



a **DANGEROUS** decade  
ten years of the Victorian AIDS  
council

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introduction by michael bartos  
(president)

# tenth ANNIVERSARY report

Ten years ago the gay community decided it needed to get organised to combat the newly emerged threat of Acquired Immune Deficiency Syndrome. Ten years later, the Victorian AIDS Council/Gay Men's Health Centre stands as the legacy of that initial impulse – a major community organisation with a budget of over \$3 million, nearly 50 staff and around 2000 active volunteers workers.

This transition has involved changes, but something of the initial spirit behind the formation of the Council remains. The sense of community together, as a community, to do a job that needs doing, continues to be the guiding spirit of the Victorian AIDS Council/Gay Men's Health Centre.

Community is a much abused word. It is used to add a user friendly gloss to anything from marketing campaigns to government programs. There are many organisations which call themselves community based or community oriented only to disguise their lack of participation or accountability.

The reality of the Victorian AIDS Council Gay Men's Health Centre as a community organisation is different. Community has been an active notion, guiding the way in which the organisation has developed and providing a continuing reference point against which to measure the organisation's worth.

The first of the communities which has owned the Victorian AIDS Council/Gay Men's Health Centre has been Victoria's gay community. When AIDS first appeared it did so under the sign of homosexuality. One of the first names of the syndrome, before AIDS was settled on, was Gay Related Immune-Deficiency. Much of the politics of HIV/AIDS has been around homosexuality. In some countries, and for a while in Australia, AIDS has been used as the excuse for denying the human rights of gay men and (bizarrely, given its epidemiology) lesbians.

The initial response to AIDS by the gay community was motivated in part by the need to counter the repressive politics of AIDS. Side by side with this need there was the self-protective impulse of a community under threat. How would we stop people becoming infected by whatever it was that caused AIDS?

How would we make sure that people who became sick were able to be cared for in loving and attentive surrounds? Right from the early days, HIV/AIDS was seen not as an exclusively individual or family matter, but as a community matter where assistance to individuals, digestion of medical information and political action alike were seen as collective responsibilities.

The second community which has owned the Victorian AIDS Council/Gay Men's Health Centre is the community of people affected by AIDS. This community has always been harder to define. One of the guiding principles behind the community response to HIV/AIDS is that a virus does not discriminate. Whatever the epidemiological patterns of HIV's appearance in different communities, every person living with HIV/AIDS is uniquely and equally valued. Differences between young and old, gay and straight, women and men, or those infected medically, through injection or sexually have no bearing on the entitlement to services, to care and to support.

Equally, it was recognised from the outset that the community of people concerned about HIV/AIDS, and concerned to play their part in countering its effects, would come from all parts of society. Part of the role of the Victorian AIDS Council/Gay Men's Health Centre has been to cement this community of people affected by HIV/AIDS. It has included people living with HIV/AIDS. It has included their families, given or chosen, and their friends.

It has included all the many thousands of people who have chosen to make the fight against HIV/AIDS part of their lives, whether for the most concrete or the most abstract reasons.

The community of people affected by HIV/AIDS continually makes and remakes itself. Its strength of purpose is the Victorian AIDS Council/Gay Men's Health Centre's strength.

The third community which has owned the Victorian AIDS Council/Gay Men's Health Centre has been the community of people living with HIV/AIDS. This is a community which has gradually come into being over the course of the past ten years.

At first, when there was no test for HIV and when not many people had been tested, there was the community of people living with HIV/AIDS, together with the wider community of people affected by HIV/AIDS. It may seem old hat now, but we should not forget the struggles fought around the phrase 'people living with AIDS'. The resistance to a passive medicalisation of people diagnosed with AIDS was strong from the outset.

The combination of media portrayal of 'AIDS victims' together with a paternalistic and highly technological medical system were powerful forces against seeing people with AIDS as active agents in control of their lives. The battle fought by people living with AIDS has revolutionised the relationship between the medical system and a group of erstwhile 'patients'.

As the epidemic has developed over the past ten years, a wider community of people living with HIV/AIDS has been forged, so that now it is one of the key forces in Victoria, nationally, and, increasingly, globally. It's a community based in the shared experience of HIV or AIDS and in shared goals for the future. Crucially, it is a community which refuses to be defined by external authority, however well-meaning, and instead empowers itself as a community.

Over the past ten years, the Victorian AIDS Council/Gay Men's Health Centre has been the means of making a link between community and organisation. Just because a community meeting says something needs to happen does not make it happen.

Resources have to be obtained, infrastructure has to be established, decision making structures need to be defined, job roles have to be agreed, and the whole lumbering apparatus needs to keep moving.

The organisation structures of the Victorian AIDS Council/Gay Men's Health Centre over the past ten years have grown immensely. Administrative arrangements in running a small office with a handful of staff are different from those needed to co-ordinate six programs, four buildings, and hundreds of workers, paid and volunteer. In making these transitions, it has sometimes seemed that the purity of 'need-response-action' has been lost.

But in spite of its increasing size and complexity, the Victorian AIDS Council/Gay Men's Health Centre's commitment to the goals of community organisations and action has not been lost. In part it has been maintained through the structures we use – a volunteer based organised around decision making in working groups or area groups, in program management committees and, ultimately at the board of management (the joint advisory committee). This structure for volunteer decision making exists in parallel to the staffing structure, so that the expertise, commitment, resources and management capacity represented by paid workers are built into the teams which can carry out the organisation's goals. As well as structure, though, the spirit of community runs through the organisation.

The achievements of the Victorian AIDS Council/Gay Men's Health Centre over the past ten years are considerable. They have come from the shared commitments, foresight and energy of many hundreds of people. They have also come in the face of a collective sense of loss, as many of those most vital to the organisation have died.



It is hard to think as far ahead as ten years from now. Will there be an AIDS cure? What will an HIV vaccine mean? Will the gap between first world and third world countries in the HIV/AIDS pandemic have grown even wider? Who will be around in the fight against AIDS and its effects?

Whatever the answers to these and many more questions, the legacy of the Victorian AIDS Council's first ten years will be enduring. The spirit of collective action and collective support has been well and truly distilled.

The first four Presidents of the VAC. From right, Phil Carswell (1984–1986), Adam Carr (1986–1987), Keith Harbour (1987–1989), Peter Grant (1989–1991)

# laying foundations

Men wiser and more learned than I have discerned in history a plot, a rhythm, a predetermined pattern, Those harmonies are concealed from me, I can only see one emergency following on another.

HAL Fisher, preface to *A History of Europe*

# a DANGEROUS decade ten years of the victorian AIDS council

In September 1982 an unknown epidemiologist at the Centre for Disease Control in Atlanta decided to coin the name acquired immune deficiency syndrome (AIDS) for the new and serious illness which had first been detected among gay men the previous year. Thus was born an acronym which was to dominate the lives of gay men (and many other people) for the next decade and beyond. By late 1982 gay newspapers all over the world were writing articles about the new illness, which was cropping up in gay communities in the US, Canada and Europe. But it was not until July 1983 that the first Australian died of AIDS: a gay man in Melbourne, who had lived for some years in the US. The reporting of this case caused a wave of alarm among gay men in Melbourne, and led various gay activists to decide that something had to be done.

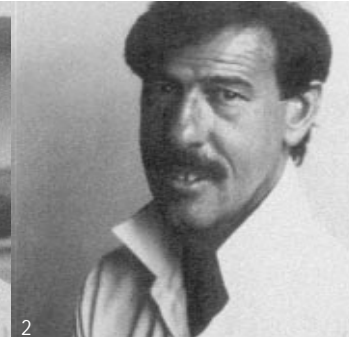
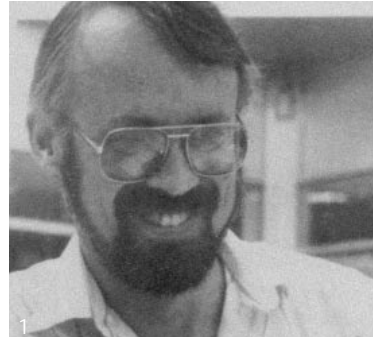
The Victorian gay community's response to AIDS began officially on 16 June, when the health sub-committee of the ALSO Foundation called a public meeting at the Royal Dental Hospital to provide information and to answer questions. A panel of doctors explained what was known about the disease (not a lot). If the capacity crowd of over 300 had come looking for reassurance, they were disappointed; after two hours most were feeling more apprehensive than they had when they arrived. But the event was saved from falling into total gloom by Alison Thorpe, who, taking her usual clear-cut view of the world, stood up and said "What we need is an organisation!" So a second meeting was called, for the following month.

About 70 people packed into the Laird dining room on the cold night of 12 July to debate and pass a motion to establish the Victorian AIDS Action Committee (VAAC). This was not controversial. What did cause debate was the section of the motion which described VAAC as "the sole representative of the Victorian gay community in all matters relating to AIDS". People from other groups asked, did this mean that no-one else could talk about AIDS? No, the movers said, it meant that only VAAC could claim to speak on behalf of the gay community. The motion was passed. This was an important principle to establish, since it gave the gay community a united voice on AIDS issues, something that was lacking in for example NSW, for some time to come.

VAAC began life with several advantages compared with other newborn AIDS organisations. It had a clear mandate to represent the gay community and to organise AIDS services. The organised gay community in Melbourne was in any case fairly small, so that most of the people knew each other. This was reflected in the committee elected at the Laird meeting. The committee was a balanced selection of people from various parts of the community. Its members, for the record, were Phil Carswell (Convenor), David Rogers (Secretary), Peter Lademan (Treasurer), Adam Carr (media spokesperson), Chris Carter, Jamie Gardiner, Chris Gill, Peter Knight, Gary Sauvarin, Alison Thorpe, Danny Vadasz and Lee Visser.

Having set up, however, VAAC was now confronted with a paradox; it had very little to do. There were no people with AIDS in Victoria, so as far as the committee knew, and when they appeared, as they began to do during the following year, they went straight into hospital. The cause of AIDS was not known (although a virus was suspected), and so it was not known what could be done to prevent it; the term "safe sex" was not coined until after the AIDS virus was discovered in 1984. The committee's main public work during 1983 and 1984 was dealing with the media's insatiable appetite for AIDS stories and trying to attract the attention of the Minister for Health, Tom Roper, who didn't think ministers should reply to letters from mysterious committees of homosexuals.

But during this period some very important work was in fact done. Peter Knight volunteered at the first meeting to organise support services, which no-one else on the committee knew anything about. He contacted a number of nurses, psychologists and other professionals he knew and set up a network of support workers which could be mobilised when cases actually appeared. Lee Visser's education group began drafting a brochure on prevention, which was hard work given the limited knowledge of the time. Ian Goller, an immunologist who had been in San Francisco during the early days of the epidemic there, joined the committee



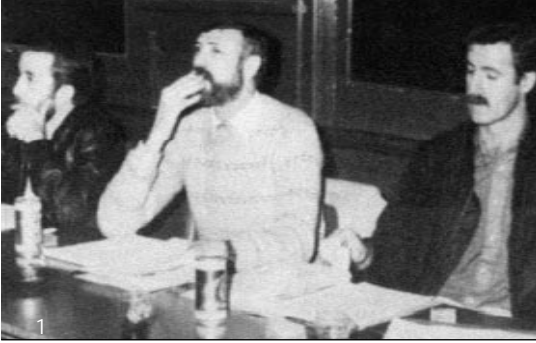
within a few months, bringing some serious scientific knowledge. Phil Carswell toured the gay community tirelessly, raising money, arousing enthusiasm and building networks.

This interlude came to an abrupt end when, in the middle of the 1984 federal election campaign, the Queensland Health Minister, Brian Austin, announced that several babies had died of AIDS as a result of transfusions with blood donated by gay men, triggering a wave of media and political homophobia. Suddenly AIDS was serious politics. The federal Health Minister, Dr Neal Blewett, called a summit of health ministers to which Carswell and the AIDS Council of NSW's Lex Watson were summoned to be told what was going on. Suddenly, Roper wanted to know all about VAAC, and relatively large amounts of money were on offer. VAAC had already decided to open an office and hire somebody to run it. But demands for much more substantial funding ran into difficulties, because the government was reluctant to fund an unincorporated volunteer committee.

1 Peter Knight, first convenor of the VAC Support Group, April 1985  
 2 Ken "Joe" McClelland, teacher, draft register, Support Deputy Convenor, JAC member, inspiration to many  
 3 At the ALSO public meeting which preceded the founding of VAC, May 1983. From left, Dr David Bradford, Dr Ian Chenoweth, Bruce McNicol, Dr Rex Melville, Dr Peter Meese, Dr Vaughan Lenny, Dr Ian Frazier

# 1983

At the founding meeting of VAAC, July 1983 (from left) Phil Carswell, Chris Carter, Ian Dunstan



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# 1984

1 VAC Education volunteers, the Fantom Frangers, demonstrate the finer points of condom use at a gay sauna

2 At the December public meeting. From left, Committee members Phil Carswell, Adam Carr, Jamie Gardiner

3 The Safe Sex Sisters carry VAC's education message to the community

# 1985

1 Laurence Carter, VAC Office Co-ordinator 1985-1987

2 At a training weekend for Support volunteers, Trentham, early 1985. From left, Ian Goller, Dr Terry Nienbuys, Bruce McNicol

3 VAC events co-ordinator Rex Masters (in the hat) with volunteer helpers at the QB2 warehouse party

4 VAC's first safe sex brochure. February

5 First National meeting of AIDS activists. Melbourne



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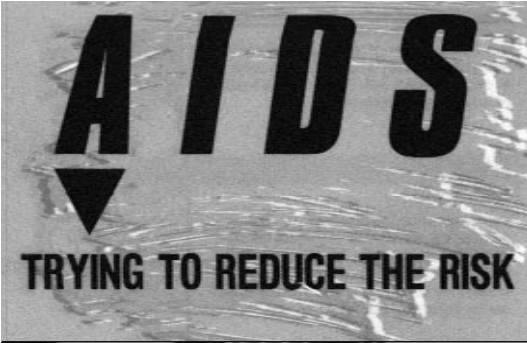
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## 1986

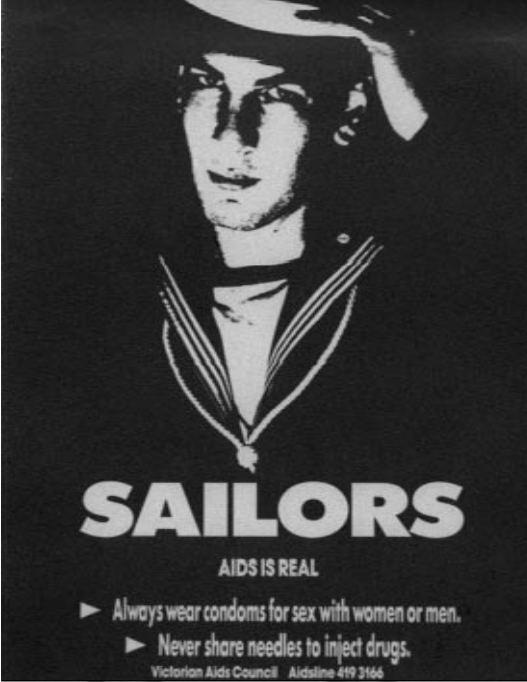
- 1 Promoting VAC's first big fundraising party, Summer Cyclone, New Year's Eve 1986
- 2 The AIDS Memorial Quilt unites the community in remembering those who have died  
At a Quilt workshop, from left Brenton Geyer, Kim Bishop, Robert Quigg
- 3 Promoting condoms for anal sex saved thousands of lives

## 1987

- 1 Collingwood Town Hall pressed into service as part of VAC/GMHC response to the federal government's "Grim Reaper" campaign
- 2 Monica Morcos, GMHRP Manager, and Charles Roberts, receptionist, test the facilities at the pre-renovation Peter Knight Centre

# 1988

- 1 Equal Opportunity Commissioner Barbra Wertheim announces that the amendments to the Equal Opportunity Act banning discrimination against people with HIV/AIDS has come into effect
- 2 Welcoming the navies of the world to Melbourne for the Bicentenary
- 3 Equal Opportunity Commissioner Barbra Wertheim announces that the amendments to the Equal Opportunity Act banning discrimination against people with HIV/AIDS has come into effect



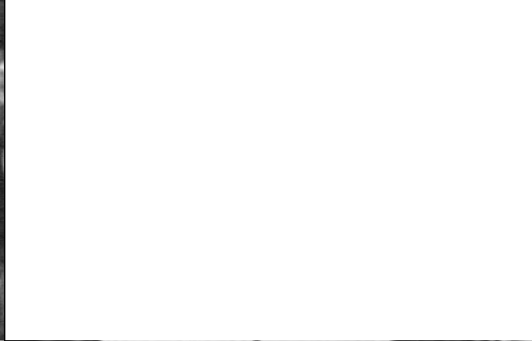
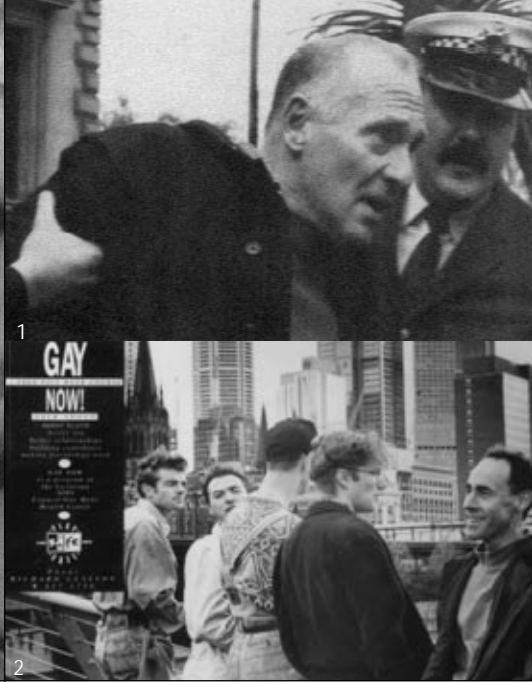
# 1989

- 1 VAC draws its strength from its community base: raising money at an auction at the Laird Hotel  
At left, publican Ron Watkins
- 2 Making safe sex erotic, attractive and fun
- 3 Postcards used humour to promote correct use of condoms and lube



# 1990

- 1 Keith Harbour, Support Convenor, VAC President, activist and leader Being arrested at an ACT-UP demonstration
- 2 Promoting VAC/GMHC groundbreaking peer education program





# 1991

1 All VAC/GHMC's programs rely on volunteers. Education Program volunteers Charles Cassar (left) and Jason Trubridge worked on the Youth Project. Team's controversial "When you say yes" campaign VAC/GHMC staff and volunteers joined protests against the possible closure of Fairfield Hospital in 1991



# 1992

1 David Menadue, Convenor of People Living With AIDS Victoria outside the Caulfield house which did not become the Positive Living Centre, 1992  
 2 Chris Hazell, VAC/GMHC Developmental Manager, accepts a cheque for \$60,000 from the Mitchell Tyrie teddy-bear auction  
 3 Associate Professor Dennis Altman (right), VAC/GMHC Vice-President and long-serving JAC member, with the Sex Show's Sophie Lee, at the launch of the "one of Us Has HIV" campaign



# 1993

1 At the opening of the Positive Learning Centre, St Kilda David Menadue speaking Behind him, St Kilda Mayor John Spierings. VAC/GMHC President Michael Bartos, Bev Greet  
 2 Promoting safe sex by building gay pride and self-esteem

# teething troubles

So a new structure was needed. Thus was born the Victorian AIDS Council (VAC), a membership based organisation, at a large public meeting on 4 December 1984. This meeting was a turning point in the history of the gay community's response to AIDS. The heated atmosphere of the moment created an emotional edge, and hundreds of people volunteered their time and money and joined the newly-incorporated organisation. Carswell was elected as VAC's first President, and a new structure with an elected Committee and a series of volunteer working groups was created. The meeting also saw the launch of VAC's first education campaign, with a poster ("Great Sex! Don't Let AIDS Spoil It"), a brochure ("AIDS, Trying to Reduce the Risk") and a badge ("Safe Sex" with a big red tick) being launched.

The following week, VAC began its real existence as an organisation capable of actually delivering services when it opened its first office in "the bunker" at King William Street, Fitzroy. Warren Talbot, an experienced gay activist, was hired as office co-ordinator; the first full time employee of a gay community AIDS organisation anywhere in Australia.

Talbot established the foundations of VAC's organisational structure before moving on to bigger and (perhaps) better things as Executive Officer of the Australian Federation of AIDS Organisations and senior posts in the federal Health Department. VAC gained a further bonus in March when Carswell and Goller began work at the Health Department as AIDS education workers. This meant that Carswell was able to devote a lot of time to being President of VAC.

At this point VAC encountered Lynda Stephens, Roper's razor-sharp trouble-shooter, who told the committee flatly that funding an activist organisation to run a clinic was not on. But, she suggested, why not become a community health centre?

So, a new, spare, organisation was incorporated, called at first the Gay Men's Health Resources Program (GMHRP), under the wing of the Fitzroy Community Health Centre. Later, GMHRP achieved full independence as the Gay Men's Community Health Centre (GMCHC) (later the Gay Men's Health Centre (GMHC). VAC put together a persuasive submission which landed funding for a building, a clinic and appropriate staff. Victoria remains the only state with a fully community controlled HIV/AIDS clinic for gay men.

The rest of 1985 saw a steady strengthening of VAC's organisational ability. In April the first edition of *Gay Health Update* appeared. GHU was a one-page weekly newsletter circulating mainly in gay venues, giving the gay community instant news, both on AIDS and on VAC's activities. In June two key staff members began work. Laurence Carter became the new VAC office co-ordinator, while Monica Morcos was employed as Program Manager of GMHRP. Over the next two years these two were to play a vital, if sometimes trouble role in building VAC as a serious service provider.

Later in the year came VAC's first serious internal crisis. Peter Lademan had found the job of Treasurer increasingly onerous as the organisation grew. At the same time, VAAC had been told all through 1984 that the gay business sector lacked confidence in the ability of VAC's "naive activists" to handle money, and that this was inhibiting donations. So, on the advice of gay business people, in mid 1984 VAAC had appointed as Treasurer Doug Clark, who was associated with the company which published the gay magazine *Now* in Melbourne. Clark was a brisk and self-confident character who had lots of good ideas and soon impressed the committee as someone who knew what he was doing. Alas, he did not.

In August 1985, Morcos, who was an experienced health administrator, alerted Carswell to the unsatisfactory state of VAC's accounts. When asked by the committee to explain various discrepancies, Clark disappeared. An audit showed that the accounts had not been properly maintained, and also revealed that Clark had taken a commission from the company from which VAC, on his recommendation, had bought a photocopier. It was not shown that any VAC funds had been stolen or lost, but the state of the accounts made this hard to determine. Carswell and Morcos held a press conference and made a clean breast of the whole affair. Terry Kennedy, an accountant, was appointed Treasurer, and the matter did no lasting harm. But it made the committee much less willing to be told by outside bodies how to organise its affairs.



VAC's first employee, Warren Talbot (left), with Fitzroy Mayor Ralph McLean, 1985

The period from 1985 to 1987 was a difficult time of transition for VAC. The arrival of government funding and new staff were welcome, but created new tensions. Who now ran the organisation, the committee or the staff? How could these substantial public funds be managed? How accountable was VAC going to be to the government which was not paying the bills?

These questions grew more acute as VAC grew and hired more staff. The problems aggravated by the difficulties of finding suitable premises for a rapidly growing organisation, and by the problems of trying to run two separately incorporated and funded bodies, VAC and GMHC, in tandem. Carter and Morcos found themselves at the epicentre of these problems, and Carter in particular was blamed, unfairly, for the organisation's inability to solve them. Carter resigned in May 1987 and was succeeded by Rob Eldridge. The accommodation problem was a particularly thorny one. The King William Street office was soon outgrown, and in mid 1985 two terraces in Rupert Street, Collingwood were rented. But this was only a temporary solution. GMCHC had been funded to run a clinic, but needed larger premises before it could do so, Morcos spent most of 1986 looking for buildings, and until 1986 supervising the planning, design, renovation and equipping of the former pub in Johnson Street, Collingwood, which is today the Peter Knight Centre. Even so the GMCHC clinic did not open for business until February 1988, nearly three years after the initial funding approval. Four house-movings over this period increased the strain on staff and committee alike.

While the funding and establishment of GMCHC was a great achievement (for which both Morcos and the first GMCHC President, Dr David Plummer, deserve great credit), the existence of two organisations in one was a nightmare, and many people feared that VAC and GMCHC would split or drift apart. Adam Carr, who succeeded Carswell as President in December 1986, wrote a controversial internal paper suggesting that the two bodies should be "integrated", enabling them to be run by one manager and one committee. Negotiations about this went on for most of 1987, and were finally resolved only after an external management consultant was called in.

Finally, a special general meeting was held in April 1988 which established a Joint Advisory Committee (JAC) to decide policy for both VAC and GMCHC, although these retained their separate identities.

Keith Harbour, who became President in December 1987, supported integration after initial doubts, and was able to carry the proposals at the SGM despite spirited opposition.

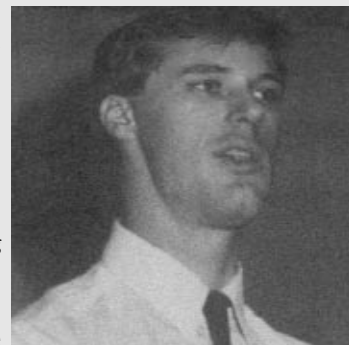
The integration debate brought to a head simmering internal conflicts between the VAC committee and some staff members. VAC was incorporated as a volunteer based and controlled organisation, and some staff found being accountable to committees of volunteers with no specialist training either objectionable in principle or unworkable in practice. The integration debate provided a focus for the discontent. In the wake of the SGM there was a series of resignations, headed by those of Morcos and Eldridge. This upheaval gave JAC an opportunity for a fresh start.

In July Alan Hough was appointed the first General Manager of VAC/GMCHC and Erik Michielsen was appointed Finance Manager, providing an integrated management structure. It also established finally the principle that VAC/GMCHC's staff was ultimately controlled by its volunteers.

1987 was marked by the necessity to respond to the Victorian government's proposed legislation on infectious diseases, to a prolonged dispute between the Commonwealth and Victorian governments over AIDS funding, to a separate Commonwealth/state dispute over who was going to pay for the new and expensive AIDS treatment, AZT, and to the changing debate about testing for HIV. All these debates involved public controversy, and in prolonged negotiations with state and federal governments. Before Hough's appointment, VAC had no staff qualified to carry out this work, which therefore fell to members of the committee, particularly the President, who were of course volunteers with jobs and other commitments.

The response to the government's legislation was a particularly difficult one for the VAV, since there was a wide range of views both in the organisation and in the wider gay community. The Minister, David White, wanted legislation that assured the public of protection against HIV infection. His chief advisor, Professor David Penington, proposed a bill which would in effect have made HIV antibody testing compulsory for gay men, as well as imposing penalties on people with HIV who "knowingly" transmitted the virus to others. At a stormy public meeting in June 1987, VAC and the gay community debated how to respond to this, with some proposing complete rejection and others favouring a negotiated compromise. Eventually, White agreed to remove the compulsory testing section from the bill. It was also agreed that the Equal Opportunity Act would be amended to make it illegal to discriminate against people with HIV/AIDS.

This debate was linked to the wider question of HIV testing. When HIV was identified in 1984 as the cause of AIDS, and an antibody test became available to tell who was infected, VAC took a strong anti-testing line, on the grounds that the test led to no treatment or other benefit, caused great distress and anxiety, was a pretext for discrimination, and would divide the gay community and make prevention education harder. Both Carswell and Carr took high profiles on this issue, which put them at odds not only with Blewett and Penington, but also with the AIDS Councils of NSW and Queensland, which took a more favourable view of testing. The advent of AZT in late 1986, however, changed the context of this debate, and during 1987 VAC gradually modified its views on the issue, though VAC/GMHC is still more cautious than other AIDS Councils in promoting testing.



Dr David Plummer, first President of the Gay Men's Community Health Centre

While all this was happening, VAC's members and volunteers were getting on with the job of preventing HIV infection and supporting people with HIV/ AIDS. After December 1984 the organisation expanded from about 20 people to over 500, and the task of organising this flood of volunteers and tackling the tasks facing them had fallen to the convenors of the various working groups. These were initially education, support and fundraising. Later, when more staff and better premises led to new responsibilities, working groups in personal services and administrative services were also established. At various times there were also groups working on policy, political lobbying, ethics and research, organising a library and staging special events. The AIDSLine phone counselling service was also part of VAC at this time.



Mark Goggin, Youth Education Worker, with the famous "When you say Yes" poster, 1991

Prevention was rightly seen as VAC's first and most urgent priority. Once HIV was identified as the cause of AIDS and the idea of "safe" versus "unsafe" sex developed, a sophisticated and imaginative education campaign aimed at gay men and with a second basis in science became possible. The foundations laid by Lee Visser were built on by later convenors, particularly Ron Thiel. In 1985 two education staff, Bruce Parnell and Marcus O'Donnell, were appointed, and these two, with Thiele, became the core of a large enthusiastic group of volunteers who devised and developed a series of highly effective education campaigns, beginning with "You'll Never Forget the Feeling" ('85), moving on to "It's Black and White Condomwise" ('86), and response to the federal government's "Grim Reaper" campaign ('87), and the "Safe Summer" campaigns of 1988 and 1989, and including a series of innovative videos to be shown in gay men's sex venues. In 1988 Richard Clayton was appointed Peer Education Officer, launching VAC into a new form of prevention work, based less on mass media and more on workshops and "sex events".

Epidemiologists now agree that the level of HIV infection among gay men in Victoria peaked in about 1983, and thereafter fell steadily. This fall corresponds to the launching of AIDS prevention campaigns by VAC, and also with repeated publicity about AIDS in the gay press. Surveys have shown a high level of awareness among gay men of the safe sex campaigns mounted by VAC, although they have also shown a certain amount of consumer resistance setting in after the first few years. VAC can therefore legitimately claim a large part of the credit for the fact that Victoria probably has fewer than 5,000 gay men with HIV infection, out of about 100,000 men who have sex with other men.

But it is also clear that there are still significant problems with unsafe sex among gay men, especially those who do not live in the "core" gay community, with younger men, with men whose first language is not English and with men in relationships. Tackling these "pockets of resistance" to safe sex messages has proved steadily harder as the epidemic has dragged on.

The need to deal aggressively with these problems led VAC into a potentially damaging controversy in 1990, when the Education Program's Youth Project Team launched its "When You Say Yes" campaign aimed at young gay men, featuring the famous "two boys kissing" poster. The campaign was launched without the knowledge of JAC or the Health Department, and caused a mainly hostile media and political reaction. The then Minister, Caroline Hogg (who was normally very supportive of VAC), refused to endorse the campaign, and the Liberal shadow minister, Marie Tehan, said that she would impose greater control over VAC's education funding if she became minister (although when she did become minister nothing more was heard of this). The Youth Team's convenor, Damien Ridge, and Youth Education worker, Mark Goggin, remained unrepentant, and the controversy over the poster meant that even more young gay men became aware of the campaign's message.

For several years after VAC was established, its support program remained fairly embryonic, because the number of people being diagnosed with AIDS was far lower than had originally been predicted. The first Support care team was not established until 1985. This meant that the several hundred volunteers recruited in 1984 and 1985 and organised into regional support groups initially had very little to do. Some drifted away, while others developed a sense of grievance (one of the reasons for VAC's internal problems).

But by 1987 the rate of AIDS cases was going up sharply, and Support Convenor, Keith Harbour (1986–87) and David Pullen (1987–90), faced steadily mounting demand for home care, nursing, counselling, transport and financial assistance from people with AIDS and HIV.

The foundations laid by Peter Knight, the first Support Convenor (who had died in 1985), proved to be very solid, and Support was able to deliver a service acknowledged by many outside observers as the best in Australia. During 1988 and the following years the pressure on Support's volunteers and resources mounted, aggravated by the long delay in funding caused by the dispute between the Commonwealth and Victorian governments. In February 1989 Harbour, now VAC/GMHC president, made a public appeal for more funds and more volunteers to enable Support to cope with the demand. In particular, the need to provide direct financial assistance to people with AIDS was proving far greater than expected. The David Williams Fund for people with AIDS found itself repeatedly faced with financial crises. Support's original vision of a completely independent service run by the gay community needed revising.

To its credit, Support accepted this and negotiated with the Royal District Nursing Service for a co-ordinated service. The partnership has evolved into a relationship which uses the professional and volunteer skills of both agencies. As a result, HIV/AIDS case issues are now firmly on the agenda of mainstream health service agencies (and this was achieved well before "mainstreaming" became a fashionable slogan in Canberra). By 1993 over 800 gay or bisexual men had been diagnosed with AIDS in Victoria, and the Support Program had provided over 600 individual care teams and support for over 1,000 "significant others". The Support Program currently has over 900 trained volunteers.

By the late 1980's, however, people with HIV/AIDS had ceased to be simply "AIDS patients" or VAC clients, but had become an organised force in their own right, making their own demands both on VAC and on the wider response to AIDS.

The VAC committee decided as early as 1986 to reserve a position on the committee for a person with AIDS, and Martin Golding was the first to take the position. But people with AIDS did not become formally organised until 1988, and the

status of People Living with AIDS Victoria (PLWAV) within VAC was not resolved for some time. On the one hand, the group's founders wanted to retain their autonomy of action, including the right to criticise VAC if they felt it necessary. On the other hand, they needed access to VAC's funds and infrastructure, and did not want to lose the influence that VAC membership gave them. The outcome was a decision for PLWAV to become a Program of VAC/GMHC, while retaining independence of action.

Sadly, many of those who founded PLWAV did not live to see its later development. Bruce Belcher, Chris Carter and Peter Charlton, in particular, made important contributions to establishing the group and negotiating its relationships with VAC, and all three died during 1990. Bill Hathaway, VAC's first HIV Education Officer, who was an inspiration to many people with HIV/AIDS, died in 1993. But others came forward to carry on the work, particularly David Menadue, who led the fight to establish the Positive Living Centre in St Kilda, which opened in 1993. The opening represented the success of three years of lobbying and negotiating to obtain funding and a site for the centre, which is probably VAC's most important initiative in recent years. The centre provides a focus and a range of services for the HIV/AIDS community, and also provides a base for a second GMHC clinic.

People with HIV/AIDS also provided much of the impetus for the new wave of activism that led to the founding of ACT-UP in Melbourne in May 1990.

The two principle issues which fuelled this were delays in the trialling, approval and funding of new HIV/AIDS treatments and the threat to the future of Fairfield Hospital, both of which came to a head in 1990–91. While there was no formal connection between ACT-UP and VAC, Melbourne ACT-UP's founding meeting was attended by VAC President Peter Grant and his three predecessors, as well as several VAC staff members. Many people



in VAC saw ACT-UP as a good way of putting pressure on politicians without jeopardising VAC's funding. Both federal Health Minister Brian Howe (responsible for the drug issues) and state Minister Maureen Lyster (responsible for Fairfield) felt ACT-UP's heat over these issues. In the case of Howe, the results were spectacular. Faced by the noisy protests at the national HIV/AIDS conference in Canberra in August 1990. Howe agreed to an inquiry into drug evaluation, which eventually led to a sweeping reform of the whole system.

1 GMHC staff, 1986. From left, Brian Gallacher, Maureen O'Brien, Bruce Parnell, Bill O'Loughlin  
By 1993 Parnell and O'Brien were VAC/GMHC's longest serving staff members

2 The first VAC/GMHC Education Team, 1985. From left Ron Thiele (convenor), Bruce Parnell, Marcus O'Donnell

# another ten years?

The period since 1988 has seen VAC/GMHC become a more stable and predictable organisation, with fewer sudden changes and internal crises. Some see this as bureaucratisation, while others see it as a sign of success. With a complex structure, a large staff, three separate locations and a million-dollar budget, VAC/GMHC has inevitably become institutionalised to some extent. The departures of Hough and Michielsen in 1990 (once again after differences with JAC over who was running the shop) were accompanied by none of the fireworks that came with earlier resignations, and the present management team of Dr Jim Hyde (General Manager) and Chris Day (Finance Manager) has operated fairly smoothly since. Presidents have succeeded each other in orderly fashion: Peter Grant (1989–91), Tony Keenan (1991–92) and Michael Bartos (since 1992). Even a change of government has produced no real change in VAC/GMHC's status as the principle HIV/AIDS service provider in Victoria, or (so far) its budget.

But it is inevitable that VAC/GMHC will face further challenges as the HIV/AIDS epidemic enters its second decade. As the large cohort of gay men who acquired HIV infection in the early '90s, the demands on VAC/GMHC's services will increase, while it is unlikely that the budget is going to expand correspondingly. The steadily mounting toll of death and illness in the gay community (and inside VAC/GMHC) will inevitably affect morale. There is mounting evidence that unsafe sex is making a comeback in some sections of the gay community, and there is a risk of a second wave of HIV infections. Hopes of new breakthroughs in HIV/AIDS treatments have been disappointing, and even AZT seems to be less effective than was once thought.

There are signs of declining commitment to the fight against HIV/AIDS in both federal and state governments. The AMA has pushed unrelentingly to regain total control over HIV/AIDS policy from “the gay lobby”.

In the face of all this, what does the future hold for VAC/GMHC, for people with HIV/AIDS, and for the gay community in Victoria? VAC/GMHC still retains great strengths. It has a high and positive public profile, and a lot of goodwill in the community and the media and among health professionals. It has a skilled and dedicated staff and an intelligent leadership, elected by a still large and loyal membership. Above all it has a priceless asset in its volunteer base, which gives it great reserves of labour, commitment and morale in times of adversity. These are strengths which some other AIDS Councils do not have, and which past and present VAC/GMHC leaderships have been wise to protect. VAC/GMHC also has the advantage of being a direct service provider, rather than just a “lobbying group”. This will make it hard for any government to move against it. Ministers who feel like taking on VAC/GMHC will be asked: who will provide these services if VAC/GMHC does not, and at what cost?

Nevertheless, the next few years are not going to be easy. If, as it seems likely, the overall fight against HIV/AIDS makes little progress, VAC/GMHC could easily face a crisis in morale as well as inability to cope with demand. The gay community alone may not be able to go on dealing with problems of this scale.

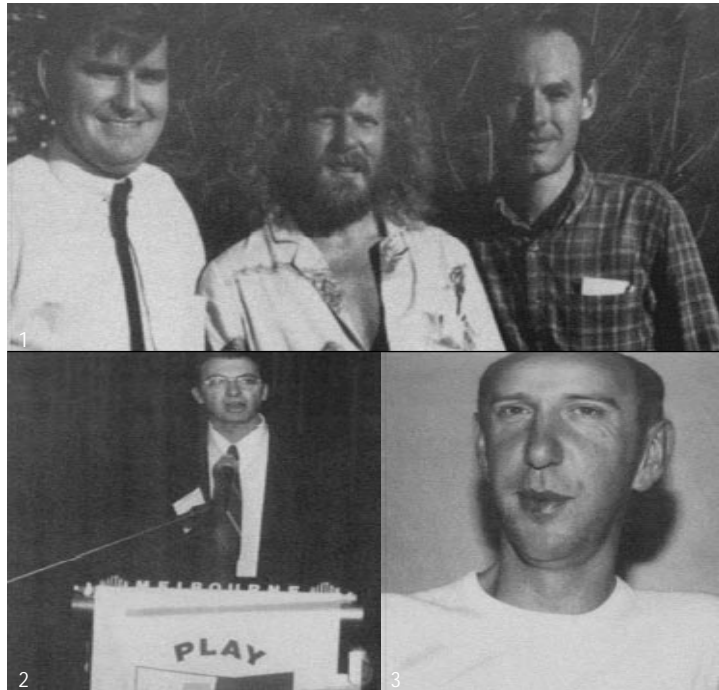
Finding new ways to access resources, raise money, recruit volunteers, work more closely with other service providers and find new allies will be crucial demands on VAC/GMHC’s leaders and members. In this context perhaps the most important initiative taken in recent years has been the growth of the Development Program, pioneered until his death in 1993 by Leigh Holloway, which has given VAC/GMHC an independent fundraising capacity.

Ten years after its foundation, VAC/GMHC may still find that “getting out there and rattling the tin” (as Phil Carswell used to say at committee meetings) is its most important task.

If VAC’s original committee had been told in 1983 that the organisation they were establishing would still exist ten years later, and that the end of its work would be nowhere in sight, they would probably have been profoundly depressed. The HIV/AIDS epidemic has proved to be a very long haul indeed, in Victoria as everywhere else. It seems paradoxical to talk about VAC/GMHC’s “achievements” when the epidemic has got steadily worse ever since the organisation was founded, but of course it was always clear that this was going to happen. The correct question to ask is not “how bad things got?” but “how much worse would things have been if VAC/GMHC had not been there?”

To see the answer, it is only necessary to look at some other countries, where for a variety of reasons it has not been possible to create independent, community controlled, state funded HIV/AIDS organisations. In these countries, gay men and people living with HIV/AIDS are infinitely worse off than they are in Victoria.

VAC/GMHC has built a structure of services for people with HIV/AIDS, and for gay men and other people at risk of HIV infection, as good as any in the world and better than most, and has also won a series of political victories against those who want to use the HIV/AIDS epidemic as an excuse to roll back human rights and treat people with HIV/AIDS as pariahs or criminals. The last ten years have been difficult, and the next ten (yes, there will be a next ten) will be even more difficult. But the present relatively favourable position of people with HIV/AIDS and the gay community in Victoria owes everything to the work of VAC/GMHC’s members, volunteers and staff over the past decade.



1 From left, Alan Hough (VAC/GMHC General Manager 1988–1990), Chris Day (GMHC President 1987–1988, VAC/GMHC Finance Manager since 1990), Bernard Gardiner (GMHC Vice President 1987–1988)  
 2 Tony Keenan, VAC/GMHC President 1991 – 1992. President of the Australian Federation of AIDS Organisations from 1993  
 3 Leigh Holloway, environmental activist and terror of Tasmanian governments, who brought his fund-raising skills to founding VAC’s Development Program