

# NOT SO STRAIGHT: WHY AIDS COUNCILS WORK IN LGBTIQ HEALTH.



**IN 1981 CASES OF SEVERE IMMUNE DEFICIENCY** in gay men were noticed first in Los Angeles and New York, and later across the USA, and the world. By early 1982 it was called GRID: “Gay Related Immune Deficiency” and half of the known cases in the USA had died. It soon became clear that GRID was not restricted to the gay community and it was renamed AIDS. By 1986, the virus was known as HIV and it was clear that it was not just a gay man’s disease. It became evident that whilst HIV does not discriminate, people do.

Australia, as a whole, understood earlier than most, that HIV, as a blood borne virus, did not discriminate in who it infected. Although there was still hysteria in the health system, government, media and the community. The Grim Reaper Campaign in 1987 directed fear and loathing towards those at risk of HIV. Fear led to diagnosed children and adults being isolated from their communities, schools and families. Due to the early identification of the virus being almost exclusively in gay men, the wider community and the media continued to fixate on gay men as the cause of HIV and AIDS. This led to discrimination and intolerable abuses of the human rights of those living with the virus, including the denial of access to safe, inclusive and informed healthcare and social services.

***HIV disproportionately impacts segments of LGBTIQ communities. Discrimination against LGBTIQ people makes us particularly vulnerable to HIV.***

There is a cyclical relationship between stigma and HIV: those experiencing stigma and discrimination are marginalised and more vulnerable to HIV, while those living with HIV are more vulnerable to experiencing stigma and discrimination. Stigma and discrimination are barriers to accessing healthcare and social services leading to poorer health outcomes among affected communities.

The profound impact of the *AIDS Crisis* mobilised communities and led to the creation of volunteer-led organisations which later became our AIDS Councils. Almost entirely constituted of members of the LGBTIQ communities these organisations acted first, powerfully and consistently. Throughout the 1980s, they:

- > set up support services to allow people to remain in their own homes, to live and die with dignity, compassion and love;
- > created safe and inclusive healthcare clinics to support screening of key populations and individuals at risk of HIV;
- > developed health promotion and HIV prevention campaigns for community, by community;
- > ensured adequate support for those living with HIV/AIDS;
- > volunteered personal care, health and legal services;
- > raised money for research, treatment, and funerals; and
- > banded together to make the personal political, to demand action, to lobby governments and agitate for change.

Services were extended outside the LGBTIQ community on the basis of need, rather than identity. Alliances were born and nurtured. Across the globe, affected populations became diverse. The AIDS Crisis transcended sexual orientation, gender, culture, ethnicity, faith, and socio and economic status. The only commonality among people living with HIV was the existence of a virus in their blood.

***The LGBTIQ communities mobilized to take action in support of ending the dual epidemics of HIV and HIV-related stigma.***

***LGBTIQ communities are the advocates for the dignity, rights, and well-being of people living with and impacted by HIV in all aspects of life and at every level of society.***

In Australia, and in Canberra, the populations we serve are more diverse than the broader community realises. Those people disproportionately impacted by HIV include transgender people, women, travellers, people from culturally and linguistically diverse backgrounds and people who inject drugs – just to name a few. Whilst about two thirds of our affected community in Canberra are men who have sex with men, our impacted community is far more diverse. If we are committed to fulfilling our mission of ending HIV transmission and supporting people living with HIV we must serve all affected and impacted communities.

Some have suggested that, given the increased focus on LGBTIQ issues and community concerns, it is time the AIDS Action Council changed its name. After all, haven't we already won the war on AIDS? Isn't the name reflective of a different time, different concerns, and a different focus?

Our work is created by and for LGBTIQ communities because we support those who initiated and continue to support the HIV and AIDS movement. While HIV and AIDS disproportionately affects LGBTIQ communities, these communities are not the only communities impacted.

As the epidemic evolves new affected communities are emerging. Our organisation needs to ensure that individuals and communities in this emerging epidemic are not left behind. Developments in HIV science and technology have made HIV a chronic and complex condition, instead of an acute illness. At a population wide level, HIV treatment has addressed the chronicity of HIV, enabling people living with HIV to live long and healthy lives. Yet, the complexity of HIV remains. People entering old age are no longer dying from HIV, but HIV stigma remains and, within and outside of LGBTIQ communities, this stigma perpetuates discrimination and compromises the public health investment in HIV.

***Our name serves to connect us with our roots, our journey and to educate our communities about the current realities of HIV and AIDS, as well as the effects of stigma on the very communities that are most in need, those being all affected communities.***

The LGBTIQ community has always been part of the response and the solution to HIV/AIDS. Not the problem- the solution. The LGBTIQ response, in part, highlighted the indignity experienced by people living with HIV, and drove social change; making services more inclusive of diversity. Whilst not all LGBTIQ communities are directly affected by HIV, LGBTIQ communities played a remarkable role during the AIDS crises and continue to be a significant piece of the puzzle.

To work for the eradication of HIV transmission, the Council must continue to work with and for the LGBTIQ community. But the task of the Council is not only in the LGBTIQ community, and it is not done yet. To ensure that difficult-to-define communities and at risk individuals are not left behind, there is still a need to talk about, respond to, and address issues relating to being affected by or living with HIV and AIDS. If we submit to those who advocate for a name change we take an unnecessary risk; we reject our history, reinforcing the stigma and discrimination associated with the word AIDS. We could lose our way, compromising the gains made over three decades, only to see HIV rebound.

***We are the AIDS Action Council, because action still needs to be taken to eliminate HIV transmission and end the stigma for all affected communities.***