First National Aboriginal & Torres Strait Islander Gay men & Transgender Sexual Health Conference

ANWERNEKENHE

ANWERNEKENHE

Hamilton Downs

Northern Territory, Australia

October 31 - November 4, 1994

This report is dedicated to the memory of Mr John Cross 1963 - 1995

Cover art by Rex Murray

ANWERNEKENHE is a word which means 'Us Mob' in Arrernte language, the language of the people on whose land the conference was held. The conference organisers wish to acknowledge with gratitude the Arrente nation for allowing the conference to be held on their land.

*intro*duction

This historic conference was held at Hamil ton Downs, 75km north-west of Alice Springs in Australia's Northern Territory from Sunday 31st October to Friday 4th November, 1994. It is believed to be the first forum of it's kind to be held anywhere in the world. A total of 66 Aboriginal and Islander gay men and transgenders nationally attended to be part of this initiative. The conference represented a long term ambition by a group of particularly dedicated young Aboriginal men who believed strongly enough in a dream to be able to bring it to fruition.

Following a meeting of national HIV/AIDS educators in Sydney in April 1994, John Cross, the Gay Men's Peer Educator from Central Australian Aboriginal Congress (Alice Springs) with the assistance of the writer, (men's educator/counsellor from the AIDS Council of Central Australia, Alice Springs) collaborated on a submission to the Commonwealth Department of Human Services & Health for funding.This submission outlined their aims, objectives, rationale and projected outcomes from the conference. They were successful in their submission with the Department supplying $35 000 towards costs. John also managed to successfully negotiate with some of the state and territory governments to allocate a portion of their Aboriginal dedicated health department funding to assist with transporting participants from their state or territory to the Alice Springs area. A list of the participants and support team appears elsewhere in this report along with some demographic data which assisted in the evaluation.

A National Steering Committee was established during June 1994 to discuss the proposal and begin to develop an agenda to be ratified at the conference should the original submission be accepted. Significant Aboriginal men in each state/territory/area were approached by John to establish lines of communication and national networking. A series of national teleconferences linked those involved and a great deal of organisational work (proposed program, venue, travel and accommodation details etc) was coordinated. Following a dedication of funds from the Commonwealth, I was appointed as coordinator on Monday 10th October to facilitate the processes involved in arranging the conference. I sought and was granted leave without pay from the AIDS Council to accommodate this appointment. In hindsight, if the actual funds had been received earlier, it would have been more beneficial from an organisational viewpoint given that the task of arranging air travel would have proceeded more efficiently.

The chosen venue was most appropriate at significant levels even though some service restrictions (eg power only available from 7am to 11pm, limited drinking water and ablution facilities etc) required some negotiation. This venue, in Arrente country provided the participants with an oppor-

tunity to encounter some physical and spiritual experiences associated with their indigenous backgrounds. This feature of the forum could not have been achieved in either a city or town location. The nature of the conference also encouraged a celebration of participant's sexual orientation and lifestyle. Given that many in attendance are often dually marginalised by contemporary society because of their sexuality and indigenous heritage, the venue and conference itself provided an opportunity to be proud of both.

The conference was originally promoted as a gay men's forum, but this was changed to accommodate the transgender representation and to give credibility to their orientation and lifestyle with reference to sexual health needs. The forum immediately endorsed the needs of transgenders to be recognised for who they are and demanded that their needs in the sexual health field be immediately negotiated and addressed.

The program and agenda included aspects such as gay and transgender identity, adoption and fostering issues, HIV/AIDS and hepatitis, health care, alcohol and sexual behaviour and safer sex practices. Workshops were held in whole group and small group formats with many of them being conducted well into the evening. The proposed 'free afternoon' scheduled for Wednesday in the original program was unanimously forfeited in favour of continuing workshops and developing further recommendations.The groups often worked beyond the time allocation to ensure that recommendations pursued at workshop levels were ratified by the whole group.

The degree of interaction between and amongst participants was a tremendous feature of the conference. Many new unions were formed and national networking became a common feature of the forum. It is difficult to describe in words the feeling that the week produced in all the people in attendance. Alice Springs and the surrounding country has a 'specialness' about it that has to be experienced rather than talked about. So many of the group felt the power and significance of this very special 'healing place' and described feelings of empowerment, encouragement and enlightenment.

The recommendations from the forum highlighted the fact that Aboriginal organisations nationally have been less than effective in addressing the needs of their gay, bisexual, transgender and HIV positive populations. The thrust of the recommendations are aimed at these groups (eg Aboriginal Medical Services, ATSIC etc) which are targeted as primary resource contacts which need desperately to be overhauled and restructured to allow for effective representation of gay and transgender populations. AIDS Councils around the country have also been targeted to ensure that they more adequately represent the needs of Aboriginal and Islander gay men and transgender people. Many representatives left the conference feeling more confident about approaching their regional services and will report back to next year's forum as to the effectiveness of their respective approaches and the outcomes they achieved.

John Cross, Ronnie White, Matthew Cook, the national steering committee and the subsequent ongoing work party are to be congratulated for their dedication and efforts in organising the initial conference to be the absolute succuss that it was. They yet again demonstrated that what was once a dream could become a reality.

Phil Walcott
Conference Coordinator
18.11.94

*back*ground

This conference was originally a concept put forward in the early 1980's by a small group of openly gay Aboriginal men who came together from all over Australia to form a loosely linked support network that would try to address issues relevant to them at that period of time. With the advent of HIV/AIDS in Australia, and the world-wide fear associated in this period of time in regards to HIV/AIDS, the general consensus by this newly formed group was that HIV/AIDS would decimate the then relatively small Aboriginal gay population and then enter the Aboriginal communities nationally to wreak havoc.

As such, this group, headed by individuals and spokespeople such as Rodney Junga, John Cross, Malcolm Cole, Matthew Cook and Luke Close, began a concerted effort to have the Federal Government recognise the seriousness of the HIV/AIDS epidemic within the Aboriginal communities and to place into effect some sort of educational initiatives/strategies, aimed at limiting the devastating spread of HIV/AIDS within the Aboriginal gay population and the Aboriginal communities nationally.

Fourteen years on and their dreams and aspirations have now become a reality. This National Aboriginal Gay Mens & Transgender Sexual Health Conference, a first of its kind held by an indigenous people nationally and internationally, actually expands on their original concept in that it now takes into account not only HIV/AIDS within the Aboriginal gay population throughout Australia, but also issues such as Sexual Health, Mental Health, Alcohol and Substance Abuse, Child Sexual Abuse Issues, Aboriginal Adoption and Fostering issues and Aboriginal and Torres Strait Islander Transgender Issues throughout all Aboriginal communities nationally.

Attached is a copy of the Recommendations put together by the Aboriginal/Islander gay men and transgenders who attended this conference. It is our belief that this document, to be tabled before the Commonwealth and States, will lead to a national recognition of the problems that encompass many Aboriginal gay men and transgenders, as well as issues that strike at the very core of Aboriginal communities nationally, and that this will lead to the establishment of a National Aboriginal & Torres Strait Gay Mens & Transgenders Committee empowered to act on the issues raised in this document.

*sum*mary of business conducted & recommendations listed

HIV/AIDS

*intro*duction

We recognise HIV/AIDS as a major health care threat to Aboriginal and Torres Strait Islander people. We also recognise and acknowledge Aboriginal and Torres Strait Islander Australians are dying alone and in shame of AIDS. This must stop.

As Aboriginal and Torres Strait Islander gay and transgender people, we should have outright ownership of issues and research materials about us specifically those related to HIV/AIDS and Sexual Health. As part of Aboriginal and Torres Strait Islander research and development, all monies generated must be directed back to the Aboriginal and Torres Strait Islander community for further research and development with recognition of traditional information being given to specific language groups.

Official recognition of partners and families of choice must be seen as equally important and beneficial to treatment and care of HIV positive people and the same as that provided by their natural families. These support needs of carers must be catered for.

There needs to be recognition that some Aboriginal Medical Services (A.M.S.), Aboriginal Community Centres, Aboriginal and Torres Strait Islander Commission and Mainstream HIV/AIDS related Sexual Health Services are not addressing the urgent needs of HIV positive people and their carers

ABORIGINAL & TORRES STRAIT ISLAND HIV POSITIVE PEOPLE

in support and treatment for both infected and affected communities. As well, there needs to be increased awareness of the *Charter of Rights of Indigenous Peoples living with HIV/AIDS* and the adoption of this charter into all aspects of health care provision.

*dec*ision making

1. Aboriginal and Torres Strait Islander HIV positive people must be immediately consulted and represented at all levels of decision making and consultation.
2. That the three national HIV Research Centres have appropriate Aboriginal and Torres Strait Islander representation and consultation in developing research appropriate for Aboriginal and Torres Strait Islander people. This should include HIV infected and/or affected Aboriginal and Torres Strait Islander persons.
3. That there be an immediate national review/evaluation of service delivery to Aboriginal and Torres Strait Islander people including hospitals, community health, A.M.S.'s and Aboriginal and Torres Strait Islander Council servicing HIV/AIDS peoples. This review should include Aboriginal and Torres Strait Islander representatives from local and regional levels.
4. That the Aboriginal and Torres Strait Island Gay Men and Transgender Working Group formed at this conference be a national advisory group in assessing the delivery of HIV/AIDS and Sexual Health care services to Aboriginal and Torres Strait Islander communities and individuals and in particular to gay and transgender persons. This should pay attention to isolated communities.

*info*rmation

5. All written information (eg. treatments/management information) about HIV be made available in a culturally appropriate manner.
6. Support and caring information be available

for families, partners, friends, relatives and health care providers on the particular issues of Living With HIV/AIDS.

*heal*th care

7. Research to commence into the benefits of traditional medicines at all regional levels by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people in association with western medicine and alternative complimentary therapies.
8. That there be established a national safe residential healing centre to promote self care through a mixture of Aboriginal and Torres Strait Islander, western and alternative healing processes. This place should be owned and operated by Aboriginal and Torres Strait Islander people. This place should provide opportunities for the healing process between the HIV positive people and their families of choice. This centre should be a place in which Aboriginal and Torres Strait Islander Health Care Workers (HCW's) can receive accredited training in HIV and Sexual and Mental Health.
9. That the Federal Government urgently directs ongoing capital and recurring administrative monies to establish a multi-disciplinary nursing facility where conventional and alternative medicines, treatments, interventions and management can be freely used by Aboriginal and Torres Strait Islander and their partners, who are infected/affected by HIV.
10. That there be Aboriginal and Torres Strait Islander specialised/trained advocates and district nurses to meet the needs of hospitalised and home-based HIV positive Aboriginal and Torres Strait Islander, and people who would provide support for their families of choice.
11. In situations when an Aboriginal/Torres Strait Island person who is HIV positive is alone/living with HIV within the hospital system, the hospital should take full responsibility in contacting families of choice or appropriate Aboriginal and Torres Strait Islander health professionals, Aboriginal and Torres Strait Islander Health Care Workers, Counsellors, etc, with the permission of the client or nominated persons.
12. That a national/state funeral fund be established by the Working Group.

*heal*th care workers

13. That there be support for HIV positive Aboriginal and Torres Strait Islander people working within the HIV area, to minimise burnout through the adoption of specific strategies e.g. job sharing, extended leave, part-time jobs, proper de-briefing, extended networking, training workshops and appropriate educational resources. (This is to enable there to be a continual group of trained people to fill vacancies either on a temporary or permanent basis.)
14. Health Care Workers (HCW) who have contact with HIV positive people and/or their families come to Alice Springs Congress to be trained/educated in the healing potential of Aboriginal bush medicines.
15. That HCW be asked to network in areas of bush medicine and knowledge to extend their overall knowledge base.
16. That there be Aboriginal advocates/district nurses to meet the needs of hospitalised and home based positive Aboriginal people who can provide support for the families.

*aid*s council and plwha organisations

17. AIDS Councils and PLWHA organisations immediately establish an identified Aboriginal and Torres Strait Islander staff position to establish and conduct educational and training courses that are culturally appropriate eg., self esteem, HIV/AIDS information, Men Who Have Sex With Men, Injecting Drug Use,

Sex Work and Transgender issues. Also to actively recruit Aboriginal and Torres Strait Islander volunteers for care teams for Aboriginal and Torres Strait Islander HIV positive people. This is to be done in consultation with the Aboriginal and Torres Strait Islander gay and Transgender community.

18. All AIDS Councils, PLWHA staff and their boards must be trained in specialised cross-cultural issues. Aboriginal and Torres Strait Islander staff need to be trained in cross-cultural issues as well.

19. All AIDS Councils and PLWHA organisations to create positions on their boards for Aboriginal and Torres Strait Islander gay and transgender positions.

*spirit*ual

20. That the World Indigenous Peoples Conference on Healing the Spirit have representatives from this conference, and that the Government fund that representation.

*hiv/*aids strategy group

21. As Aboriginal Australians, we recognise HIV/AIDS as a major health care threat to Aboriginal Australians. We also recognise and acknowledge Aboriginal Australians are dying alone and in shame of AIDS and this must stop.

22. As gay and transgender Aboriginal and Torres Strait Islander people, we should have outright ownership of issues and research materials specifically related to HIV and AIDS. As a part of Aboriginal and Torres Strait Islander HIV/AIDS education, research and development, all monies generated should be directed back to the Aboriginal and Torres Strait Islander HIV community for further education, research and development with recognition of traditional information being given to specific language groups.

23. That the recognition of partners and families of choice be seen as equally important and beneficial to treatment and care of positive people as that provided by their natural families and that their support needs also be catered for.

24. Increased awareness of the Charter Of The Indigenous Peoples Living With HIV/AIDS and the adoption of this Charter into the health care workplace.

ALCOHOL & SUBSTANCE ABUSE IN RELATION TO SEXUAL BEHAVIOUR & SAFE SEX

*intro*duction

It has been identified that there are major alcohol and substance abuse problems in the Aboriginal and Torres Strait Islander gay and transgender communities at large. The problem of alcohol and substance abuse in those communities must be recognised and addressed immediately in a culturally appropriate manner.

Alcohol and substance abuse impacts severely on Aboriginal and Torres Strait Islander gay and transgender individuals and communities, by having detrimental effects on their appalling spiritual, mental, physical and sexual health, as well as drastic and disastrous social and cultural dysfunction.

*recommend*ations

25. Commonwealth and State/territory government(s) provide funding directly to Anwernekenhe to form sub-committees in each state and/or territory to address local community level issues of alcohol and substance abuse in Aboriginal and Torres Strait Islander gay and transgender communities.

26. These Anwernekenhe sub-committees must include representatives from the agencies providing service delivery regarding alcohol and substance abuse issues. Each sub-committee will:

    - Establish Aboriginal and Torres Strait Islander gay and transgender alcohol and substance abuse recovery programs.
    - Provide a networking service to identify existing Aboriginal mainstream agencies and organisations that can be accessed by Aboriginal and Torres Strait Islander gay and transgender people.
    - Compile a national directory listing of these agencies and organisations.
    - Conduct ongoing awareness campaigns targeting the non-aboriginal communities, Aboriginal and Torres Strait Islander com-

munities and services, and Aboriginal and Torres Strait Islander gay and transgender communities.

These campaigns will include: community workshops, educational programs in schools, poster campaigns and appropriate media channels.

27. Ongoing recurrent funding be made available in future funding rounds to implement these recommendations.

ABORIGINAL & TORRES STRAIT ISLANDER GAY & TRANSGENDER FOSTERING & ADOPTIONS

*intro*duction

Aboriginal and Torres Strait Islander gay and transgender adoptees growing up within inter-racial families experience vast cultural dislocation, are isolated from their heritage and experience immense inner loneliness. These individuals are deprived of natural family bonding and exposure to traditional spiritual influences.

Finding and confronting for the first time, then realising and acknowledging individual sexuality, impacts traumatically on psycho-social aspects of our re-unification process.

Aboriginal and Torres Strait Islander gay and transgender adoptees growing up in a mixed family with vas cultural differences are cut off from their heritage and experience immense inner loneliness. They have a lack of natural family bonding and traditional spirituality.

*recommend*ations

28. A confidential national register and support network for Aboriginal and Torres Strait Islander gay and transgender adoptees needs to be established. Existing adoption support agencies need to appoint Aboriginal and Torres Strait Islander liaison officers for this purpose.

29. In every case of adoption, there be an appropriate cultural officer appointed to ensure that Aboriginal and Torres Strait Islander children do not lose their indigenous identity (specifically: name and cultural heritage).

30. That Aboriginal and Torres Strait Islander people, gay and transgender, single or married, be given equal opportunity to adopt and foster children from their family and community. Religious and political policies along with people's HIV status/health should not have any direct influence on this process.

31. Existing support agencies need to appoint Aboriginal and Torres Strait Islander liaison officers whose sole purpose will be to create a national register and support network for Aboriginal and Torres Strait Islander gay and transgender adoptees.

32. Aboriginal and Torres Strait Islander people, gay and transgender,single or married, with the appointed cultural liaison officer, be given first preference to adopt, with limits emphasis on religious policies towards Aboriginal and Torres Strait Islander gay and transgender people.

INDENTITY GROUP

*intro*duction

It is difficult being an Aboriginal and Torres Strait Islander person in Australia. Aboriginal and Torres Strait Islander persons who are gay and transgender receive discrimination from their own communities and the gay community. This makes it difficult to establish individual and group identity(ies) because we experience:

- marginalisation and cultural stigma within our own communities
- generational poverty contributing to social disadvantage
- cultural alienation
- broad-scale vilification
- sexual abuse
- fear of denial concerning individual sexual identity
- inhibition of individual sexual identity and expression.

This, in most case, has forced Aboriginal and Torres

Strait Islander gay and transgender people to flee our communities and to be cut off from our culture. It has forced many of us to prostitute ourselves to a white homophobic society.

Positive attitudinal changes have begun and dialogue amongst non-Aboriginal community members must be established and continued. There have been degrees of acceptance within Aboriginal societies since it's infancy. These in-roads must be strengthened.

*recommend*ations

33. On-going recurrent funding and opportunities be provided for Aboriginal and Torres Strait Islander gay and transgender people to develop and implement a national strategy to ensure that the complex and neglected issues of these groups are fulfilled.
34. On-going information be promoted within national, state/territory and local forums with regard to issues affecting Aboriginal and Torres Strait Islander gay and transgender HIV positive persons. Specifically, this focus must include:
    - recognition of individual identity
    - traditional history and culture
    - unique individual needs ie. *spiritual, physical, emotional, cultural and social*
    - basic human rights to equal opportunity
    - freedom form discrimination and vilification
    - the right to live in a safe environment
    - the right to choose individual sexuality and gender orientation
    - positive representation in the media
35. Amendments to existing organisational and institutional infrastructures concerned with service delivery to Aboriginal and Torres Strait Islander communities be implemented in the following manner:
    - Aboriginal and Torres Strait Islander gay and transgender people be represented on all relevant bodies at national, state/territory and local levels.
    - Aboriginal and Torres Strait Islander gay and transgender people participate in all processes of decision making which affect them eg *psych-social care and support, education and prevention plans*
    - All relevant intervention bodies be made accountable for delivery of services to Aboriginal and Torres Strait Islander gay and transgender people.
36. To promote ourselves at all levels (national, city, local, country, community) using each other , support groups and available resources to identify our cultural heritage with the help of our elders.
37. To provide educators in appropriate areas of communities/rural/remote/cities, gay groups, hostels and gay friendly organisations.
38. Establish a national HOTLINE as a long-term outcome of the networking begun at this conference for HELP and INFORMATION
39. To establish a policing body to report back to us on allocation and effective use of monies on recommendations coming from this conference. This body will report within a National Newsletter for Aboriginal and Torres Strait Islander people.
40. Gay and transgender Aboriginal and Torres Strait Islander people to be represented on all political levels from grass roots to government(eg Aboriginal and Torres Strait Islander Commission, Nunga's Country) so that we have a voice on issues affecting our lives (eg housing/marriage/legal/status etc).

SEXUAL HEALTH

*recommend*ations

41. Community Education programs be developed to address Aboriginal and Torres Strait Islander gay and transgender people's sexuality and sexual health issues. This is be inclusive of existing programs.

42. That AMS's and AHS's and the respective state/territory health departments co-operate fully with each other in regard to the compilation and distribution of statistical data on Aboriginal and Torres Strait Islander STD's.

43. Education, training and employment be made available to Aboriginal and Torres Strait Islander gay and transgender people about HIV and sexual health in a culturally appropriate manner. Education and training of all health professionals about the sexual and mental needs of Aboriginal and Torres Strait Islander gay and transgender people must be addressed.

44. That each state/territory urgently take the initiative in relation to establishing Aboriginal and Torres Strait Islander assistance teams to remote areas to deliver confidential services at all levels of sexual and mental health. This must be done with sensitive and continual consultation with each Aboriginal and Torres Strait Islander community as seen appropriate.

45. It is recognised that sexual and mental abuse exists in Aboriginal and Torres Strait Islander communities. Existing services must address this urgent need to establish sexual abuse support groups for survivors.

*evaluat*ion report

This summary is presented in reflection of the aims and rationale of the Conference outlined in the original proposal and represents and evaluation of that expressed criteria.

With this in mind, it needs to be remembered that attempts to evaluate the Conference in written document terms is not wholly adequate given that much of it's productivity and generated successes reflected the culmination of an array of personal interactions, stories and experiences gleaned through a sense of 'being there'.

In essence, much of Aboriginal culture is not so much recorded or evaluated in detailed written documentation as it is encountered through experience and learning in the processes of personal (individual and group) interaction. The following evaluation then, needs to be read in conjunction with the photographic, audio and visual record produced throughout the course of the program. What follows is only part of the overall evaluation and readers are urged to access the complimentary material for a broader and fuller overview.

*evaluat*ion of rationale, aims & obectives

This first national milieu comprising broad state and territory representation proved to be a most effective and productive initiative. This was the first time in national (and probably global) history that the specific sexual health issues (including concomitant social aspects) of indigenous non-heterosexual men had been addressed in such a forum. A real sense of 'being and belonging' developed very quickly in this group of men and transgenders born male who are so often marginalised and discriminated against within the broader community because of their Aboriginality and sexuality. On the contrary, within this context participants were able to celebrate both their indigenous heritage and sexuality in a positive group setting. The feedback and comments from participants relating to this phenomenon were extremely encouraging and were overwhelmingly supportive of this conference strategy and initiative.

The formulation of a national policy as it would pertain to Aboriginal gay men and transgender sexual health, principles and practises was discussed and will be considered in more depth at subsequent forums. Likewise, the development of a national resource directory has been postponed until a later conference when potential participants will be asked to compile a detailed list of area resources

for dispatch across the country and internationally. While this conference was unable to generate the required documents due to time constraints and that other alternative agenda items were perceived by participants as being of more immediate need, the concepts will be pursued at future meetings.

The provisions of insight and information pertaining to the inter and intracultural components of Aboriginal gay and bisexual men was a significant highlight throughout the conference as well as during pre and post conference activities. A culturally specific Arrente opening ceremony provided by some traditional people from the area proved to be a most enlightening experience for all in attendance, many of whom had not previously had an opportunity to witness such an event. It established clearly in the minds of all gathered the significance of traditional law and the ways in which it is incorporated as an integral part of Aboriginal culture.

A clear sense of belonging and dedication to the processes existed within participants. They were determined to continue the further exploration of general sexual health issues. This included a determination to evolve effective strategies for dealing with educative, preventative and management models for dealing with the social impact of HIV and AIDS throughout the Aboriginal and Islander communities. Individuals experienced in conference processes were all too happy to share their skills in audio-visual technology and group processes to broaden the skills and repertoire of others in the group. Small group discussion sessions as well as whole group interactions provided a variety of options for the dissemination of information and gave an opportunity for all participants to be heard equally as well as having their input recognised.

The issues of bisexual activity in rural and urban contexts were received with enthusiasm as most of the participants acknowledged that this factor was a predominant issue with regard to the incidence of sexually transmitted disease and the threat that is posed to the general sexual and social health of the groups. Encouraging those who engage in bisexual activity to adopt safer sexual practices during interactions was highlighted as a major influence in the effective reduction of all STD's, particularly HIV. *It was widely acknowledged that those who work in the industry are not in a position to dictate or legislate morals but we are obliged to supply our audience with informed debate from which they can make behavioural choices.* People have to make their own choices based on the information available. It was conceded that adopted behaviour does not always reflect a person's knowledge. Participants further agreed that those who engage in bisexual activity do not always identify emotionally within this category and that aspects of denial are a constant inhibitor to effective strategies being developed.

*part*icipants

A total of 73 participants attended from all parts of Australia, travelling mostly by air. Particular mention needs to be made of the 38 strong Queensland contingent, some of whom travelled over 3000km each way by bus from Brisbane through to Townsville, across through Mt. Isa to Tennant Creek and then 500 km south to Alice Springs. Ages across the participant numbers ranged from early 20's to late 50's. Participants varied in background from students, artists, unemployed, cultural, professional, clerical, academic and middle management status. Those in attendance participated to the fullest in as many areas as they could including pre and post conference celebrations. An impromptu pre Conference dance held at one of the local back-packer lodges had tourists and locals alike believing that a new Aboriginal gay bar (complete with drag queens) was operating in Alice Springs. A 'Priscilla Eat Your Heart Out' benefit night held at the Lasseter's Casino in Alice Springs following the conference was a joyful celebration of a wonderful week of participation by all involved. A tremendous audience of 'politically correct' locals filled the space almost to capacity. The depth of involvement in the entire conference was remarkable. It was identified by many of the participants present as being one of the most powerful weeks in their lives.

*trans*gender involvement

Once participants had convened, the Conference agenda was broadened to include transgender issues given that a significant number of the Queensland contingent identified within this category. Delegates had no difficulty with incorporating the agenda of a sub-group which is often marginalised or discriminated against within the somewhat polarised gay & lesbian communities because they 'don't fit' the established gay/lesbian delineation.

It was noted with some degree of regret that some sectors of the lesbian community particularly had previously excluded transgender involvement from prior forums thereby restricting their 'voice' within the various debates. This was considered to be particularly unfortunate given that for so many years this group of lesbian sub-culture had themselves been arguing for adequate and vocal representation within the broader gay community.

Along with the transgender debate, agenda relating to fostering, adoption, alcohol and substance use/abuse, child sexual abuse, prostitution and sado-masochism were included in response to requests from participants. Program flexibility was much appreciated by the participants and organisers alike because it more adequately reflected the purpose of the event.

*evaluat*ion summaries

With specific regard to the evaluation summaries (see copy in Appendix), the following trends became evident. Completion of the evaluation summary was deemed by the steering committee to be optional. Given that slightly less than one third of the participants returned the summaries that were received. Anecdotal evaluations provided by many were particularly encouraging and supportive of the program and events.

Regarding general conference organisation, participants were overall tremendously encouraging.

The venue was rated extremely highly. It provided those present with a real flavour of Aboriginal Australia and the opportunity to 'swag out' in Central Australian comfort. Water, ablution and power restrictions were invariably more pronounced than most participants had previously encountered and so a novelty effect was evident. That the conference, it's documents and other records of events were able to be produced under such extremes was considered to be quite remarkable. That the various Commonwealth and State/Territory representatives were able to take away with them from the venue a draft copy of the conference business and recommendations to that point was also considered to be a convincing achievement.

Travel and accommodation were also rated extremely high and participants enjoyed the alcohol-free policy which allowed much more effective involvement and achievement in its absence. Though some of the catering component was under-estimated in terms of sheer volume, this was generally overcome during the week with 'top-up' shops being conducted on a couple of occasions. The variety of food available was felt to be appropriate though there could have been more emphasis on the requirements of vegetarians attending. Massage provided for two days on-site by local masseuse, Kerryn Herbert were a very positive feature of the week.

The program content was generally thought to be good although several variations and additions to

the original program and order of business were ratified by participants once they assembled.

A need for more discussion and input on youth issues across the program was particularly noted. Recognition was made as to the broad diversity of conference agenda and that it was difficult to cover all of the areas which warranted attention or review. A summary of the business conducted and the recommendations which came from each of the workshops and was ratified by whole conference consensus is contained in the separate document published previously (see Appendix).

Participants preferred a Queensland island venue for the next conference which would ideally be held in March/April, 1996.

With regard to the Conference business achieved and ways in which the recommendations could be actioned, constant reference was made to the responsibilities of the various Aboriginal Medical Services around the country to insist that their policies and procedures more adequately reflect the needs of Aboriginal and Islander gay men and transgenders. The Aboriginal and Torres Strait Islander Commission (ATSIC) was also targeted as being less than proactive in its regard for these groups and their overall sexual health. AIDS Councils throughout Australia also had a significant role to play in attracting and ensuring equitable representation from this group. Delegates offered to go back into their respective areas and actively promote the recommendations from the Conference and the working party was encouraged to make representations to the Australian Federation of Aids Organisations (AFAO) Aboriginal Sub-Committee to endorse these recommendations and to then encourage their adoption by the Education Sub-Committees of Australian National Council on AIDS (ANCA) and IGCA.

In conclusion, what was achieved by this very dedicated group of people in a particularly appropriate environment has become history and will set a very high precedent against which much is yet to be achieved. The participants and organisers are to be congratulated on their significant contribution to the process.

John Cross died in April aged 32. His vision and energy were instrumental in the development of a Conference initiative which he helped to bring to fruition a long-held dream of his and others. What he was instrumental in helping to establish, we who are left to carry on with the work must take courage from. His conviction to carrying on the dream of a more equitable representation of and by Aboriginal people in their endeavours for better health care across the broad spectrum of health services available throughout Australia is shared by us all. We will miss his continued input while at the same time considering ourselves to be glad for his life, his teaching and his love.

Phillip J. Walcott
Conference Coordinator
Alice Springs, NT
April, 1995

acknowledgements

*mem*bers of the first national conference steering committee

Mr John Cross	Central Australian Aboriginal Congress, Alice Springs., N.T.
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Mr Shane Burgess	Independent Representative, Moe., Victoria
Mr Neville Fazulla	Aboriginal Health Council of S.A., Adelaide, South Australia
Mr Rodney Junga	HIV+ Representative

*con*ference support team

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Rosalind Milera **Alice Artois-Moss** **Eva Harvey** **Veronica Collins**	Catering
Kerryn Herbert	Massage
Jim Wafer **Maurice O'Riordan** **Peter Miller** **Steve Sparks** **Ken Waddell** **Bill O'Loughlin**	Recorders
Hedimo Santana **Llan Renshaw** **Aziz Mali**	Video Documentation
Marten Pascoe	Audio Documentation
Dr David Bradford	Guest Speaker

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- NSW Health Department
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- AIDS Council of South Australia
- Aboriginal Health Council of SA
- Department Of Health, Western Australia
- Aboriginal Community Health, Redfern
- Central Australian Aboriginal Congress, Alice Springs
- AIDS Council of Central Australia, Alice Springs
- Tri-State Program, Disease Control Centre, Alice Springs

*mem*bers of the original national working party

[Proxy in Brackets]

Convenors:

Colin Ross (Qld)	[Michael McLeod NSW]

Representatives:

Jo'Deanne Mohamad-Gleeson (transgender rep)	[Kooncha Brown]
Colin Ross (Qld.)	[Stafford Alley]
John Cross (N.T.)	[Gary Lee]
David Kelly (W.A.)	[Ralph Johnson]
Rex Murray (A.C.T.)	
Neville Fazulla (S.A.)	[Russell Reid]
Rodney Junga (N.S.W.)	
Michael McLeod (NSW)	[Bruce Forest]

Current Members:

Jo'Deanne Mohamad-Gleeson (Transgender rep) [Kooncha Brown]
Colin Ross (Qld.)
Gary Lee (NT)
Peter Pennington (A.C.T.)
Neville Fazulla (S.A.)
Bruce Forest (NSW)
Rodney Junga (HIV Positive rep)
Ralph Johnson (WA)