty and encourage health workers to support them.
- That OATSIHS in particular develop strategies for covering the costs of HIV medicines for Indigenous PLWHAs in all parts of Australia And provide education about the pharmaceutical safety network.
- That AFAO and NAPWA work with the Indigenous Steering Committee to create a national network of Indigenous PLWHA. This has three main purposes — to help identify advocacy issues, to create local PLWHA support groups, to provide local retreats for PLWHA support groups, families and carers.
- That NACCHO [National Aboriginal Community Controlled Health Organisation] and its member organisations to be proactive about Indigenous PLWHA issues and needs and that Indigenous PLWHA be involved in the process and in the developing a Memorandum Of Understanding between NACCHO and AFAO.
- That the Commonwealth fund a NAPWA conference pre-conference meeting for indigenous PLWHA and carers.

Gay Men

- AMSs, AIDS Councils and Indigenous health services to jointly seek *ongoing* funding for an Indigenous position to oversee implementation of the recommendations of the AFAO National Indigenous Gay and Transgender Sexual Health Strategy 1998–2000.
- That AFAO produce an Indigenous poster/print/calendar campaign to promote self esteem and HIV awareness.
- That the AFAO Gay/Positive Educators' conference have an Indigenous stream.
- That AIDS Councils resource support groups for Indigenous gay men and sista girls.
- NACCHO and AFAO jointly seek funding from OATSIHS for research into Indigenous gay and transgender suicide.
- That AIDS Councils resource support groups for Indigenous gay men and sista girls.

Treatment, Care and Support

- The National Centre of HIV/AIDS Epidemiology and Clinical Research and the National Centre for HIV/Social Research should monitor HIV disease progression in Indigenous Australians and report annually on comparisons with non-Indigenous Australians and follow strict adherence to the National Aboriginal Research and Ethics Guidelines.

- That ANET provide regular information on HIV treatments that can be understood by indigenous PLWHA and is circulated across Australia.

- That AFAO develop its own Indigenous Australian policy covering HIV and related diseases, sexual health, PLWHAs, sex workers, IDUs, gay men and sista girls and work out how this will be implemented through AFAO's structures, particularly the Executive and membership.

- That OATSIHS get off its arse and distribute the *HIV/AIDS Care and Support Resource Manual for Indigenous People* to all AIDS Councils, AMSs and other Indigenous health service providers, and to Indigenous gay and transgender support groups.

Youth Sexual Identity Formation

- Information about state/territory and national forums be distributed so as to ensure representation by Indigenous gay and transgender youth. They need to be involved (in these forums) and to participate in them in a safe and respected way.

Special mention must be made of the four international delegates who attended Anwernekenhe II. Greg Noda and Edward Cowley, the Maori Men's Officer and the Pacific Islands Community Educator of the New Zealand AIDS Council, came from Auckland.

Their presentations were both informative and fascinating, not least of all for the majority of Indigenous Australian delegates many of whom had little idea of the similarities facing our brothers and sisters across the Tasman. We also had a Fa'afafine delegate from Aotearoa (residing in Sydney), and a Brazilian delegate who was given the task of filming the conference proceedings.

For many of the young gay men and transgender delegates this was the first time that many of them had participated in such a gathering of like-minded brothers and sista girls before. Just the very fact of being together as one, in a supportive, non-threatening environment, getting to understand that they were not alone in the world and that there are people 'out there' who are working with their interests at heart, I feel, was one of the overwhelming responses that came from the delegates.

At the end-of-conference party, held at a local disco in Brisbane, there was a fantastic feeling of having achieved such a great deal in terms of furthering our — that is, Indigenous gay and transgender profile and increasing the national networks whose seeds had been sown at Anwernekenhe I.

To this end, the new members of the AFAO National Indigenous Gay and Transgender Steering Committee were elected. As well as representatives from each state and territory, one for the Torres Straits, and one HIV positive, it was agreed that there would be two transgender/sista girl members, one each to represent those from the mainland and the

Torres Straits. This brings the Indigenous membership of the Steering Committee to thirteen. The new Steering Committee members are looking forward to the implementation of the Indigenous Gay and Transgender Sexual Health Strategy recommendations and being a part of that very important process in the coming months.

On a personal level as the Project Officer and the primary author of the Report, it was particularly gratifying and humbling to be approached over and over by so many different delegates who felt they wanted to tell me personally just how good they felt about the conference. Two words which kept being used in this scenario were 'strong' and 'empowering', which is what many of the delegates expressed to me as being the most important things which the conference 'made them feel'. Even if this were the only thing that they got out of the conference then I would be more than satisfied with that. As so many of the delegates said to me: "Let's not wait so long [four years] until the next conference".

Gary Lee is the Indigenous Gay and Sista Girl/Transgender Project officer at AFAO.

ARTICLE TWO

In translation: Implementing the Indigenous Strategy²

The National Indigenous Gay and Transgender Project “Consultation Report and Sexual Health Strategy” released at the recent Anwernekenhe II conference highlighted a number of distinct contextual issues which need to be addressed as part of any HIV/AIDS education in Indigenous communities. Dean Murphy looks at the steps from rhetoric to practice.

THE KEY ISSUES arising from the Indigenous gay/transgender *Consultation Report and Sexual Health Strategy* are likely to culturally challenge Indigenous and non-Indigenous people alike: child and youth sexual assault; the experience of Indigenous transgender people (sista girls); Indigenous concepts of sexuality and health; land rights, discrimination; drug and alcohol use; poverty; family and community.

Addressing the issue of child and youth sexual assault is believed to be crucial to the success of education in terms of sexuality and HIV prevention education for Indigenous gay men and sista girls. In a recommendation proposed by the conference it was proposed “[t]hat Indigenous people be given resources and support to research, develop, implement and evaluate social, emotional and spiritual healing programs (including training and skills development) which are specific and appropriate to their needs.”

The establishment of support groups was also identified as a major need. These groups would cover the areas of peer education, community development, self esteem and identity, and health monitoring and maintenance. Models for these groups for Indigenous Gay men already exist in some states, as do support groups for other specific cultural groups. Some of these different models were presented at the conference for consideration by other Indigenous gay men and sista girls in their local areas.

Role for AIDS Councils

A clear role for AIDS Councils was identified in Report and Strategy. Delegates at the conference supported the recommendations of the strategy with some amendments. A number of additional recommendations evolved from the conference itself which have implications for the newly-formed AFAO/NAPWA Education Team (ANET), covering the areas of capacity building of member organisations, resource production, coordination of activities and training initiatives. In an effort to do this it was proposed that the ANET and National Indigenous Gay and Transgender Project (NIGTP) Steering Committees formalise their relationship.

The AFAO/NAPWA Steering Committee, at its inaugural meeting on 20 July, incorporated a number of recommendations from the strategy and conference into its work plan for the coming year. These include:

- working with the NIGTP to produce a print-based campaign to promote self esteem and HIV awareness;

². Reprinted from the *National AIDS Bulletin*, Volume 12, Number 3, 1998

- encouraging the establishment of Indigenous support groups in states and territories;
- working with member organisations and Indigenous health organisations to raise awareness among health workers of discrimination against PLWHA, values and attitudes regarding lifestyle choices (including homophobia) and the importance of confidentiality;
- establishing workshops for Aboriginal Medical Services (AMS) staff on treatments issues (compliance and social determinants such as housing, income and discrimination with operate in relations to multi-drug treatment regimes); and
- producing a treatments resource specifically for Indigenous PLWHA.

The upcoming Gay / Positive Educators' Conference, which will be held in October in Sydney, and which is being organised by AFAO, now has the NIGT Project Worker on its planning committee and will have a strong Indigenous element. This will include specific sessions on Indigenous sexual assault, living with HIV, concepts of wellness, research methodology as well as inclusion of Indigenous issues in a 'cultures and contexts' stream.

PLWHA issues

Compliance with antiviral treatment regimens was also seen as an important issue for PLWHA. AIDS Council-based treatments officers were identified as the appropriate people to provide training for AMS staff on these issues.

As research presented at the 12th World AIDS Conference has demonstrated, the factors which affect non-compliance with treatments (articulated by those on treatments as opposed to their prescribers) are almost exclusively related to lifestyle issues: forgetting, sleeping through doses, being away from home, changes in routine and being busy with other things. The number of pills to be taken and the side effects of the drugs were not, surprisingly, rated highly by PLWHA as reasons for non-compliance. This therefore suggests AMSs will have a key role in assisting Indigenous PLWHA to develop skills in adherence to treatment regimes.

Other PLWHA issues highlighted at the conference were disclosure, confidentiality, access to services, housing, and poverty. On the whole, however PLWHA issues tended to be somewhat overshadowed at Anwernekenhe II. There were a relatively small number of openly HIV positive gay men or sista girls present. It would therefore be worthwhile exploring the option of a separate satellite day for Indigenous PLWHA at the next conference.

In the meantime, however, it was recommended that a national network of Indigenous PLWHA be established by NAPWA and AFAO. The purpose of this network would be to: identify advocacy issues; create local PLWHA support groups; and provide local retreats for PLWHA, their families and carers.

Community-based Research

Gary Lee realised, when undertaking research for the National Indigenous Gay and Transgender Project Consultation Report, that there was a need to adapt the methodologies of data collection in a culturally useful and appropriate way. One of the most important aspects of conducting the consultations for the Report was to do so "...in accordance with Indigenous protocols, and in deference to local, social and cultural rules and processes, as determined by the participants and/or communities themselves." In what he termed 'indigenising the

methodology' he proposed to create an environment in which it was 'safe' to talk about sex, sexuality, etc. This meant using the method of recording oral history to collect stories and experiences. With this in mind, and the valuable data it produced, it was also recommended that AIDS council project workers and AMS workers should be trained in social research techniques that enable the sexual stories of communities to be collected, discussed and then used to develop programs to address sexual health issues. H

Dean Murphy is a member of the newly-formed AFAO/NAPWA Education Team. He was a delegate at Anwernekenhe II.

ARTICLE THREE

Indigenous gay and transgender people given a voice³

National consultations with gay and transgender Indigenous people have identified adult male to young male sexual violence as a risk factor in the spread of HIV through these communities.

The Australian Federation of AIDS Organisations' Indigenous Project Worker, Gary Lee, reported that in all Indigenous communities he visited, there was widespread knowledge of sexual assault by alcohol-affected non-gay identifying homosexually active adult men, against young men. Often the perpetrators live a heterosexual lifestyle, with their female partners unaware of their homosexual activity.

Lee also found that Indigenous women are unlikely to be able to negotiate condom use by their male partners.

Many HIV positive Indigenous people in rural and remote communities consciously decide not to seek treatment for HIV infection because of perceptions of racism in white society, and of homophobia and AIDS phobia in Indigenous communities.

In relation to transgenders, Lee reported that in some rural Indigenous communities transgenderism is not just tolerated but openly supported.

Notwithstanding sometimes positive attitudes, most of the rural transgender people consulted reported abuse similar to that of gay Indigenous men in rural areas, including sexual abuse by older men, a lack of information about HIV/AIDS, and low self esteem. Other transgender issues identified in the report include victimisation, a lack of positive role models, and prostitution.

Aboriginal Medical Services (AMS) were criticised on a number of grounds, including a perceived lack of confidentiality (particularly in smaller communities), homophobia, and nepotism. Indigenous gays and transgenders were more likely to prefer to use an AIDS Council, where available, for HIV/AIDS information and services, however some reported positive experiences with their local AMS.

The report — *The National Indigenous Gay and Transgender Project Consultation Report and Sexual Health Strategy* — was launched at a national conference of Indigenous gay men and transgender people. Conference participants called for open acknowledgment of male-to-male sexual abuse in Indigenous communities, and for information on anti-discrimination and equal opportunity laws. Lee said:

“To a lot of delegates it was a revelation that there are these human rights. One of the delegates got up and said ‘That’s very interesting, can we see what these laws are, have you

³ By Chris Ward, reprinted from HIV/AIDS Legal Link, Volume 9, Number 3, September 1998

got them written down on a piece of paper?’ and everyone clapped when he said that.”

A total of 112 consultations were made across Australia between April and November 1997. Those who contributed included Aboriginal and Torres Strait Islander gay men and transgender people, sexual health workers, HIV/AIDS peer educators, doctors, nurses, Land Councils, AIDS Councils, and representatives of state and territory government departments. An interview with author Gary Lee appears at page 6 of this issue of *HIV/AIDS Legal Link*, and excerpts from *The National Indigenous Gay and Transgender Project Consultation Report and Sexual Health Strategy* appear at page 8.

ARTICLE FOUR

Excerpts

Excerpts from the “The National Indigenous Gay and transgender Project: Consultation reports & Sexual health Strategy” .

From the foreword:

With this Report and Strategy, we at last have documentation of the reality of HIV for Indigenous gay men and transgender persons, and we would like to thank and commend the Indigenous Australians who generously shared their concerns and experiences so that this Report could be written and the Strategy developed. We ask all readers to respect the trust demonstrated by those who shared their experiences, and to recognise the obligations on all Australians to work with Indigenous people to improve Indigenous health.

Alcohol abuse and sexual assault:

One of the major issues that has arisen from the consultations with Indigenous gays and transgenders is the link between alcohol abuse and sexual assaults.

I listened to many stories from Indigenous gay men who recounted experiences of sexual abuse from an early age. In nearly all cases alcohol was a major factor in the behaviour of the perpetrators of the abuse.

The most significant group of people perpetrating this adult male to youth male sexual violence is alcohol-affected homosexually active men, also commonly referred to as ‘men who have sex with men’ (MSM). These are the men who do not identify as being gay and who live a heterosexual lifestyle. Female partners, wives and/or lovers are usually unaware of their extracurricular activities. Many of these men are older male relatives of victims - uncles, cousins - or family friends or acquaintances. Many are married and often have families of their own.

Wherever their location, there is no doubt that there are high numbers of youths being subjected to, and internalising sexual abuse and equating it with ‘normal’ behaviour.

In particular, gay youths who have not yet experienced life outside rural or remote communities are growing up in a culture of male-to-male violence, a culture of misapprehension and fear of ‘being gay’ because they can only associate it with pain, violence, self-loathing and being the ‘receptacles’ for alcohol-affected males who constantly seek some quick relief.

With all the males I spoke to, not one said that their sexual experiences with other men, whether forced or not, included condom use. In the case of sexual assaults, younger men and boys were in no position to negotiate safe activity with aggressive, highly intoxicated males. Alcohol abuse by homosexually active Indigenous men can and does lead to rapes and sexual assaults upon young boys and other males who are perceived as easy targets.

For men and youths identifying as gay, such assaults can be the only male-to-male experience they will ever know. The low self-esteem exhibited by many of these men and

youths reflects their misconceptions about what it means to be gay; which have been formed by their individual life experiences of sexual interaction with other males. For some, suicide attempts have been one of the ways to cope with the situation.

Irrespective of location, environment or even gender, the link between alcohol abuse and sexual assault is not an uncommon one in many Australian Indigenous communities, or at least for the majority of those visited for this report. Sadly, for a whole new generation of young Indigenous gay men around the country, the only conception of what it 'means' to be gay is being formed through personal experience of alcohol-induced sexual violence, perpetrated by other males, some of whom are themselves HIV positive.

HIV positive Indigenous gay and transgender people who participated in this report face, what many of them suggested, was the triple affliction of being Indigenous, gay and HIV positive.

HIV positive Indigenous gay and transgender people:

I interviewed sixteen HIV positive gay and transgender participants during my consultations. Of this group nine were living in capital cities with the remaining seven located in remote or rural communities. As expected, issues for the two groups differed although there were similar concerns.

The priorities of urban positive people include issues such as the availability of new HIV/AIDS treatments and access and equity. In some places, injecting drug use (IDU) problems are a major worry along with general poverty, employment and housing issues and, to a certain extent, racism and prejudice issues.

For those HIV positive gay and transgender people who are living in very remote or isolated communities, many priorities centre on issues of disclosure and fear of family or community rejection. All but a few of these men's HIV status was unknown to the wider community or indeed, even to their own families. Around half were travelling away from the community to receive treatments; the remainder were on no special medications.

HIV was not physically visible within these remote communities; the people have no experience of "seeing AIDS", and very few HIV positive people have returned to live in their home communities so there is no wider community understanding of this situation.

In a high number of the communities where knowledge of the existence of HIV positive people was virtually unknown, unprotected sex involving HIV positive homosexually active men was taking place. Tolerance of such homosexual activity among men was generally found to be quite high in the majority of communities. That many of these men are also having sexual relations with women partners causes grave concerns about possible increases in HIV transmission rates throughout Aboriginal and Torres Strait Islander communities.

For many communities, particularly those away from the large cities in remote locations, a long way away from major services, there is a distinctive fear of HIV positive people. This fear is based on a perceived lack of understanding and knowledge about how to 'look after' people living with HIV/AIDS, coupled with the fact that in many rural or remote communities the people have not yet 'seen' HIV/AIDS.

Transgender issues:

There are still Indigenous gay men and transgender people dying in the cities away from families and communities. Some do so by choice and others by no choice of their own.

Of the twelve transgender participants I spoke with, five were HIV positive and all were based in Sydney, Melbourne or Adelaide.

In a number of rural areas there are several communities where transgenderism is not only tolerated but also supported openly, such as one where the local Aboriginal Council offices have two or three long-time transgender employees. As described by the local council director:

“They [transgenders] fit in well here, there’s no bother from anybody. My secretary is one... we’re all one here in this community, all together, all kinds of people. As far as I know there’s always been ‘the girls’... they’re the best workers you know.”

Not all transgender experience was the same but for many of the younger transgender men and youths it was. In three communities at opposite ends of the country, with significant transgender histories and populations, youths — those between the ages of sixteen and twenty-six — faced similar problems. The important issues for them are experiences of sexual abuse by older men, lack of community activities to be involved in, HIV/AIDS awareness education and low self-esteem, all despite living in reasonably tolerant, although remote, communities.

Aboriginal Medical Services and AIDS Councils

It is acknowledged that AMSs are not adequately resourced in terms of funding or expertise to conduct HIV/AIDS programs. While individual AMSs have responded and are responding to the Indigenous HIV/AIDS situation, and there have been many successes to date, some people interviewed during the consultations had not been satisfied in their dealings with AMSs.

AMSs are widely perceived as being places for many Indigenous positive people, gays and transgenders to avoid. Reasons given mainly concern the perceived lack of confidentiality especially in smaller towns and communities. There were many comments surrounding this important issue. They are perhaps best summed up by one female community HIV/AIDS educator from a remote community health service that also meets the needs of outlying tradition-oriented outstations:

“The AMS is not really for the gays because the health workers there are very homophobic. Not only that, the [X] family runs the whole show and we can’t see where all the money’s going. They not worried about HIV or AIDS because they haven’t done any programs or nothing for the last three, four years. We’re [Community Health Service] the only ones doing programs for the men and the women and that’s for the gays and the [HIV] positive ones here too. There’s no way they’d go to an AMS because they wouldn’t get their confidentiality kept or anything. It’s a cryin’ shame how that AMS is so bad like that.”

Female partners of homosexually active men

The position of Indigenous women was found to be inextricably linked to gay and transgender issues, particularly through male partners who are also homosexually active. While there was a certain level of tolerance and awareness by women about gay male-to-male sex, it was generally found that their understanding that heterosexual-identified males can and do participate in same-sex encounters was unexpectedly low.

The potential for an epidemic to sweep through Aboriginal and Torres Strait communities has already been remarked on in this Report but can never be reiterated on too often. The vulnerable position of women, and by association children, in relation to the possible increase in infection rates through homosexually active men, has serious implications not just for Indigenous gay men and transgender people but for all Indigenous communities as well.

Gary Lee is the Indigenous Gay and Transgender Project worker with the Australian Federation of AIDS Organisations.