



***anwernekenhe***



**CONFERENCE REPORT**

**Stronger Together – Working together to build  
stronger and healthier communities**



*Mylor - South Australia  
April 25 - 28, 2006*

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## Foreward

The Indigenous Strategic Alliance (ISA) and the Australian Federation of AIDS Organisations' (AFAO) is proud to present the report of *Anwernekenhe 4*, the fourth National Aboriginal and Torres Strait Islander Gay, Sistergirl and Transgender HIV/AIDS Sexual Health Conference.

AFAO is the peak non-government organisation representing Australia's response to HIV. AFAO is committed to supporting the Aboriginal and Torres Strait Islander community response to the threat of HIV. AFAO's work is guided through the advice and support of the ISA and the National Aboriginal and Torres Strait Islander HIV/AIDS and Sexual Health Project.

AFAO's work over the past twelve years has advanced through many stages since the establishment of the initial steering committee at *Anwernekenhe 1*, in 1994. Developments have included the establishment of the Aboriginal and Torres Strait Islander Project at AFAO in 1996; *Anwernekenhe 2* in 1998; the First National Sistergirl Forum in 1999; *Anwernekenhe 3* in 2002; and now *Anwernekenhe 4* in 2006.

At its Darwin meeting in 2005, the ISA decided to expand its brief to support 'a whole of community response to HIV' in the Aboriginal and Torres Strait Islander community. Members of the ISA are currently undertaking a national round of consultations that will inform how we undertake the proposed changes and work over the coming years. This broader inclusion of all Indigenous people affected by HIV is vital to meet the current and future challenges of HIV/AIDS in Aboriginal and Torres Strait Islander communities.

This new focus will ensure that all Indigenous populations at risk or affected by HIV/AIDS will be represented by the new ISA structure. This is particularly important with the rising proportion of Aboriginal and Torres Strait Islander women, heterosexual men and injecting drug users being diagnosed with HIV.

The ISA believes the move to expand its brief to include whole of Aboriginal and Torres Strait Islander community is a key strategic step in our future direction. It is a priority of the ISA to continue to provide leadership, advocacy and policy information on issues regarding HIV/AIDS and sexual health promotion. This was overwhelmingly supported and endorsed by the participants of *Anwernekenhe 4*.

*Anwernekenhe 4* was successful in achieving a range of significant outcomes. These included support and space for the voice of women, both same-sex-attracted women and women living with HIV/AIDS, for the first time. The conference provided a strong representation and voice from Indigenous youth, HIV-positive people, and continuing strong participation from Indigenous gay men and sistergirls.

The conference was successful in staging a satellite workshop for HIV/AIDS and sexual health workers working with

Aboriginal and Torres Strait Islander communities, presented by the Australasian Society for HIV Medicine (ASHM); a roundtable on HIV/AIDS and sexual health workforce issues; a workshop to inform the *Toronto Charter – Indigenous Peoples' Action Plan on HIV/AIDS 2006*, and participation of representatives from Papua New Guinea and New Zealand.

The ISA would like to thank the staff of the AFAO National Aboriginal and Torres Strait Islander Project and members of the *Anwernekenhe 4* Planning and Organising Committee, who worked together with conference participants, community elders, invited guests and speakers to make *Anwernekenhe 4* an overwhelming success. *Anwernekenhe 4* was successful in ensuring that everyone had the opportunity to have their say, whether in the conference plenaries, workshops, or social gatherings, or simply in discussions around the fire place.

The conference outcomes and recommendations arise from people's willingness to participate, engage in robust debate and find solutions to all the given challenges. This report provides the ISA and AFAO with a clear direction on moving forward with what is undoubtedly a substantial body of work for all who are concerned about responding effectively to HIV in Aboriginal and Torres Strait Islander communities.

Most of the recommendations from the conference naturally identify work for AFAO, its member organisations, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Office of Aboriginal and Torres Strait Islander Health (OATSIH). We hope this report and its recommendations and outcomes will also be considered by all service organisations with a capacity to contribute to addressing the HIV/AIDS and sexual health needs of Aboriginal and Torres Strait Islander people.

**Colin Ross**  
Chair  
Indigenous Strategic Alliance

**Ian Rankin**  
President  
Australian Federation of AIDS Organisations

# Acknowledgements

**Anwernekenhe 4 - Stronger Together**, was the Fourth National Aboriginal and Torres Strait Islander Gay, Sistergirl and Transgender HIV/AIDS Sexual Health Conference. There was 18 months of pre-conference work involved from initial funding proposals through to program development. The majority of this work was administered and directed by both the AFAO *Anwernekenhe 4* Planning and Organising Committee and the Indigenous Strategic Alliance (ISA).

All stages in the development and implementation of the conference were overseen by the *Anwernekenhe 4* Organising and Planning Committee.

The ***Anwernekenhe 4* Organising and Planning Committee** included:

Clive Aspin	New Zealand Representative
Kooncha Brown	Sistergirl/Transgender Representative
Tony Coburn	Aboriginal and Torres Strait Islander Project Officers Network (ATSIPON) Representative
Kate Hartwig	AIDS Council of South Australia (ACSA)
Barry Horwood	AIDS Council of South Australia (ACSA)
Rodney Junga-Williams	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Gary Lee	ISA Representative
Lindy Moffatt	Women's Representative
Colin Ross	ISA Chair
Terrilee Simpson	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Michelle Tobin	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Matthias Wentzlaff-Eggebert	AIDS Council of South Australia (ACSA)
Keith Ball	Australian Federation of AIDS Organisations (AFAO)
Michael Costello	Australian Federation of AIDS Organisations (AFAO)

The **AFAO Indigenous Strategic Alliance** included:

Tony Coburn	ATSIPON Representative
Corey Czok	ISA Community Representative
Crystal Johnson	ISA Community Representative
Rodney Junga-Williams	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Gary Lee	ISA Community Representative
Arone Meeks	ISA People Living With HIV/AIDS (PLWHA) Representative
Adrian Ogier	Australasian Society for HIV Medicine (ASHM)
Colin Ross	ISA Chair
Terrilee Simpson	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Robert Smith	ISA Community Representative
Mario Soki	Torres Strait Islander Community Representative
Keith Ball	Australian Federation of AIDS Organisations (AFAO)
Michael Costello	Australian Federation of AIDS Organisations (AFAO)
Simon Donohoe	Australian Federation of AIDS Organisations (AFAO)

AFAO would also like to recognise and thank the many other individuals who were members of the AFAO Indigenous Strategic Alliance over the last four years.

These members include:

Clyde DuBois	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Neville Fazulla	Positive Aboriginal and Torres Strait Islander Network Representative (PATSIN)
Mark Saunders	ISA Community Representative

AFAO would also like to acknowledge *Anwernekenhe 4* Guest Speakers, Session Chairs and Facilitators.

These included:

## Guest Speakers

Clive Aspin	Eriata Peri
Jordan Harris	Gregory Phillips
Tracey Jerri	Garrett Prestage
Rodney Junga-Williams	Ian Rankin
Thomas Kawage	George Raubi
Lillian Lampton	Geoff Rua'ine
Tim Leach	Mario Soki
Kathy Malera-Bandjalan	Mama Tere
Lindy Moffatt	Kane Van Diermen
Asia Pablo	Jon Willis
Auntie Georgina Williams	

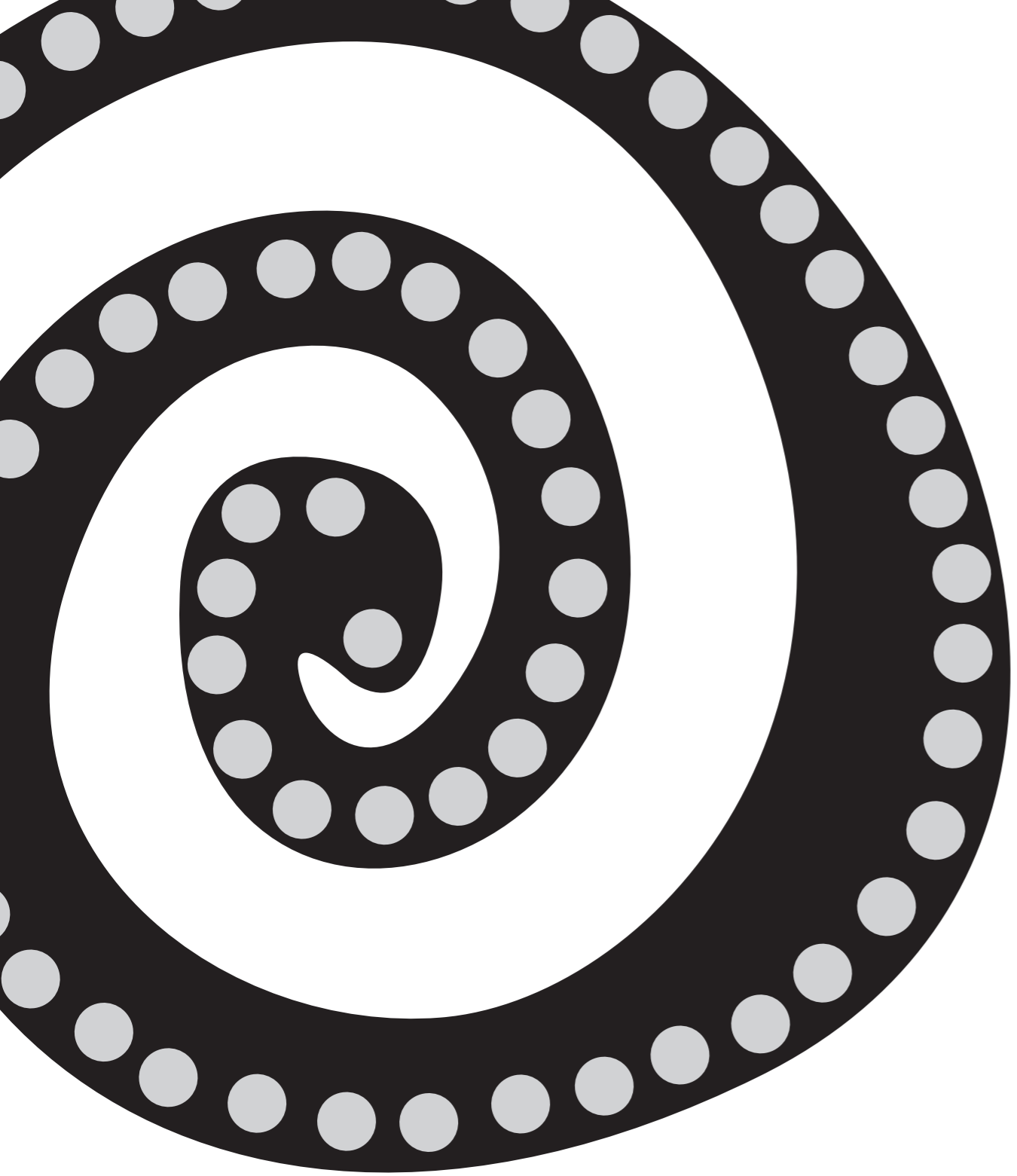
## Session Chairs/Facilitators

Kooncha Brown	Garrett Prestage
Corey Czok	Colin Ross
Neville Fazulla	Terrilee Simpson
Iain Henderson	Michelle Sparks
Crystal Johnson	Michelle Tobin
Rodney Junga-Williams	James Ward
Tim Leach	Jon Willis
Brett Mooney	Wilo Muwadda
Keith Ball	Michael Costello
Phillip Keen	

*Anwernekenhe 4* was supported by the Commonwealth Department of Health and Ageing through funding made available by the Office for Aboriginal and Torres Strait Islander Health (OATSIH).

AFAO would also like to thank the Australasian Society for HIV Medicine (ASHM), Queensland Association for Healthy Communities (QAHC) [formally Queensland AIDS Council (QuAC)] and the Northern Territory AIDS and Hepatitis Council (NTAHC) for sponsoring a number of participants to attend the conference.





# Conference Proceedings

### Introduction

With the theme “*Stronger Together*”, *Anwernekenhe 4* took place on April 24-28, 2006 in Mylor, South Australia on the lands of Kurna Peoples.

Six months prior to the conference, the *Anwernekenhe 4 Organising and Planning Committee* was established to oversee all aspects of the conference development and implementation. The focus of the conference was to foster and extend collaboration and partnerships between gay, sistergirl and broader Aboriginal and Torres Strait Islander communities.

Over 130 participants from the community, health care sector and AIDS organisations attended the conference including key individuals - both indigenous and non-indigenous.

The Mylor venue in the Adelaide Hills was chosen to encourage a more focused conference experience and promote strong and clear conference outcomes. The majority of conference delegates were accommodated on the venue site, which provided all required meeting spaces, accommodation, food and a large range of social and recreational facilities. Delegates started arriving on the Tuesday afternoon and upon arrival were able to either use the time to both meet and greet other conference delegates or to attend a short training course – *Update on HIV, HCV and STIs for Aboriginal and Torres Strait Islander Health Workers*, offered by the Australasian Society of HIV Medicine (ASHM).

Early evening saw all participants gathering around the ceremonial fire to be welcomed to the land and cleansing of the spirits by Auntie Georgina Williams and Rodney Junga-Williams. Following was the conference opening with opening addresses by Auntie Georgina, Rodney, Colin Ross (Chair of the ISA) and AFAO President, Ian Rankin. The keynote speech for the conference was delivered by Gregory Phillips. Gregory gave an inspirational speech telling of his own personal journey, reflecting on the uniqueness of individuality and how magical that uniqueness can be in transforming communities coming together as one to succeed in times of adversity.

Copies of the ASHM short course evaluation, the opening address by Ian Rankin and keynote speech by Gregory Phillips are included in the appendix section of this report.

### Changing epidemic

To date, Aboriginal and Torres Strait Islander gay men, sistergirls, people with gender issues, and men who have sex with men, have accounted for the majority of HIV transmissions in the Aboriginal and Torres Strait Islander community. However, recent data has shown that HIV transmissions have increased among women and injecting drug users. This variation in the pattern of the epidemic has

led to changes in the HIV response among Aboriginal and Torres Strait Islander communities and was reflected in the program of, and attendance at, the national *Anwernekenhe 4* conference.

For the first time in the history of the *Anwernekenhe* conferences, men and women came together to address the changing nature of the epidemic. The *Anwernekenhe 4* conference aimed to respond to how HIV uniquely affects Aboriginal and Torres Strait Islander women through incorporating new components into the conference agenda. Cultural protocols that separate men’s and women’s business were addressed by providing separate spaces for discussion, with the group coming together to determine outcomes and a way forward.

Issues affecting the Aboriginal and Torres Strait Islander gay men and sistergirl community were highlighted throughout the conference, with gay and sistergirl delegates providing several strategies to ensure that a broadening focus does not lose sight of the work that has been done in recent years to specifically address the needs of this part of the community.

Approximately 20 youth representatives attended the conference, which was a significant achievement given previous difficulties attracting young people to this event. Previous conferences have struggled to secure a strong youth representation, so *Anwernekenhe 4* provided participants with an opportunity to actively engage throughout its entirety.

The conference program covered a range of topics that impact on HIV/AIDS, sexual health and well-being, including:

- HIV and STI prevention;
- living with HIV/AIDS;
- youth-specific issues;
- isolation and discrimination;
- new and emerging research;
- sexuality and gender issues impacting on sexual health; and
- the HIV and sexual health sector workforce

Workshop streams were included in the program to allow participants, including gay men, youth, and women, to work on issues of relevance to them. Once the identified topics were discussed and debated, participants developed recommendations for presentation back to the whole group. While largely directed at national or state agencies, recommendations were formulated so that they could be acted on in a local or community context.

### Capacity building

Capacity building presentations and workshops, with a view to empowering delegates to undertake HIV/AIDS and sexual health education within their own communities, was a priority

component of *Anwernekenhe 4*. In addition, the conference program was developed within a peer-based framework, meaning that peers were central to its development and delivery. Active participation was encouraged in all sessions and the information was shared in a manner that allowed delegates to learn from one another and to take information back to their respective communities and continue the education process.

The conference program commenced with an opening plenary – *Our voices, our place, our future* with speakers representing the following groups:

- Aboriginal and Torres Strait Islander People Living with HIV/AIDS
- Aboriginal and Torres Strait Islander Youth
- Aboriginal and Torres Strait Islander Same-Sex-Attracted Women
- Aboriginal and Torres Strait Islander Heterosexual Women
- Aboriginal and Torres Strait Islander Sistersgirls and Transgender People
- Aboriginal and Torres Strait Islander Gay Men

Each speaker gave a personal account of their lives, the impact of HIV/AIDS and their hopes for the future. The plenary was developed to set the tone of the conference, by giving all participants a unique understanding of HIV/AIDS and sexual health issues for those particular groups.

The plenary session was followed by group workshops, allowing each group to further discuss some of the issues raised in more detail and commence the process of forming recommendations.

**Skills building**

Skills building workshops were also provided in the conference program. The aims of these workshops were to provide conference delegates with an opportunity to discuss and explore a particular issue that could either assist in their professional or personal development. Outcomes from the workshops were then formulated into actions that each participant could take away with them from the workshop to enhance or promote their work. Several recommendations were also formed to be presented in the closing plenary.

The skills building workshops conducted at the conference included:

**How to untangle the complexities of life – A case based workshop for positive people**

Participants of this workshop explored and prioritised issues such as: disclosure; confidentiality; health management; financial and housing issues; drug and alcohol use, and sex and relationships.

**Grog, smokes and other drugs**

Participants took a holistic approach to looking at how drugs and alcohol can influence our sexual health choices and risks by exploring self esteem, drug and alcohol use and its impact on our ability to make informed choices.

**Bake 'em**

Participants of this workshop commenced by recognising that sexual negotiation is difficult enough in the community in which you live; however, when you move between communities and cultures, the choices you make may be even less informed and higher risk. Participants explored such issues as preparation, drugs and alcohol, HIV-positive and HIV-negative sexual negotiations, and sexual violence.

**Building workforce capacity of HIV/AIDS and sexual health workers**

A roundtable discussion on workforce issues was also developed for the conference program. The aim was to address the growing number of Aboriginal and Torres Strait Islander projects and workers within the HIV/AIDS sector. Since *Anwernekenhe 1*, projects within the AFAO membership have grown from zero to eight, with approximately seventeen current workers, significantly increasing the capacity to respond to HIV/AIDS in the Aboriginal and Torres Strait Islander community.

**International collaboration**

An international plenary was included in the program with presentations by delegates from both Papua New Guinea (PNG) and Aotearoa (New Zealand). The presentation from Aotearoa was organised as a reciprocal response after the AFAO National Aboriginal and Torres Strait Islander HIV/AIDS and Sexual Health Project and the Indigenous Strategic Alliance had attended a conference in Auckland in 2005. Topics presented by the Aotearoa delegation confirmed that the impact of HIV/AIDS on Maori and Aboriginal and Torres Strait Islander communities has been similar. This type of collaboration proved useful in understanding and learning about responses that might be transferable between the two nations.

The PNG delegation presented a session on peer-based approaches, but also highlighted the vastly different epidemic between Australia, and Papua New Guinea. However, there were significant lessons to be learnt, especially for Australia given the cross border issues between PNG and the Torres Strait. *Anwernekenhe 4* was the first opportunity that allowed discussion between PNG, the Torres Strait Islander and Aboriginal participants at a community level.

*Anwernekenhe 4* also allowed for participants to contribute to the *Toronto Charter – Indigenous Peoples' Action Plan on HIV/AIDS 2006*. A workshop was conducted to facilitate input

into the draft international charter. Representatives from the AFAO National Aboriginal and Torres Strait Islander HIV/AIDS and Sexual Health Project, the Indigenous Strategic Alliance (ISA) and the Positive Aboriginal and Torres Strait Islander Network (PATSI) participated in an international reference committee, led by Clive Aspin from Aotearoa. The reference committee facilitated the ratification of the draft document at *Anwernekenhe 4*, enabling its incorporation into Australian Aboriginal and Torres Strait Islander community responses.

Some of the obvious outcomes in forging such international and regional links are the learning opportunities for communities that are experiencing the impact of HIV in similar ways. *Anwernekenhe 4* reinforced that indigenous peoples have shared experiences relating to HIV and the significant impact it has on their communities.

**Indigenous Strategic Alliance (ISA) expanding its brief to 'a whole of community response to HIV'**

On the final day of the conference, a half day forum was conducted by the ISA. The forum was organised to inform all conference participants of the proposed ISA decision to broaden its focus to respond to the needs of all of Aboriginal and Torres Strait Islander communities most affected by HIV/AIDS.

The ISA presented their Future Directions paper (attached as an appendix), explaining how they had come to this decision and how it would be progressed. The broadening of focus for the ISA will ensure greater coordination of HIV/AIDS resources to Aboriginal and Torres Strait Islander communities with a particular focus on several at risk populations, such as youth, women, injecting drug users, sex workers, gay men and sistersgirls.

*Anwernekenhe 4* was the first stage of the ISA's national round of consultations, with participants unanimously supporting the proposed changes and allowing the consultations to proceed.

**Informing a national response**

*Anwernekenhe 4* provided an opportunity to evaluate responses, learn about new and emerging issues and recommend a way forward to best meet the challenges of HIV/AIDS and sexual health in Aboriginal and Torres Strait Islander communities.

The conference was deemed to be a resounding success, with participants making thirty-eight recommendations

that will inform national strategic HIV responses by AFAO, AIDS Councils, Aboriginal Community Controlled Health Services and government health and policy departments. The recommendations to AFAO will guide the future work of the AFAO Aboriginal and Torres Strait Islander HIV/AIDS and Sexual Health Project and the work of the Indigenous Strategic Alliance.

**In conclusion**

The cleansing fire that burnt throughout the conference not only provided cleansing of the spirits, it also doubled as a quiet and contemplative shelter from the cold of the Adelaide Hills. The conference was interspersed with cultural performances and songs, often allowing difficult topics to be discussed in culturally sensitive and meaningful ways. *Anwernekenhe 4* concluded with an exchanging of gifts between the delegates from Aotearoa, Papua New Guinea and Australia. A circle of healing to thank one another for the stories shared, and experiences gained, and to continue with a sense of belonging that *Anwernekenhe* promotes in its translation of "us mob", and now, **stronger together**.



# Anwernekenhe 4 Recommendations

## 1. HIV Positive

- 1.1 That NAPWA, in consultation with PATSIN, increase formal and informal peer support networks that include the pan-Pacific regions.
- 1.2 That any service provider that offers services to Aboriginal and Torres Strait Islander People with HIV/AIDS, ensures that their organisational values and structures are developed or enhanced to better understand specific needs of Aboriginal and Torres Strait Islander people.
- 1.3 That services for Aboriginal and Torres Strait Islander people with HIV/AIDS are inclusive of the whole community and that those services are offered in a culturally appropriate manner.
- 1.4 That Aboriginal and non-Aboriginal community controlled health services build capacity in responding to all aspects of HIV/ADS and sexuality.
- 1.5 That AFAO and its member organisations provide peer support training when employing Aboriginal and Torres Strait Islander HIV-positive people into its workforce.
- 1.6 That drug and alcohol counselling programs are expanded into rural and remote settings, and where possible, that the positions are filled by Aboriginal and Torres Strait Islander workers.
- 1.7 That access to HIV specialist services is strengthened and service levels increased nationally for Aboriginal and Torres Strait Islander communities.
- 1.8 That NAPWA, in consultation with PATSIN, develop resources that inform and empower HIV-positive Aboriginal and Torres Strait Islander people to prepare their families and friends for the disclosure of their HIV positive status.
- 1.9 That NAPWA, in consultation with PATSIN, develop an Aboriginal and Torres Strait Islander cultural securities framework that includes a model for maintaining confidentiality when dealing with HIV/AIDS.
- 1.10 That national policy and advocacy workers and other service providers working with Aboriginal and Torres Strait Islander HIV positive people, lobby state and territory community housing services to provide safe houses for positive people in need.

### 1.11 *Re-iteration of NAPWA's 2005 conference recommendations, with the following:*

- 1.11.1 That NAPWA, in consultation with PATSIN, ensure Aboriginal and Torres Strait Islander HIV-positive representation in future conferences, after a noticeably lower level of representation at the 2005 NAPWA conference.
- 1.11.2 That NAPWA, in consultation with PATSIN and its member organisations, hold a pan-Pacific gathering of PLWHAs.

## 2. Youth

- 2.1 That a youth satellite event be organised and implemented prior to, or in association with, future *Anwernekenhe* conferences. This would allow for and facilitate the development and delivery of more appropriate education and skills-building activities around safe sex, sexual preparation, the process of coming out, internalised homophobia and dealing with homophobia for young Aboriginal and Torres Strait Islander people.
- 2.2 That AFAO lobby for an Aboriginal and Torres Strait Islander youth position to be created within all AIDS Councils, focusing on prevention, awareness and education of HIV/AIDS and STIs, specific to youth.
- 2.3 That AIDS Councils, Aboriginal Community Controlled Health Services and any other youth-specific service, consider conducting regular youth forums/retreats for Aboriginal and Torres Strait Islander gay, sistergirl and transgender youth, with the aim to facilitate a greater awareness of youth issues.

## 3. Sistergirl and Transgender

- 3.1 That a second National Sistergirl Forum be held: this forum should be developed, coordinated and implemented by sistergirls.
- 3.2 That AFAO and its member organisations lobby state and territory community housing services to provide safe houses for sistergirls.
- 3.3 That the AFAO National Aboriginal and Torres Strait Islander Project increase formal and informal sistergirl peer support networks that include the pan-Pacific regions.
- 3.4 That AFAO lobby for funding for the creation of a national sistergirl policy officer position at AFAO.

## 4. Women

- 4.1 That an Aboriginal and Torres Strait Islander women's conference or satellite event be held prior to, or in association with, the next *Anwernekenhe* conference, with the aim of discussing and articulating the specific needs of Indigenous women in relation to HIV/AIDS education and health promotion, and that a report be developed to guide and direct further work in this area.
  - 4.2 That AFAO concretely support its stated work for women by securing funding for a defined Aboriginal and Torres Strait Islander women's project officer. This position would be responsible for ensuring the following areas are addressed:
    - Culturally appropriate research conducted by Aboriginal and Torres Strait Islander women, with women, about women's HIV issues in a range of communities across the nation—including heterosexual and same-sex-attracted women in remote communities, prisons, the juvenile justice system, cities, sex workers and injecting drug users—that recognises the interrelated nature of HIV and other health and social factors.
    - Develop a national framework for women-led peer based HIV and sexual health education in these communities.
    - Develop national HIV and sexual health educational resources and tools targeting Indigenous women.
    - Develop and/or revive Indigenous women's networks and develop partnerships with other relevant organisations
  - 4.3 That AFAO include women as a target group in its Statement of Aims and encourage its member organisations to give similar concrete support to this urgent area of need by creating and filling identified Aboriginal and Torres Strait Islander women's positions to work at the local level and as part of national networks.
- ## 5. Gay Men
- 5.1 That Aboriginal and Torres Strait Islander gay men's HIV/AIDS issues remain a priority area of work in the advent of the ISA expanding its brief to 'whole of community'.
  - 5.2 That NCHSR, NCHSR and ARCSHS lobby state and territory governments for funding to conduct studies similar to the *Queensland Survey of Aboriginal and Torres Strait Islander Men Who Have Sex with Men: 2004*, so that health promotion work can be more accurately focussed.

- 5.3 That NACCHO and Aboriginal Community Controlled Health Services increase their priorities for HIV/AIDS under its delivery of primary health care to all Aboriginal and Torres Strait Islander Australians, including Aboriginal and Torres Strait Islander gay men.
- 5.4 That a nationally implemented gay men's specific resource be developed to address HIV prevention issues for urban Aboriginal and Torres Strait Islander men.

## 6. Health Promotion

- 6.1 That, where appropriate, HIV prevention materials be presented in a way that attracts and engages all Aboriginal and Torres Strait Islander communities.
- 6.2 That the AFAO National Aboriginal and Torres Strait Islander Project undertakes or coordinates the development of prevention messages and materials in various formats, for example:
  - templates for local languages and images
  - a CD of images from around the communities
  - scripts for use on community radio
  - cinema advertising
  - pictorial stories around more detailed messages
  - a series of simple direct slogans
  - group images like the Aotearoa "Warriors united against HIV/AIDS"
  - let local mobs select the images but the Project constructs the messages and layout
  - utilise Indigenous community role models where locally appropriate
- 6.3 That the AFAO National Aboriginal and Torres Strait Islander Project explores the possibility of reusing some of the landmark images from previous campaigns, including the work of Bronwyn Bancroft, and the Condoman image.
- 6.4 That the AFAO National Aboriginal and Torres Strait Islander Project's HIV health promotion efforts continue to support and affirm the dignity of gay men, sistergirls and all people vulnerable to HIV/AIDS.
- 6.5 That AFAO develop a national guide that adheres to an Aboriginal and Torres Strait Islander cultural securities framework that supports Aboriginal and Torres Strait Islander ways of learning.



## 7. Workforce Development

### 7.1 Recruitment and Retention

- 7.1.1 To recruit and retain workers in Aboriginal and Torres Strait Islander HIV and sexual health, the conference recommends that AFAO develop/ commission a process guide for recruitment that incorporates creative suggestions for:
- recruitment strategies beyond current recruitment processes; and
  - strategies to support retention of new workers such as mentoring and professional development plans.

### 7.2 Skills Development

- 7.2.1 That AFAO develop resources for Aboriginal and Torres Strait Islander HIV, sexual health and other health workers that will assist in developing best practice (e.g., a guide on how to talk to Aboriginal and Torres Strait Islander people about sensitive issues).
- 7.2.2 That AFAO lobby for the development of a standardised course to build foundation skills in key areas of competency for new sexual health workers.
- 7.2.3 That AFAO lobby to increase the availability of distance learning education courses with resources that support people who do not have a background in formal education, through creative use of tutoring and mentoring systems.

- 7.2.4 That AFAO undertake a mapping of nationally accredited training and qualification packages in areas of Aboriginal health work, HIV, STI, sexual health and IDU work.

- 7.2.5 That AFAO look at the new Certificate IV in Aboriginal Health Services, and the AFAO/NAPWA Diploma in Community Education (recently developed under the national VET system) to examine how each program can support the other for workers in the Aboriginal Health Sector and the AFAO/AIDS Councils sector.

- 7.2.6 That NACCHO and AFAO support and lobby for the creation of a professional association of Aboriginal Health Workers.

- 7.2.7 That AFAO and its members lobby state and territory health departments and others who develop HIV resources, to consult with Aboriginal and Torres Strait Islander people living with HIV, and to represent *their* experiences in the resources.

## 8. ISA Future Directions

- 8.1 That the *Anwernekenhe 4* conference delegates unanimously support and endorse the *ISA Future Directions Paper* and that the national consultation proceeds.

# Appendix



# Update on HIV/HCV/HBV/STIs for Aboriginal Health Workers

Mylor, South Australia, 25 April 2006, Evaluation Summary

*Anwernekenhe 4* - the 4th National Aboriginal and Torres Strait Islander Gay, Transgender and Sistergirl HIV and Sexual Health Conference - happened at Mylor in the Adelaide Hills from 25 to 28 April. A record 140 registered for the conference, with delegates attending from all over Australia, including Indigenous contingents from Papua New Guinea and Aotearoa. This year, women were officially invited to contribute to the conference and their participation was particularly appreciated as was that of the large representation of Aboriginal youth.

ASHM ran a satellite update prior to the conference and 14 Aboriginal health workers received current information on HIV, viral hepatitis and STI. The 5-hour course proved a logistical challenge but presenters rose to occasion and gave a highly accessible and interactive update. James Ward from the Aboriginal Health and Medical Research Council provided a thorough rundown of the various epidemics affecting Aboriginal Australia - **“Aboriginal people are up and running with HIV/AIDS - need the same outcome for HCV”** - before Adelaide local Emeritus Professor Peter McDonald engaged the room with an enlightened approach to STI management - **“We need to look at people and populations more than diseases and bugs”**. Dr Margaret Gibbons, HIV 5100 prescriber from Tobwobbba AMS in Forster encapsulated HIV natural history and management - **“Session was v informative and eye opening. Being new to sexual health now know different treatments”** - as well as PEP - **“Clarity on PEP risk assessment will be useful”** - and Kerry Paterson from the SA Hepatitis C Council managed to include a thorough rundown of both hepatitis B and C in her 45-minute

talk - **“Has informed me more than I was. Gives me useful information to take back to at risk and infected persons”**.

The day concluded with small group case study work facilitated by the presenters. This gave the participants the opportunity to translate the information learned into a cultural context as well as to input their own expertise in the field - **“Very useful, practical session”**.

The day evaluated very well overall with all learning objectives receiving a good to excellent rating. A couple of presenters received mixed comments and accessing the remote venue was sited as problematic but general consensus was positive and summarized by one participant's comment: **“Fantastic - think courses like these are invaluable to all workers in the HIV/AIDS Sexual Health Sector”**.

The course was Commonwealth funded with NSW Health providing scholarships for health workers from NSW to attend the update and conference.

**Adrian Ogier**  
Project Officer (Education) HIV Program  
June 2006

# Opening Address

Ian Rankin – President of AFAO

Auntie Georgina Williams and Rodney Junga Williams, thank you for an inspiring and wise welcome to your land. I would like to acknowledge the elders of this land and those who have gathered with us for the Conference and my respect for the knowledge and wisdom they bring to our efforts.

I would also like to extend my thanks to Colin and all the current members of the organising committee whose efforts over many years have made a tremendous difference to the life and health of various Australians particularly Aboriginal and Torres Strait Islander Australians confronting the challenges of HIV.

I have been the President of the Australian Federation of AIDS Organisations since November last year. I first became involved in the community sector response to HIV/AIDS around 1994, around the same time as the first Anwernekenhe conference, the fourth of which we are gathering here to open tonight. Over the past dozen years a lot has changed, unfortunately some things have not changed as much as we would hope. Over the coming three days I hope we can collectively assist in gathering the momentum for change in areas that still require effort.

I suppose it is partly my role to welcome you to my world, a world personally and politically filled with HIV. A world I have inhabited since 1986, when I was diagnosed positive and advised to prepare for death within a few years.

Australia has done relatively well in keeping the spread of HIV lower than in many other countries. Low spread is of course little comfort to the 20, 000 Australians infected, a third of who have died from AIDS. In recent years the number of new infections diagnosed each year is increasing. This is an experience that is shared amongst gay men and Aboriginal and Torres Strait Islander Australians. The local AIDS epidemic has, and continues to be a substantially postponed epidemic until we have a cure. To keep the prevalence of HIV to current levels we will have to be confident, creative and courageous.

In some areas we know how we have kept the spread low, condoms, clean fits, and the freedom and confidence to use them have made a fundamental impact on the HIV epidemic in our country. In some areas I think we are pleased but puzzled as to how the epidemic has been kept to lower than forecast levels. The extent of HIV amongst Aboriginal and Torres Strait Islander Australians is one of these puzzling areas.

One of the things I have learnt during my time in the AIDS response is that the greatest asset we have is the people we have. They are the people infected and affected by this epidemic who are willing to take the time to consider, invest the energy in proposing and the willingness to act to reduce both the spread and impact of HIV. They are those willing

to acknowledge the discrimination and stigma that often is associated with AIDS and are prepared to challenge, persuade and act to overcome these unjust attitudes. They are people willing to acknowledge include and respect the gay men, sistergirls, injecting drug users, sex workers and people living with HIV amongst us and demand their needs be met.

HIV is a most human epidemic, it challenges us at a fundamental level. A fatal sexually transmitted condition does provoke fear. But through acting together we can overcome fear, challenge prejudice and get on with the vital things that need to be done.

I look forward to the consideration of what a move to a whole of community approach to our efforts might mean. How we might form and operate the many collaborations and partnerships that such a formal change might encompass. The AFAO Indigenous project and the Indigenous Strategic Alliance have done a lot of work across groups vulnerable to HIV, but we need your support if that is going to be expanded.

AFAO is fundamentally committed to reducing the spread of HIV and the improvement of the sexual health of Australians. Aboriginal and Torres Strait Islanders face additional challenges in responding to HIV and in achieving optimal sexual health. This is especially so for groups of people vulnerable to HIV and supporting people living with HIV gain access to equitable medical services and care. Our commitment is to things that work. I look forward to your advice and guidance on what can be done and how we might collaborate to make it happen.

At this conference I come, and AFAO comes, to chat, to listen and to learn. You are the experts in the challenges we are working out how to face, your insights and ideas are the ones that will be the most important as we map out a way forward. Thank you for attending and thank you for inviting a “city dweller son of a farmer” to attend. I anticipate days of lively discussion, debate and good humour. Please speak up, one thing I have definitely learnt from living with HIV is that without speaking up and speaking out, things don't change. However with a common respect for each other we can as Auntie Georgina said “find our new healthy pathways”.

**Welcome to your conference.**



# Keynote Address

## Showing Ourselves - Gregory Phillips

Thank you to the traditional owners for looking after this land and peopling it for thousands of years. Thank you for allowing us to gather here.

I am Gregory Phillips, or Noolngdwelli from the Waanyi Peoples of North West Queensland at Lawn Hill Gorge. My grandfather's mob are the Jaru from Halls Creek in the Kimberley. I want to pay tribute to my Elders and Ancestors who taught me so much, especially my Nanna and my Aunty Ann, who was like my family gay mentor.

I feel very privileged to give this speech tonight. I was really wrapped when Colin and Michael asked me to do it, especially because I find myself in such esteemed company. As I look around the room, I see many warriors and strong men and women who have battled so long and hard for our rights and our responsibilities.

As a young person, let me thank you all for your work. Let me thank you for your lives and your loves and your joys and your sorrows. For they are all a part of our story, and they are all very important. Rondelle, Mona, Colin, Arone, Marcy, Gary, Wilo, Brendan, Vanessa, Rusty, Kathy, Cindy, Tim and many others – you all are very important to me, and you all have done incredible work and have lived incredible lives. Thank you. You have paved the way for younger ones like me to come through and to flourish.

I also want to pay tribute to the ones who have crossed over. They are not here in the physical form any more, but they are definitely here in spirit. In fact, I want to dedicate this talk to that gorgeous Black Queen from the north, the one with killer legs, the one with a smile as broad as the waters near her home, the one who knew her language, the one who taught us how to have fun and be respectful at the same time – none other than the Spanish Rose herself, Ms Dougie Currie. Dougie's example and inspiration is immense and beautiful and will last a long time in the lives of her family and her people, us included. Dougie, we are all here tonight, and we are all here this week to continue your work and the work and lives of hundreds of others like you.

Sisters and Brothers do not be afraid, because we are not alone in this work.

We must ask Ancestors humbly to guide us in our work and our lives.

I want to share with you some stories tonight, and try to find some meaning and some inspiration in them. I know you all have important work and important decisions to make this week. You all, we all, have important perspectives and experience and passions. We mostly all have very strong opinions. That's good. But let us not be so ignorant and arrogant that we do not allow time to hear what the Old

People are saying, what the young people are saying, and what Ancestors have for us in their stories and their wisdom.

So I want to share some of those stories.

### Overcoming Shame

The first is a story about overcoming shame, about valuing ourselves, and about showing ourselves. When I was younger and not that much sillier, I was a first year university student in Brisbane. I had just starting studying Aboriginal Knowledge's and Perspectives with Aunty Lilla Watson at The University of Queensland. I was a bush kid who at sixteen knew instinctively that his ticket out of the dust of Mt Isa was to go to university. I was a weirdo at school – an Aboriginal kid who was not good at sport, who was chubby, who was good at school work, who was a 'half- caste' (the other Murri kids called our family 'yellow cunts' because of my great grandfather being Chinese), and who knew inside I liked boys, but who didn't have the words or the safety and confidence to be ready to show myself. I grew up with internalised shame like lots of our mob.

So I was learning about the positive side of our people at university for the first time – what a shame I had to go there to learn it. My family were never ashamed of who we were, but there was this internalised shame about not showing ourselves to the world too much – don't speak your language, don't admit we were poor, don't show them my stew and rice for lunch when the other kids had sandwiches. But then because of what Aunty Lilla was teaching us, I was searching for the spiritual side of me and our culture.

One day in the Brisbane mall I met Aunty Glenda. Aunty Glenda was about forty at the time, she was a parkie living on the streets, and she looked like she was doing it tough. I sat with her and started yarning about everything and anything and about life and about culture and spirituality. Of course, all these white people were walking past and looking down their noses at us and carried with them a lot of shame – like we were not good enough, or like we reminded them of the parts of themselves they didn't know or didn't like. I asked Aunty Glenda about this and she said 'yeah they walk past me like I'm shit, like I'm nothing. All they see is me being scruffy and my blankets and that. But they don't know. They don't know, Jesus is a Black man. They all think they're better than me and they spit on me, but they don't even know what's in front of them.'

During the times I used to visit her, all these street kids, black and white, would come up to her and ask her for smokes and for money for a feed and for a blanket. Every pension day she'd buy blankets in the winter and every time she used to give all her blankets away when people needed them. I asked her what she did if she gave it away. She said, "I just keep

one for myself or give that away too. I'll be right, I always get another one." Then she'd buy more when she could.

So I thought, here's this woman with nothing, fighting with her malaga and then getting back together again, drinking all the time, looking dirty, but still with a heart as big as anything, and still prepared to be responsible and to share what she had. It was a good lesson for a young man. I realised a lot of things from her story.

First, what goes around comes around, and that if you share you receive. Second that one can hold on to our dignity no matter the circumstances. But most of all I learned that the people at the "bottom rungs" of society seem to understand the most about the society they live in. They know the absolute truth about society because they're the ones who suffer the worst of it.

Let me be clear I don't want to romanticise a life on the streets, or a life of drinking to drown ones sorrows. Because I think we have more options available to us today. Today we can heal. Today we can share. Today, like then, we can still hold on to our dignity and not stoop to the level of the oppressors. We do not have to be victims today. But I think Aunty was not being a victim, I think she was doing her best.

I also learned from this story not to devalue our knowledge. Here was a woman with little formal education, but who knew things about life. Let us not get stuck in the white man's way of thinking.

We in the Aboriginal community come from a proud intellectual and respectful tradition of developing ground-breaking practical services – condom-man, the AIDS task force in Darwin in the '80s, and Aboriginal medical services leading the way in primary health care development, regional partnerships and co-ordinated care trials to name a few – Aboriginal and Torres Strait Island Peoples are innovators in health care and community development, and we need to value our way of thinking.

The western health system has a lot to learn from us in terms of making things happen on the ground. While they have epidemiology and all the science in the world, the health system is still struggling to help the people get well because they are limited in their way of thinking. Aboriginal people are practical people and know how to work with our own mob.

Aboriginal health is not just about the health of Aborigines, but about improving the health system for all. You see, the more we struggle to define and do good programs in the way we know best, the more we educate the white people about humanity, about how everything is connected, how feelings and spirit are as important as the body to good health care and well-being. It is well-known that if we can meet the needs of those most vulnerable, then we're improving the system for

everyone. So, Aboriginal health has a lot to offer not only our mob, but other mobs too.

### Emerging From the Belly of the Snake

The second story I want to share is from Aunty Lilla Watson, an Elder from the Brisbane area. Aunty Lilla tells a story something like this – that we are emerging from the belly of the snake. I will paraphrase her here: 'We are in pathological grieving, we have returned to the belly of the snake, and we are coming out again now, consolidating who we are. The spirit child comes from the earth, we are born of this earth, and when we die we will go back to the earth.... I believe emotions can cause sickness if we are not well. The whole of life is a spiritual experience, we are more spirit than we are matter. So sickness and healing are spiritual experiences too.'

This story tells us about showing ourselves, about not being shame. And about a coming forward again. It says that because our bodies, hearts, minds and spirits are all important to our well-being, that we have to look after all of it, and that because we are born from the land, if the land is sick, then we might get sick too. So, for our mob to get well, we have to look after all parts of ourselves, including the country, and that as we do that, we are re-emerging as who we truly are, rather than living in shame and sickness.

Shame is not ours. Shame is something imposed on us from the invaders, white people who themselves were being rejected by their society. So we have to work hard now to show ourselves, to overcome shame – that no matter how hard things are or they seem, we still have lots of good things to be happy about, and lots of gifts to give the world. Us Mob – Anwernekenhe, can help our mob get healthy and recover from colonisation too.

So I want to share a poem with you that I wrote to try and explain how we can show ourselves – it's called 'I Am'.

'I am' – attached.

Do you see from that story that I'm not only talking about me, but about all of us, about you too. You have your own things and little ways, and it is all beautiful. You do not need to be ashamed of who you are any more. We can show ourselves now more than ever.

### Kayinpirinya

The third story I want to share is from Balgo, the desert mob. It's not my story, and I don't pretend to know it well, but there are some very important lessons in the story from the Balgo men. My friend Brian McCoy did some work with the men and health workers from Balgo. He learned a lot from working with them. The men's health workers there realised that instead of talking about sickness and the problems that bothered our people like violence and suicide and petrol sniffing– which



is a very white way of working, a white public health way of working, they talked with the other men about good things, about what they liked. They talked about football first, and then ceremony and then talked about this thing in their language called kayinpirinya, or 'holding'.

Kayinpirinya is when older men or uncles or grandfathers or fathers 'hold' the younger men and boys, meaning they look out for them and help keep them on the straight and narrow. It means the young men feel cared for and that they've got someone to follow; someone to watch out for them. They say they feel much safer and better when they have someone 'holding' them. It's not a sexual thing, but a cultural, spiritual, caring thing. It's beautiful eh?! It's what a lot of us might have missed out on while we were growing up because we were a little 'different'. But we can still get that from older uncles and men now – we can ask someone we respect to be our surrogate guide or Dad or Uncle, to show us the way in a cultural sense.

So by focussing on football first – something seemingly unrelated to all the 'bad' health problems, they eventually got to talk about these deep spiritual things that some of the men almost forgot because everyone was asking them about the problems instead of the good things.

So too, instead of holding ourselves to the diseases or illnesses we suffer, lets look at what it is that will actually sustain us over time. Let's look at the good things first and start from there.

#### Wellness and Balance

You see, there are four parts of our being. There's the:

- physical – your body;
- emotional – your feelings in your heart;
- mental – the thoughts in you brain; and,
- spiritual – your life force, the spirit created at conception, your soul.

To have wellness, all four areas must be in balance. We can never achieve perfection, but it is important that we focus on healing all four areas of our life, instead of just our body and mind like the white health system. Whitefullas think health care is just in your body and your mind, but it is also in your feelings (heart) and your spirit too. Anger is a feeling, not a thought. That's why anger management courses are a bit silly if they're all about controlling your thoughts. They should be about understanding your feelings too, and then how to act more appropriately in the world. That's why mental health as the whitefullas understand it is a limited naïve concept when it comes to how Blackfullas see feelings and spirit are important too.

Sickness as a gift to help us find our balance again. The one thing every culture in the world has in common is that when we get sick as human beings, we ask ourselves why. "Why me?" "what did I do or not do to get sick like this" Sometimes we blame ourselves and feel sad or depressed, but that's only the shame talking, and we don't have to feel shame anymore.

So really, sickness is a gift because it helps us to ask ourselves why and what is out of balance, and which of those four areas we need to put more work into to get better.

If we chain ourselves to our diseases and illnesses, we cannot heal. It is no good feeling sorry for ourselves and spend too much time blaming ourselves. Of course we are sad at first and we might through that for a while. But if we constantly shame ourselves, we end up becoming victims and we start trying to push our shame and blame onto others. We blame them for what happened, instead of looking for what we can do to bring ourselves back into balance more.

We must go beyond our sicknesses to see what it is we CAN do to heal. It's no good waiting for others to heal us or say sorry to us, we have to start healing ourselves now, and that way, we start focussing on our strengths and what we HAVE got instead of what we don't.

#### Preparing to Govern

The last story I want to share is from South Africa. Dr Ramphele, a key intellectual in the anti-apartheid movement said, 'we must prepare to govern'. She said that in South Africa, they prepared themselves for liberation, but they did not prepare themselves to govern. They were so focussed on their freedom, understandably, that they did not prepare themselves for what would happen when they got in.

So too must we. It's the same thing here. We might not win the whole government election, but the principle is the same. Why do we wait for white people to do the hard work for us and then blame them if they don't do it how we want them too? No good blaming them for not sharing their power if we are not prepared to get ourselves trained and ready to run our own show.

Why should we stay under the white man's shelter? Why stay in his organisation. It's not that we have to be separatist –Nelson Mandela always said white people would have a role in the post-apartheid era, and they do. Similarly, I am not talking about separatism, but rather equality, and being our own.

I think we need to move out of the enclave. For example, in Indigenous higher education, our people only started going

to universities in the '70s and '80s. We found a lot of racism there, and there still is sometimes, so we set up enclaves, or shelters called Aboriginal and Island Studies Units, or support centres, where Aboriginal mob could feel safe. That was a good thing. We needed to do that.

But if we stay there, we will not grow. The time has come for us to move out of that enclave, out of that safe space, to emerge from the belly of the snake, and start moving into the whole university and making change in the 'mainstream', as professionals in our own right. White people have a lot to learn from our perspectives, even if they don't know it. And our mob have a lot to learn from white people, even if we don't know it. To stay in the shelter means to stay stunted and not grow.

On the other hand, the Australian Indigenous Doctors Association (AIDA) is an organisation in its own right, and they went through some struggles to get going, but now are a strong healthy organisation which is showing white doctors a lot about good health care.

You see, our ways of doing things can help inform all other health services, and we ought to value it more, not give it away in advisory committees and then blame the white organisations for not doing it right or treating us as equals. We have to do the hard yards.

Some white organisations are comfortable with us in advisory roles only, because they get to keep the power and control over our lives, even if it's not conscious. They also get to suck our intellectual traditions and knowledge and ways of doing things dry without proper acknowledgement. Our wisdom becomes 'theirs' because they usually own the intellectual property.

So we have to move out from under the gay white agenda, and out from under the black straight agenda. It's not that we won't work with them, but that we can do this ourselves. Why can't we have an Indigenous sexual health organisation? One where the needs of gay men, women, sister-girls and children, youth and Elders can co-exist? I'm not pointing the finger or blaming anyone.

I just think that it is time for Anwernekenhe, for Us Mob, to start preparing to govern.

We all have strong feelings about this, about which model – our role here is not to decide, but to listen to start talking and then to go out there and consult with and listen to the mob. Then we can respectfully interpret their feelings and we will know which way to act. The model will work itself out if we stick to the principle, the concept, of doing it for ourselves, of showing ourselves to the world.

Healing is a big part of governance. It's no good coming together and trying to run things ourselves if there's too much hurt in the room when we're trying to have meetings and make decisions. Or if we're drunk and hung-over all the time from the night before. If we are acting out of our own internalised shame and grief we haven't dealt with yet, then how can we make good decisions? That's when the white man's got us; when we're fighting each other.

So to govern properly, to really make a go of it and run our own show, we need to also heal the shame, heal ourselves – us, us workers as much as our clients or people! – heal ourselves of our past difficulties, and move forward slowly but surely.

#### Showing Ourselves

So to end this talk, we must not be scared of showing our light, of showing ourselves. To show ourselves, we must:

- overcome shame
- heal ourselves
- listen to and respect ourselves and each other
- interpret community knowledge into reality – we must act
- make mistakes and learn from them
- Ultimately, we must have a go at governing.

Sisters and brothers, we are good enough, we are good people. We are hurting, and we must heal ourselves, but we ultimately must not let the boundaries of race, disease, class, gender, sexuality or age to stop us bringing our cultural and spiritual power back; our intellectual traditions; our ways of doing things. We have to band together, because otherwise, we will stay in the belly of the snake for too long, so we won't grow. If we stay there too long, the land might forget who we are.

If we show ourselves, if we emerge from the belly of the snake, then we will be truly alive, truly proud and truly free.



# *i am all these things.*

– Gregory Phillips

I am.  
I am a spender and a sharer  
I am both Black and white  
I am conservative and I am progressive  
I am a man  
I love and I hate  
I am a man but not manly  
I am truthful and I am a liar  
I can be stylish and slobby  
I am elegant and I am filthy  
I am both intelligent and slow  
I am beautiful and I am self-loathing  
I am a lover and a fighter  
I am confident and I am doubtful  
I love my leather harness,  
but I am not a leather man  
I am brilliant and I am slow  
I am both hairy and smooth  
I am smart and I am naïve  
I am fit and I don't care  
I am self-obsessed and I self-forget  
I am an intellectual but I am not an academic  
I am a people-pleaser and I am selfish  
I am a traditionalist and a modernist  
I am a cowboy and I am a city boy  
I am an old man and I am a young boy  
I am a queen and I am a king  
I am an artist and I am staid  
I am a boyfriend and I am a girlfriend  
I am shy and I am outrageous  
I am a grower, not a show-er  
I am sensitive and caring, and also harsh and cruel  
I am sparkling and I am dull  
I am a hopeless romantic and I am totally scared  
I am exhausted and I am energetic  
I am political and radical, and I am a pragmatist and  
a peace-maker  
I am colourful and I am bland  
I am one of harmony, and of bringing feelings out  
into the open  
I shine and I fizzle  
I am highly sexual, and yet can be prudish  
I crackle and I drizzle  
I am spontaneous and boring  
My glass is half-full and it is half-empty  
I am responsible and frivolous  
I am open and I am closed

I am respectful and cheeky  
I share and I keep  
I am funny and I am quiet  
I cry and I laugh  
I am deep and I am shallow  
I am global and I am local  
I am a healer and an actor  
I am right and I am wrong  
I am visual and I am spiritual  
I am free and I am enslaved  
I am a politician and a worker  
I work hard and I am lazy  
I am a writer and illiterate  
I listen and I ignore  
I am articulate and I am bumbling  
I am rich and I am poor  
I am wise and I am foolish  
I learn and I don't  
I am clear and I am murky  
I am Pisces and I am powerful  
I am Chinese, I am French, I am Afghan  
I am all these things.  
I have a Mum who loves me  
I am on a healing journey  
And a dad who doesn't  
I have a Creator  
I have a dream and lots of doubts  
I have a name  
I have a vision and a clear path  
My spirit is alive  
I have a voice  
My song in strong  
I have Ancestors  
My smell is loving  
I have a heart  
My tears are sweet  
I have family and community  
My soul is bright  
I have dear friends  
My light is intense  
I have wings  
My heart is open  
I can fly, My dreaming is now  
I can swim, I am.  
I can run, I am a man.  
I can see, I am.  
I am sober, I am me.

Noolngdwelli, Nook-Sha Day, Nangala



# The Indigenous Strategic Alliance: Discussion Paper on Future Directions

A paper about HIV/AIDS and Aboriginal & Torres Strait Islander communities from the Australian Federation of AIDS Organisations' Indigenous Gay, Sistergirl & Transgender Strategic Alliance for HIV/AIDS & Sexual Health Promotion ('the ISA')<sup>1</sup>.

## What is the Indigenous Strategic Alliance?

The Indigenous Strategic Alliance (ISA) is a group of Aboriginal & Torres Strait Islander gay men and sistergirls<sup>2</sup> who provide - on a voluntary basis - national leadership on HIV/AIDS issues as they relate to their Aboriginal & Torres Strait Islander gay and sistergirl communities<sup>3</sup>. The ISA meets regularly to provide guidance to an Aboriginal & Torres Strait Islander HIV/AIDS project conducted by the Australian Federation of AIDS Organisations (AFAO). The ISA has existed in some form or another since 1994 when it was established by delegates to the first ever national conference of Aboriginal and Torres Strait Islander gay men and sistergirls. The Aboriginal & Torres Strait Islander gay and sistergirl project has been running at AFAO since 1996. When this paper talks about the future and direction of the ISA, it is also talking about the future and direction of the AFAO project<sup>4</sup>. See [www.afao.org.au](http://www.afao.org.au) for more information about AFAO and the project.

## Who has the ISA traditionally represented?

Up till now, the ISA has represented Aboriginal & Torres Strait Islander people who are gay men, sistergirls and/or HIV-positive. In the early days of the epidemic in Australia, these were amongst the Aboriginal & Torres Strait Islander populations thought to be most critical to controlling the virus within Aboriginal and Torres Strait Islander communities. In 2003 the Indigenous Positive Network was formed under the auspices of the National Association of People Living with HIV/AIDS (NAPWA). The Network, now known as the Positive Aboriginal and Torres Strait Islander Network (PAT SIN), was formed to provide a specific peer-based voice for Aboriginal & Torres Strait Islander people with HIV/AIDS. PAT SIN is represented on the ISA and the two are working towards the signing of a memorandum of understanding. Similarly, NAPWA is a member of AFAO. See [www.napwa.org.au](http://www.napwa.org.au) for more details.

## What is the change proposed?

In 2005 the ISA decided, after much deliberation, to broaden its focus so as to respond to the needs of all of the Aboriginal & Torres Strait Islander communities most affected by HIV/AIDS. This means that the ISA is seeking to bring together people from the Aboriginal & Torres Strait Islander communities most affected by HIV/AIDS and to represent their collective interests on HIV/AIDS issues.

## Why the proposed change?

The ISA is proposing this change for lots of reasons, including the following:

### **There are clear policy and service overlaps**

Being Aboriginal or Torres Strait Islander impacts on the way in which being HIV-positive, a sex worker or injector is experienced. It impacts on patterns of infection and on the way in which people access prevention and care services. The needs of an Aboriginal & Torres Strait Islander gay man may differ from the needs of an Aboriginal & Torres Strait Islander injecting drug user or from the needs of an Aboriginal & Torres Strait Islander woman at risk of infection, but these groups also have needs which are the same, including needs for HIV responses that:

- Are culturally and linguistically appropriate
- Acknowledge Aboriginal and Torres Strait Islander family, community and social structures

<sup>1</sup> This paper has been prepared for the ISA by Tim Leach, consultant, under a contract with the Australian Federation of AIDS Organisations, 2006, with input from Colin Ross, Rodney Junga-Williams & Michael Costello.

<sup>2</sup> The term 'sistergirl' has different meanings depending on the context, but is often used to describe indigenous men with transgender qualities, indigenous transsexuals and, occasionally, indigenous gay men. See Report of First National Indigenous Sistergirl Forum 1999, AFAO: [www.afao.org.au/library\\_docs/indigenous/indig\\_sistergirl.pdf](http://www.afao.org.au/library_docs/indigenous/indig_sistergirl.pdf)

<sup>3</sup> The committee currently includes Colin Ross, Arone Meeks, Robert Smith, Corey Czok, Crystal Johnson, Gary Lee, Mario Soki, AFAO Indigenous Project Officer Network (IPON) representation through Tony Coburn, Positive Aboriginal & Torres Strait Islander Network (PAT SIN) representation through Terrilee Simpson and Rodney Junga - Williams, Australasian Society of HIV Medicine (ASHM) representation through Adrian Ogier, and AFAO through Simon Donohoe, Keith Ball & Michael Costello.

<sup>4</sup> Institutional responsibility for the project lies with AFAO, so project changes would be dependent upon the approval of AFAO and the provider of project funds, the Commonwealth Office of Aboriginal and Torres Strait Islander Health. AFAO does, however, take its advice on project matters from the ISA and supports the ISA's decision to broaden its focus, as outlined in this paper.

- Recognise the way HIV fits within the broader range of Aboriginal & Torres Strait Islander sexual health and general health issues, and that fit with existing Aboriginal & Torres Strait Islander health frameworks and service networks
- Accommodate economic and social disadvantage
- Reflect the ways that Aboriginal & Torres Strait Islander communities interact with police and other authorities
- Are non-discriminatory and easy to access.

### **The ISA has developed expertise that can be used to benefit Aboriginal & Torres Strait Islander communities other than gay men and sistergirls**

Aboriginal & Torres Strait Islander communities are diverse. Each subsection of the community will have HIV-related needs that are, to a degree at least, specific. But over the past twelve years the ISA has acquired skills and experience that are applicable to all Aboriginal & Torres Strait Islander communities affected by HIV/AIDS. These skills include:

- An excellent understanding of community development theory and practice
- Experience in consultation and strategy development
- Experience in resource production and marketing
- High-level understanding of HIV/AIDS and sexual health issues.

The ISA recognises that it has much to learn about the specific impacts of HIV on different groups of Aboriginal & Torres Strait Islander communities, but it also has much to offer these same communities.

### **Much of the ISA's work is already broader than gay/sistergirl, so a broader brief would just formalise what is in fact already happening**

Two of the AFAO project's most recent initiatives in Aboriginal & Torres Strait Islander sexual health have been developed for target groups broader than gay men and sistergirls. AFAO has produced a booklet on HIV treatments<sup>5</sup> for all Aboriginal & Torres Strait Islander communities regardless of sexuality and/or gender, and has conducted a research project looking at injecting drug use within general Aboriginal & Torres Strait Islander communities<sup>6</sup>.

One of the two NAPWA representatives to the ISA is a woman representing Aboriginal & Torres Strait Islander women with HIV and, as a result, women's issues have already been raised within the forum.

The ISA and the AFAO project have always, to some extent at least, been engaged in Aboriginal & Torres Strait Islander injecting drug use and sex work issues. Aboriginal & Torres Strait Islander youth, regardless of sexuality, has always been a focus of the project's work: the project's earliest research (1997) identified child sexual assault as the primary HIV-related issue for Aboriginal & Torres Strait Islander people and the project has had an interest in all Aboriginal & Torres Strait Islander youth ever since.

In 2004 AFAO developed an Aboriginal & Torres Strait Islander Family Violence Strategy<sup>7</sup> that is not limited to gay or sistergirl issues.

### **There is a need for this work to be done**

While many agencies are doing great work in support of Aboriginal & Torres Strait Islander communities at risk (for example NACCHO and individual AMSs, State/Territory family planning organisations such as FPA Health in NSW and WA, Aboriginal Legal Services and, especially, Aboriginal Women's Legal Services), there is much work still to be done and many needs remain unmet.

If these needs were already being properly addressed then there would be no reason for the ISA to consider doing this work. The reality is that there is very little work being done in

<sup>5</sup> HIV/AIDS and Us Mob, AFAO 2005

<sup>6</sup> AFAO/AIVL Research and Collaboration Project for Injecting Drug Use in Aboriginal and Torres Strait Islander Communities

<sup>7</sup> See [http://www.afao.org.au/library\\_docs/indigenous/Indig\\_Sexual\\_Abuse%20Strategy\\_05.pdf](http://www.afao.org.au/library_docs/indigenous/Indig_Sexual_Abuse%20Strategy_05.pdf)



support of these other communities, and that some of the work being done is of poor quality.

***A broader agenda would mean all Aboriginal & Torres Strait Islander communities affected by HIV would be better represented in the national HIV response***

Given its close association with AFAO, the ISA is able to ensure that HIV issues affecting Aboriginal & Torres Strait Islander gay men and sisters are properly considered in developing community responses to the epidemic in Australia. AFAO raises these issues in its dealings with government. If it expanded its brief, the ISA could begin to ensure that issues affecting other Aboriginal & Torres Strait Islander communities, particularly women, are more effectively raised and considered in NGO and government circles.

## What are some of the challenges associated with the proposed change?

The ISA recognises that there are lots of challenges associated with the proposed change:

- Other communities may not wish to be represented by the ISA; these communities may not consider the ISA to have the skills or the sensitivities to represent their interests. They might consider other agencies better placed to take on their issues. For example, Aboriginal & Torres Strait Islander women may feel FPA organisations to be better placed than the ISA to take on women's HIV/AIDS issues. Aboriginal & Torres Strait Islander people who inject drugs may feel better represented by the Australian IV League than by the ISA.
- Determining support for such a move requires consultation and this takes time and effort.
- Some agencies currently doing work in these areas may feel threatened and that their organisational 'turf' is being challenged.
- Some Aboriginal & Torres Strait Islander gay men and sisters may fear that a broader agenda will reduce attention to gay/sister issues.
- In the absence of additional funding, the ISA may find itself stretched to respond to a broader brief.
- There are obvious problems with membership – the current ISA is not reflective of all Aboriginal & Torres Strait Islander communities affected by HIV/AIDS so who will be members of the broader group and how will future ISA members be elected?

## How did the ISA make this decision?

The ISA began to think about a broader brief from around 2003. In 2004 it commissioned a paper to inform its decision-making: the paper is attached for your information. The ISA debated the proposed changes at committee meetings in July and November 2005. The final decision was made by the committee at the November 2005 meeting.

## How will the 'new look' ISA be governed?

The ISA knows that if it wants to work with and represent other communities, then these communities must be included in all the ISA's decision-making structures. The ISA has deliberately not yet determined how this goal will be achieved, as it wants to give every opportunity for those not yet involved, to contribute to how the revised ISA will look and operate.

One option is to hold a national conference involving members of all Aboriginal & Torres Strait Islander communities affected by HIV and to elect a new committee from that group to govern the ISA.

A second option is to co-opt additional members to join the current committee so that all affected communities are represented within the current structure.

A third option is for the ISA to become an organisation of organisations, so that all organisations representing Aboriginal & Torres Strait Islander communities affected by HIV might join and elect a committee from the membership. The range of potential member organisations includes NACCHO, the Australian IV League, Scarlet Alliance (the peak community-based organisation representing Australian sex worker groups) and any other groups with an interest in and/or focus on Aboriginal & Torres Strait Islander people and HIV.

Under this third option, members would retain their organisational integrity – they would 'own' the ISA.

## Is this about more money for the ISA?

The ISA is a group of volunteers, and much of the project's work over the years has been achieved through the work of these and other Aboriginal & Torres Strait Islander gay men and sisters volunteers. The ISA is committed to expanding its brief with or without additional funding.

Even so, the ISA believes that Aboriginal & Torres Strait Islander community responses to HIV are under-funded and that governments (state, territory and federal) should find additional funds to support this important work. The ISA will be seeking further financial support for its work from governments and other funding sources.

The ISA is looking to fill gaps and build a stronger, more authoritative voice for Aboriginal & Torres Strait Islander people on HIV issues. It is not setting itself up to compete with existing services. Cooperation and collaboration are two of the key principles that guide the ISA's work.

## Why is this paper being sent to you?

The ISA understands that many people will have questions about how it will expand its brief – there are many stakeholders who will legitimately wonder how the proposed changes might affect them and their communities. You are such a stakeholder.

The ISA wants to work out the best way to achieve its expanded vision, and to work as collaboratively as possible with other stakeholders. Your advice would be appreciated.

## Next steps

This paper is being distributed widely. Some of you who receive it will shortly be contacted by the ISA to share your views on the ideas outlined. Otherwise, you should feel free to contact the following people:

- **Colin Ross,**  
ISA Chair,  
Phone 07 38572654  
Email [cross@afao.org.au](mailto:cross@afao.org.au)
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# Conference Program

Tuesday 25/4/06		
11.00 - 5.00	Anwernekenhe Conference Registrations (Meeting Space 1)	ASHM Short course – Update on HIV, HCV and STIs for Aboriginal Health Workers (Meeting Space 2)
5.30 – 6.30	Conference Opening Chairs address: Colin Ross – Chair, Indigenous Strategic Alliance Welcome to land: Auntie Georgina Williams, Rodney Junga-Williams Welcome address: Ian Rankin – President, Australian Federation of AIDS Organisations Kururru Dance Group followed by the lighting of the ceremonial fire (Meeting Space 1)	
6.30 – 7.30	Dinner followed by Key Note Address: Gregory Phillips (Dining Hall)	

Wednesday 26/4/06				
9.00 – 10.30	Opening plenary: Our voices, our place, our future (Chair: Colin Ross) Rodney Junga Williams: Aboriginal & Torres Strait Islander Person Living With HIV/AIDS Kane Van Diermen & Asia Pablo: Aboriginal & Torres Strait Islander Youth Lindy Moffatt: Aboriginal & Torres Strait Islander Same Sex Attracted Women Terrilee Simpson: Aboriginal & Torres Strait Islander Heterosexual Women Tracey Jerri & Lillian Lampton: Aboriginal & Torres Strait Islander Sistergirl & Transgender Mario Soki: Aboriginal & Torres Strait Islander Gay Men (Meeting Space 1)			
10.30 – 11.00	Morning Tea			
11.00 – 12.30	Opening plenary workshops: A series of workshops that will explore some of the issues raised by presenters in the opening plenary: our voices, our place, our future. Group participants will then discuss solutions and put forward recommendations.			
	Workshop 1: Aboriginal & Torres Strait Islander PLWHA Facilitators: Rodney Junga Williams & Terrilee Simpson (Meeting Space 3)	Workshop 2: Aboriginal & Torres Strait Islander Youth Facilitators: Brett Mooney & Corey Czok (Meeting Space 4)	Workshop 3: Aboriginal & Torres Strait Islander Women Facilitator: Michelle Sparks & Michelle Tobin (Meeting Space 5)	Workshop 4 Queensland Survey of ATSI Men who have Sex with Men Facilitators: Colin Ross & Garrett Prestage (Meeting Space 2)
12.30 – 1.30	Lunch			

1.30 – 3.00	<b>International Presentations from Papua New Guinea and Aotearoa (Chair: Michael Costello)</b> <b>Papua New Guinea: “MSM Issues in PNG”</b> George Raubi, Thomas Kawage <b>Aotearoa: “Once were Warriors”</b> Eriata Peri, Jordon Harris, Geoff Rua'ine and Mama Tere (Meeting Space 1)			
3.00 – 3.30	Afternoon Tea			
3.30 – 5.00	<b>Roundtable Discussion</b> <b>Building workforce capacity of HIV/AIDS and Sexual Health workers</b> Facilitators: Iain Henderson & James Ward A forum exploring workforce issues for HIV/AIDS and Sexual Health workers. Participants will be encouraged to participate in the following three areas: active discussion barriers faced by workers; and finding solutions and putting forward recommendations (Meeting Space 1)	<b>Skills Building Workshop</b> <b>‘BAKE EM’</b> Facilitator: Wilo Muwadda Sexual negotiation is difficult enough in your own community, but when we move between communities and cultures we can make choices that are not always informed. The ‘Bake em’ session will explore: Being prepared Drugs & alcohol HIV positive & negative sex negotiations Sexual violence Gay & Sistergirl Only Workshop (Meeting Space 2)	<b>Skills Building Workshop</b> <b>How to untangle the complexities of life - A case based workshop for positive people</b> Facilitators: Terrilee Simpson & Adrian Ogier During this session participants will have the opportunity to tease out and prioritise some issues common to positive life. These could include: disclosure and confidentiality, health management, financial and housing issues, drug and alcohol use as well as sex and relationships. Participants will work in small groups to find peer-based solutions and have the opportunity to share their own lived experiences. (Meeting Space 3)	<b>Skills Building Workshop</b> <b>Grog, Smokes &amp; Other Drugs</b> Facilitator: Michelle Sparks A holistic approach to health recognises that many factors influence our sexual health. This includes how we feel about ourselves, what goes into our bodies, and whether we are in a position state to make healthy choices. Come and join this discussion and skills-sharing session on how to handle grog, smokes and other drugs in our lives. (Meeting Space 4)
7.00 – 8.30	Update and planning for Friday’s forum: Indigenous Strategic Alliance (ISA) – Expanding its brief to whole of community Facilitators: Colin Ross & Tim Leach (Meeting Space 1)			

Thursday 27/4/06	
9.00 – 10.30	Plenary: Overview of national responses to HIV/AIDS & Sexual Health (Chair - James Ward) Positive Aboriginal & Torres Strait Islander Network: Michelle Tobin - PATSIN AFAO National Aboriginal & Torres Strait Islander Gay Men, Sistergirl & Transgender HIV/AIDS Project: Michael Costello - AFAO National Aboriginal & Torres Strait Islander HIV/AIDS, Sexual Health & BBV Strategy: Dr Cindy Shannon – Chair IASHC Queensland Survey of Aboriginal & Torres Strait Islander Men who have Sex with Men: Garrett Prestage - NCHECR HIV Futures – Aboriginal & Torres Strait Islander People Living with HIV/AIDS: Jon Willis - ARCSHS International Indigenous Peoples Satellite: Toronto 2006: Kathy Malera Bandjalan – Australian Representative for IIPS (Meeting Space 1)
10.30 – 11.00	Morning Tea
11.00 – 12.30	Plenary workshops: A series of workshops that will provide further opportunities to discuss the presentations in the plenary: Overview of national responses to HIV/AIDS



SECTION	Workshop 1	Workshop 2	Workshop 3	Workshop 4
	Indigenous Positive Network – ATSI PLWHA Facilitators: Michelle Tobin & Terrilee Simpson (Meeting Space 3)	AFAO National ATSI Gay Men, Sistergirl & Transgender Project Facilitators: Michael Costello (Meeting Space 4)	HIV Futures – ATSI People Living with HIV Facilitators: Jon Willis & Wilo Muwadda (Meeting Space 1)	Queensland Survey of ATSI Men who have Sex with Men Facilitators: Colin Ross & Garrett Prestage (Meeting Space 2)
12.30 – 1.30	Lunch			
1.30 – 3.00	International Declaration on HIV/AIDS & Indigenous Peoples Chair: Michael Costello Presenters: Clive Aspin, Colin Ross, Bev Greet  Since the beginning of the AIDS epidemic, Indigenous peoples have been marginalised from initiatives to stem the transmission of HIV within their own communities. At the same time, Indigenous peoples continue to be adversely affected by the AIDS epidemic. In an effort to address these challenges, Indigenous peoples in Australia, Canada, the US, the Pacific and New Zealand have come together to bring to the attention of the world this serious threat to our health and well-being. A key component of this initiative is the development of a declaration of the rights of Indigenous peoples affected by the AIDS epidemic. The declaration will be presented at a number of meetings leading up to the 16th International AIDS Conference in Toronto. This workshop will provide an opportunity for people at this conference to have input into this landmark document. Presenters who have been part of the development of the declaration will talk about its history as well as their hopes for the future and the role that this declaration will play. (Meeting Space 1)			
3.30 – 4.00	Afternoon Tea			
3.30 – 5.00	Closing Panel – Session report backs & recommendations (Chair: Neville Fazulla) Colin Ross: Opening plenary: Our voices, our place, our future Michael Costello: International presentations from Papua New Guinea and Aotearoa James Ward: Roundtable discussion: Building workforce capacity of HIV/AIDS and sexual health workers Terrilee Simpson, Wilo Muwadda, Michelle Sparks: Skills building workshops James Ward: Plenary: Overview of national responses to HIV/AIDS Michael Costello: International Declaration on HIV/AIDS & Indigenous Peoples (Meeting Space 1)			
7.30 – 11.00	Camp Corroboree – A celebration of music, dance, wigs, frocks, make up, colour, skin and us mob. Hosted by Vanessa & DJ Corey Czok.			
7.30	Cultural presentations from the: Tiwi Islands, Papua New Guinea, Aotearoa and Torres Strait Islands			

Friday 28/04/06	
9.00 – 10.30	Indigenous Strategic Alliance (ISA) – Expanding its brief to whole of community (Presentation) This forum will be conducted by the ISA on the future directions of the ISA that will adopt a whole of community approach to address HIV/AIDS issues for Aboriginal and Torres Strait Islander communities. This forum will allow for open discussion and input from all delegates attending Anwernekenhe 4. Facilitators: Colin Ross & Tim Leach Background paper: The Indigenous Strategic Alliance: Discussion Paper on Future Directions, is included in the conference registration pack (Meeting Space 1)
10.30 – 11.00	Morning Tea
11.00 – 12.30	Indigenous Strategic Alliance (ISA) – Expanding its brief to whole of community (Discussion & Recommendations)
12.30 – 1.30	Lunch
1.30 – 2.30	Conference closing
2.30	Bus transfers to Adelaide City

## Acronyms Used in the Report

ACSA	AIDS Council of South Australia
AFAO	Australian Federation of AIDS Organisations
AIDS	Acquired Immunodeficiency Syndrome
AIVL	Australian Injecting and Illicit Drug Users League
ARCSHS	Australia Research Centre in Sex Health and Society
ASHM	Australasian Society for HIV Medicine
ATSIPON	Aboriginal and Torres Strait Islander Project Officers Network
FPA	Family Planning Australia
HIV	Human Immunodeficiency Virus
IASHC	Indigenous Australian Sexual Health Committee
IDU	Injecting Drug Use
ISA	Indigenous Strategic Alliance
MSM	Men who have Sex with Men
NACCHO	National Aboriginal Community Controlled Health Organisations
NAPWA	National Association for People Living with HIV/AIDS
NCHECR	National Centre in HIV, Epidemiology and Clinical Research
NCHSR	National Centre HIV and Social Research
NGO	Non-Government Organisation
NTAHC	Northern Territory AIDS and Hepatitis Council
OATSIH	Office for Aboriginal and Torres Strait Islander Health
PATSIN	Positive Aboriginal and Torres Strait Islander Network
PNG	Papua New Guinea
QAHC	Queensland Association for Healthy Communities
STI	Sexually Transmissible Infections



