HIV, activism and the arts
AFAO is the national federation for the HIV community response, providing leadership, coordination and support to the Australian policy, advocacy and health promotion response to HIV/AIDS. Internationally, AFAO contributes to the development of effective policy and programmatic responses to HIV/AIDS at the global level, particularly in the Asia Pacific region.

AFAO’s aims are to:

- Advocate on behalf of its members at the federal level, thereby providing the HIV community with a national voice;
- Stop the transmission of HIV by educating the community about HIV/AIDS, especially those whose behaviour may place them at high risk;
- Assist its members to provide material, emotional and social support to people living with HIV;
- Develop and formulate policy on HIV issues;
- Collect and disseminate information for its members;
- Represent its members at national and international forums; and
- Promote medical, scientific and social research into HIV and its effects.

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This edition of HIV Australia focuses on HIV, activism and the arts, exploring the role that both art and activism play in creating engagement, stimulating discussion and calling for change.

Some articles reflect on the pioneering work of community activists and grass-roots organisations who used the spectacle of art to engage governments and the public about the emergence of the AIDS crisis in Australia. Others focus on contemporary Australian artists who are exploring the experience of living with HIV today, while maintaining an activist’s perspective.

Many contributors highlight the link between health promotion and artistic practice, and discuss art’s ability to inform, educate and impart embodied knowledge about the experience of living with HIV.

AIDS 2014 was a defining moment in Australia’s HIV response, and not only because of what happened in the conference sessions and plenaries. Built around the conference was a strong community-led cultural program, which showcased exhibitions, performances, installations, discussions, and much more.

The cultural events staged during AIDS 2014 demonstrated that the activist spirit is still very much alive today. The ACT UP mantra, Silence=Death, continues to hold resonance and was cited in the conference closing plenary and prominently displayed on placards in public protests such as the AIDS 2014 Mobilisation March.

The art showcased in this edition shares some common messages: stigma still exists. Communities are still demanding access to treatment and technologies to stop the spread of HIV. There is still more work to do. But it also expresses a positivity towards talking about sex and HIV, in the same way that Australian HIV health promotion campaigns have successfully done for the last 30 years.

We hope that you enjoy the art in this edition, and are inspired to keep on fighting to end HIV.

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HIV Australia welcomes submissions from interested authors. To submit an article or report for consideration, email editor@afao.org.au
The Australian response to AIDS has been widely hailed as the best in the world and it provided a model that was adopted and adapted in a variety of countries and societies. Central to its success was the fact that it was a three-fold project: the gay community, the medical profession and the governments were all partners and each played their own unique role in changing the way that people felt and thought and acted. Here I want to focus on the gay community, without whom none of the rest could have operated as effectively as they did.

AIDS exploded as a public issue in November 1984 when the Queensland government intervened in the federal election to announce that four babies had died as a result of receiving blood transfusions from HIV-infected blood. The mainstream press ran with the story, with varying degrees of irresponsibility, whipping up fear and anger. From that point on, AIDS was never far from public consciousness and was a nerve waiting to be tapped by politically-motivated, as well as in some cases genuine, fear.

Right from the start, the gays at the table knew more than almost anyone else, and unlike anyone else they had a direct line to the gay community and were trusted enough that they would be listened to. As Adam Carr, one of the founders of the Victorian AIDS Action Committee (later the Victorian AIDS Council) put it: ‘We [gay men] are the only people with the power to stop AIDS, and this is our one great strength, our one ace. The doctors cannot stop it, the government cannot stop it, the scientists cannot stop it, except by helping us to stop it.’

And – supported by the government, the doctors, the scientists – stop it we did. Indeed, even before these more powerful actors stepped up, gay men were changing their sexual practices sufficiently that infection rates started to drop dramatically. In the opening years of the epidemic (in 1982 and 1983) there were 2,500–3,000 new infections a year. In 1985, this plunged to 1,500. By 1987, infection rates had dropped to 500 per year, and this remained roughly the annual figure thereafter. By reversing the expected rate of increase, gay men and their allies were saving the lives of hundreds of thousands of people.

The policy adopted involved, as historian Paul Sendziuk has put it, trust. Above all, the government and doctors came to trust the gay community leadership’s view of what would work, and how the messages should be delivered. Money went to the AIDS Councils in each state and to the national Australian Federation of AIDS Organisations who, in turn, crafted messages that were right for affected communities (chiefly gay men, sex workers and people who used injecting drugs) and expressed in ways that they would understand, believe, and act on.

Setting aside all questions of legality (sex between men, sex work and drug use was still illegal in many states during the 1980s), and all questions of social disapproval, safe sex education and education about safe drug use (‘harm minimisation’) was remarkably explicit. People were told what to do in order to save their lives, how to engage in illegal sex safely, how to use illegal drugs safely. The existence of a gay community with its own media, social venues and sex venues meant that it was easy to reach large numbers of sexually-active men without broadcasting the message to a still-hostile world.

The campaigns relied upon an ethic of care – for yourself, for your sexual partners, for your communities; and an ethic of respect. The campaigns eschewed judgement and finger-wagging in favour of advice. Audiences were addressed in their own language; as one educator said, when it came to safe-sex messages for gay men, ‘an arse was an arse and a fuck was a fuck’.

Imagery was just as strong – nudity, sex acts, an acceptance of promiscuity, anonymity, public sex, experimental sex permeated the educational materials. But what was important was that this material was targeted where gay men, sex workers and drug users would see it – and only they would see it. Public exposure to the educational materials being produced would certainly have produced public (or at least media) uproar and risked governments getting cold feet and backing way.
Educational materials were produced in many forms, but it is the posters that people remember most. In the words of the advisory produced by television stations, HIV educational materials contained nudity, strong language, drug references, sex scenes and adult themes. Safe sex and safe injecting were promoted. People were shown how to use condoms and how to clean fits between use. Particular populations were addressed to make the message relevant to their particular circumstance, including women (who were often overlooked in mainstream AIDS health practice), people who spoke languages other than English and came from very different sexual cultures, and young straight men. Aboriginal and Torres Strait Islander communities (especially those living remotely) were at great risk. The Condoman campaign (‘don’t be shame, be game’) reached out to Indigenous Australians – and they reached right back, taking Condoman into their hearts and lives. Posters, t-shirts, even a real life Condoman roaming community events handing out safe-sex materials brought the issue of safety vibrantly to life.

Despite the success of the campaigns, there was a feeling in HIV policy circles in the early 1990s that governments were starting to lose interest in the disease. And so it was that in 1990 an organisation called ACT UP was announced – the AIDS Coalition to Unleash Power. Based on a US model, it adopted a much more confrontational model than had been seen around AIDS in Australia. It protested, it demonstrated, it ‘zapped’, it accused, it defied. It took the government, the medical profession and the media to task for their failings and accused them of being murderers. This was a long way from the AIDS politics that had prevailed to that point, and ACT UP was often as critical of AIDS activists working in the corridors of power as they were of the holders of power. But the estrangement was somewhat overstated. ACT UP was
founded in part by people who were insiders, who felt they needed outsiders hammering on the doors to offset their increasing marginalisation. (As the disease started to be seen as a manageable health problem rather than an epidemic or crisis attention and resources were shifting elsewhere.) The AIDS Councils surreptitiously channelled resources to ACT UP and bore their criticism stoically. Faced with the conventionalisation of most of the political repertoire – who, after all, really took notice of demonstrations anymore? – ACT UP adopted a strong visual style designed to get it noticed by blasé media, politicians and the gay and lesbian community. Its striking pink, point down triangle logo referenced the pink triangle imposed on homosexual internees in Nazi Germany – an image that had been used (triangle point up) since gay liberation days as an act of defiance. The ‘Silence=Death’ slogan (imported, as so much of ACT UP’s work was, from the US group) was not at all literal – it was intended to encourage people to ask what it was about, as a way of opening conversations about the AIDS crisis.

ACT UP practised visibility, flamboyance, defiance and confrontation – and no small amount of theatricality. From fashion shows for fundraisers, to posters and flyers and t-shirts, to kiss-ins, die-ins, zaps, public speaking, self-education and trade union liaison, it drew heavily on the repertoires of the gay and lesbian liberation movement of the 1970s, updated in some ways for new times. Choking a minister’s fax machine with messages was not something that was available in the 1970s.

One of its most memorable campaigns was in June 1991 when it launched its D-Day campaign. Decrying deaths as a result of delays, especially of drug trials, it set a deadline of 6 June for the Health Minister to respond to its demands for easier access to lifesaving treatments. As the date approached there were a series of small protests and the on the day itself, as activists took themselves out across the city. The Minister’s office was sprayed with red paint, there was a die-in outside Flinders Street Station and, most dramatically, as it turned out, the flowers in Melbourne’s much-beloved Floral Clock were torn out and replaced with small white crosses.

Or to take another example: in 1990, the Victorian AIDS Council/Gay Men’s Health Centre (VAC/GMHC) launched a campaign directed at young men. Like
all such campaigns, it started with the lived reality of the audience. It was simply a fact that many young men had sex with other men – either as part of their coming out, or out of curiosity. These men needed to know two things: that it was okay to have sex with each other; and that they should do so safely.

The poster designed for the campaign and for use as an ad in print media conveyed its messages in images and words: A photo of two young men kissing, the slogan, ‘when you say yes, say yes to safe sex’ and a description of what was safe. Reaction was swift. Young gay men loved it. Conservatives were outraged. TV Week refused to publish it. The Advertising Standards Council recommended it not be published anywhere. The Liberals’ Health spokesperson, Marie Tehan, described it as ‘scandalous’. The uproar was widely reported – and the poster was used by newspapers, magazines and television to illustrate the story, ensuring very wide publication. ACT UP staged a public kiss-in on World AIDS Day under the slogan ‘Kissing Doesn’t Kill – Greed and Indifference Do’ and produced a flyer that suggested that ‘When you say no, say no to Marie Tehan’.

In the end, the Australian response needed all its partners – the government, the medical profession, the gay and HIV-positive communities. Without any one of them, the whole strategy would fall apart. But the unique contribution of the gay people remained the keystone to the whole edifice. Gay people, supported by the rest of the LGBT community, had indeed saved their lives and the lives of thousands of others.

References

All posters courtesy of the Australian Lesbian and Gay Archives, alga.org.au

Graham Willett researches the history of gay and lesbian political activism in Australia. He is the author of Living Out Loud: A History of Gay and Lesbian Activism in Australia, co-editor of Australia’s Homosexual Histories, and an active member of the Australian Lesbian and Gay Archives.
HIV/AIDS was first described as a condition of North American male homosexuals in 1981. The United States Public Health Service announced the official start of the epidemic in 1982. The World Health Organization (WHO) proclaimed HIV/AIDS a worldwide pandemic in 1987. Medical orthodoxy characterises the syndrome as a fatal condition caused by a pathogen or a virus which insinuates itself into and irrevocably damages the body’s immunologic defences.

The Australian HIV/AIDS epidemic has largely been confined to gay and bisexual men. The first Australian case was diagnosed in Sydney in November 1982, and the second in Melbourne in April 1983. Both were homosexual men: the first a 27-year-old American resident in Sydney, the second a 43-year-old Australian who had been living in the United States.

Over 3,000 individuals in Australia were infected with HIV each year during the mid-1980s. HIV infections steadily decreased to 656 in 2000, but increased to 930 in 2005. This represented a 41 percent national increase during the four-year period. More than 1,000 new cases were anticipated during 2006.¹ In 2012 the number of newly diagnosed HIV infections totalled 1,253 cases; a 10 percent increase over the cases in 2011.² The primary method of HIV transmission continues through contact between men.

In media, political and religious discourses, tainted bodily fluids have been metamorphosed into corporeal realities – the ‘innocent’ and the ‘guilty’ – and so-called carriers are signified as polluters who, by opening-up the flood gates of promiscuity, place the ‘general’ public at risk.

HIV/AIDS is resonant with images of suspicious viral bodies contrived as ‘carriers’ of lethal contaminants such as blood and semen. It is in this sense the epidemic is not merely a medical phenomenon. It is also a cultural production so far as the syndrome is synonymous with collective memories about pathogenic bodies –


By L. K. Chan and Raymond Donovan

Some of us are in love ...
David McDiarmid’s extravagant pro-gay and pro-sex images pushed the boundaries of eroticism in HIV/AIDS campaigns. His series of five posters focused on community, drugs, discrimination, relationships and safer sex. The motif of the square-headed everyman inscribed with the positive and negative symbols challenged the notion that safer sex messages should primarily be addressed to gays who are HIV-negative, because ‘everyman’ is at risk. Poster © ACON, 1992.
homosexuals, people who inject drugs, and sex workers – previously ‘known’ or suspected to be morally polluted, sexually aberrant, and socially disreputable.

During the first two decades of the epidemic, posters were the most widely-used medium for delivering information about safer sex messages. Over the years the internet, social media and online dating sites have influenced how people socialise and engage in sexual activities. New strategies and approaches are required for reaching and communicating with wider populations in HIV awareness and prevention campaigns.


A variety of graphic materials have sought to draw attention to safer sex awareness through intervention strategies and prevention campaigns. Useful as they are, graphic representations of the epidemic are inevitably problematic in the sense that the virus is an abstraction – in everyday terms it cannot be ‘seen’ – yet it manifests itself in complex and diverse ways as a ‘mysterious’ and, ultimately, fatal syndrome. An additional complication is the contentious manner by which those who are affected are classified, identified and portrayed in graphic representations as belonging to one of the original epidemiologically constructed ‘risk’ groups.

If they are to be effective, heterosexual graphic representations of HIV/AIDS need to address the plurality of contexts and practices likely to lead to infection but which – given that most public health campaigns are the products of the advertising culture – largely gloss over the ‘facts’ about safer sex in favour of textual and visual euphemisms presumed to be publicly acceptable imageries about the epidemic.

Gay graphics included in the exhibition were not intended for viewing by the ‘general’ public. They were devised for particular communities and were mostly displayed in gay bars and saunas. In contrast to campaigns devised for heterosexuals, selected distribution meant that posters intended for gays could express sex-positive messages in straightforward images and vernaculars.

The exhibition concentrates on ‘milestone’ campaigns in the documentation of Australia’s responses to the development of the epidemic. It focuses on the changing styles of public health campaigns from 1985 to 2014, and explores how successive campaigns have differed in approaches and how messages have been tailored to address a diversity of audiences during the past three decades.

Safer Sex Messages: Australian HIV/AIDS Campaigns 1985–2014 and the exhibition were commissioned for the International AIDS Conference, Melbourne, 20–25 July 2014. The curators wish to thank Simon Donohoe and the Australian Federation of AIDS Organisations (AFAO) for the invitation to curate the exhibition.

Safer Sex Messages: Australian HIV/AIDS Campaigns 1985–2014 and the exhibition are outcomes of the Australian Socio-Graphic AIDS Project (AGAP) at The University of New South Wales. AGAP is a continuing research project which documents the material culture of the Australian HIV/AIDS epidemic. AGAP was funded by UNSW and Australian Research Council grants, including ARC Discovery Project (DP0344814).

References

1 Male-to-male (homosexual) contact was reported in 86 percent of those with newly acquired HIV infection, compared to heterosexual contact of 9 percent, during 2001–2005. It is estimated that the cumulative number of HIV diagnoses at the end of 2005 was 22,380, and that of these 15,310 were living with HIV infection. The number of AIDS diagnoses in Australia declined from 672 cases in 1996, to 209 cases in 2001, and has remained relatively stable at 240 cases per annum over the past four years. National Centre in HIV Epidemiology and Clinical Research (NCHECR), (2006), HIV/AIDS, Viral Hepatitis and Sexually Transmissible Infections in Australia Annual Surveillance Report 2006, NCHECR, The University of New South Wales, Sydney, and Richters, J. (ed) (2006), HIV/AIDS, Hepatitis and Sexually Transmissible Infections in Australia: Annual Report of Trends in Behaviour 2006, National Centre in HIV Social Research, The University of New South Wales, Sydney.

2 Men who have sex with men constituted 67 percent of new HIV diagnoses during 2008–2012, in contrast to heterosexual contact of 25 percent. Eighty-eight percent of diagnoses of newly acquired HIV infection was attributed to men who have sex with men. The Kirby Institute (2013), HIV, Viral Hepatitis and Sexually Transmissible Infections in Australia Annual Surveillance Report 2013, The Kirby Institute, The University of New South Wales, Sydney.

Great sex! Don’t let AIDS stop it.

In one of the first safer sex campaigns devised by a non-government organisation, the graphic ’camp’ style of the early 1980s was adopted. Displayed in gay clubs and saunas, this poster summarised what was known at the time about HIV/AIDS risks. It provided gay men with clear and direct information about safer sex practices and the assurance that the virus need not dampen sexual enthusiasm if sensible precautions were taken.


The curators of the exhibition are the research directors of the Australian Socio-Graphic AIDS Project (AGAP): Associate Professor L. K. Chan, Faculty of Art & Design, The University of New South Wales, Australia and Dr Raymond Donovan, former Adjunct Senior Research Fellow, National Centre in HIV Social Research, The University of New South Wales, Australia.
1. G’day! We’ve got a problem
The first safer sex information distributed in New South Wales in February 1985. The two-page pamphlet provided the then known information about unprotected sexual practices and recommended the use of condoms. Adopting a non-censorious tone it outlined a new gay sensibility, emphasising personal health and community responsibilities without compromising gay pride and sexual expression. Arguably, the pamphlet provided a model for later campaigns developed by non-government organisations. Pamphlet © Bobby Goldsmith Foundation, 1985.

2. Rubba me.
Displayed at sex venues, this was the first HIV/AIDS poster specifically aimed at gay men. The New South Wales Department of Health agreed to sponsor the campaign, but withdrew its support when it realised the explicit nature of the images. It was subsequently funded by the Bobby Goldsmith Foundation and the Gay Counselling Service, and launched at a Sydney gay sauna. Poster © Bobby Goldsmith Foundation/Gay Counselling Services, 1985.

3. When you say yes ...
The directness of this poster attracted the anger of politicians and the condemnation of community and religious groups. It was considered an encouragement for adolescent males to ‘convert’ to homosexuality. The Advertising Standards Council ruled the campaign offensive, gave it a Restricted or ‘R’ certificate, and banned its publication in the mainstream print media. Poster © Victorian AIDS Council/Gay Men’s Health Centre, 1990.

4. Love him safely ... every time.
This poster targeted Asian men who have sex with men. Since they are reticent about seeking information, the accompanying booklets in five Asian languages – Chinese, Filipino, Indonesian, Thai and Vietnamese – contained explicit advice about safer sex. Southeast Asian bisexual and gay men form a large minority which is marginalised within Australian ‘mainstream’ gay communities. This campaign directly confronted racial prejudice. Poster © AIDS Council of New South Wales, 1991. Photographer: William Yang.

5. That feeling.
Desire and intimacy between men in long-term relationships was the subject of this series of advertisements in gay magazines. They also targeted HIV-positive male partners unsure if they should continue using condoms. Produced by the Commonwealth government in partnership with AIDS councils, their complex images and texts suggest that desire is not only the ‘positive’ experience associated with unprotected sex. Print advertisements © Commonwealth Department of Community Services and Health, 1991.

6. PositHIV sex happens.
Launched in the mid 1990s when the epidemic had been present in Australia over ten years, this campaign recognised that people who are HIV-positive have the right to fulfilling emotional lives and loving sexual relationships. Devised by men and women living with the virus, the campaign challenged their invisibility and asserted their self esteem. Poster © AIDS Council of New South Wales/People Living with HIV/AIDS, 1993–1994. Photographer: Jamie Dunbar (in collaboration with Andrew Morgan).
7. Sex and drugs go together.
This campaign recognised that some men who have sex with men also inject drugs. In an image that would not have been used in the 1980s, the men are portrayed as mates who also do drugs, rather than no-hopers or down-and-outs. The straightforward message was that doing drugs reduces inhibitions and judgements, and this is likely to lead to unsafe sex and the risk of HIV/AIDS infection. Poster © Victorian AIDS Council/Gay Men’s Health Centre, 1994.

8. How hard do you want it?
Safer sex messages have become increasingly subtle and sophisticated, but this late 1990s ‘back-to-basics’ campaign reverted to the unambiguous information that condoms are the only effective protection against HIV/AIDS. In a style reminiscent of the mid-1980s, this poster targeted young gays who consider the worst is over because the availability of combination drug treatments means the epidemic is now ‘manageable’. Poster © Queensland AIDS Council, 1999. Photographer; Vincent Railton. Concept design: R. T. Bitz.

9. Sex pigs.
This online campaign was aimed at highly sexualised active men who engaged in hardcore sexual practices. Although not aimed exclusively at people living with HIV, many men in this sub-culture engaged in ‘sero-sorting’. The campaign informed HIV-positive men about risk-reduction strategies in regards to STIs and drugs, while addressing both HIV positive and negative men about the risk of HIV transmission. The campaign tapped into community norms and values by adopting explicit images and language from the ‘sex pigs’ themselves. Print advertisement © Positive Living, 2007.

10. Sex in queer places.
Research identified that men who were seroconverting had multiple partners, engaged in esoteric sexual practices and group sex, and met partners on the internet and in sex-on-premises venues. This internet resource engaged discussion about the implications and risks of drug-taking or unprotected sex through a series of interactive animations. Some of the animations were deemed sexually explicit, and the resource was converted to an interactive CD with a warning of the sexually explicit content. CD sleeve cover © Australian Federation of AIDS Organisations, 2002.

11. Staying Negative.
This online campaign adopts a peer education approach and examined the gay community’s responses to remaining HIV-negative. The campaign commenced in 2005 with the personal narratives of seven men supplemented by information on safer sex practices, self esteem, isolation, body image and violence. Some people were critical of the campaign which was perceived to stigmatise those who are not HIV-negative. The continuing project has now enlarged to the stories of 77 men. Web screenshot © Victorian AIDS Council/Gay Men’s Health Centre, 2014.
Many working in health promotion today might be suspicious of the notion that they are involved in cultural production, perhaps believing that this concept is too lofty or removed. In fact, the very opposite can be argued: that unless health promotion is actively involved in culture and cultural production it is, in fact, irrelevant. It could also be said that the most memorable, effective and enduring health promotion has always actively, (and oftentimes provocatively) operated intentionally at a cultural level, and that far from being a novel, new idea, this has been the case throughout history.

Not you again!
The most (in)famous, relatively recent example of how health promotion cultural production can have spectacular effects in our own sector can be drawn from the deployment of the image of the Grim Reaper used in a 1987 campaign to warn middle Australian heterosexuals against the terrors of HIV/AIDS.

To this day, health promoters working in prevention live with the profoundly negative legacy of this campaign. If you doubt this statement, just ask gay men what sort of campaign they think would be effective in addressing rising rates of HIV, invariably the answer will be ‘another Grim Reaper campaign’ – this is no less curious than being asked, ‘... why are you involved in cultural production?’ Not that health promoters are involved in cultural production per se, rather, that they are actively involved in culture and cultural production, perhaps as a result of being involved in cultural production.

The British had their own version of the scare campaign that had appeared a year earlier, using a more abstract concept of Styrofoam tombstones falling like dominoes. That campaign is just as (in)famous as our reaper, and for the same reasons; it captured the mood of a global cultural moment that immediately jolted people into associating death with sex.

The fact that the Grim Reaper campaign has become almost the touchstone for the dumb response to the epidemic; ‘We need another Grim Reaper campaign’ is the shorthand for: ‘We really have no clue’. It needs to remembered that the Grim Reaper wasn’t just the star in a campaign that ran for a couple of weeks in the 80s. It was the symbol for a cultural moment that was global, immediate and terrifying.

The campaign has become almost the ‘Art is not a mirror to reflect society, but a hammer with which to shape it.’ — Bertolt Brecht

Doin’ it for ourselves.
In a variety of ways, gay men have had to draw on deep reserves of resilience to live through this epidemic. That has meant creating and celebrating our own cultural response to HIV/AIDS and consciously determining how we are characterised, depicted, addressed and engaged with. Time and time again we have had to dismantle pathologies and phobias (sometimes from within our own communities) surrounding how we have sex, what it means to be HIV-positive, or HIV-negative, who we love and how we love, and we’ve managed to do that most effectively through gay culture and cultural production. We have created our own ethos around the epidemic that is rooted in activism and the lived experience of thirty years of grief, loss, passion, fear, bravery, celebration and change; the stuff of culture.

Those of us who are lucky enough to have (1), lived through the turbulence of the last thirty years and (2) had the privilege of working to improve the health and wellbeing of gay men during that time, draw unconsciously or consciously on that rich history when we work today. I am going to examine one recent cultural product, briefly, to illustrate my point.

Being gay is just the beginning
Being Brendo (formally known as Queer as Fuck) was an online gay comedy/drama series posted on Facebook that focused on the lives of working class gay men. It was felt that, within the cultural production surrounding the health promotion of the last 30 years a particular type of gay man had been privileged over and above all else. The Good Gay Citizen always used condoms, never had unsafe sex, displayed a positive ambivalence when it came to attitudes around HIV-positive gay men and, to all intents and purposes, was a left leaning, serially monogamous educated product of the middle class – in short, a caricature created to further a set of objectives around health promotion that included preventing HIV (and other sexually transmissible infections [STIs]) and improving the health and wellbeing of gay men generally. Nothing wrong with that – only, he wasn’t real, or rather, he was only real for a very narrow margin of the gay community.

This is actually a very serious problem for health promotion. Historically, the particular strength of our work has been our ability to reflect the lived experience of gay men. If we move beyond that experience we risk building failure into our product, briefly, to illustrate my point.

In creating the characters in Being Brendo, we wanted to show people who were flawed, who smoked, who took drugs, had unsafe sex, who had lots of sex, who didn’t know the safe sex lexicon backwards...
people who fucked each other and fucked up – regularly. In short, human beings.

The eponymous ‘Brendo’ of the title is a young man from Mount Isa in Queensland who comes to Melbourne to live. He is, in many ways, an innocent who is open to experience. He trusts too quickly but remains resilient in the face of a succession of disasters, large and small, that befall him. Through the series he has to deal with coming out, homophobia and homophobic violence, open relationships, monogamy, learning about safe sex, recreational drug use, serodiscordant relationships, disclosure, being in love and losing love. He manages to negotiate that terrain in totally idiosyncratic ways, that have nothing to do with being a good gay citizen.

In fact, in an inversion of the Good Gay Citizen narrative, the one character in the series who constantly badgers his friends about sexual safety, ends up seroconverting after a chance encounter whilst on holiday in Mexico. The series offered the audience the opportunity to comment on the mini dramas they were watching and our fan base reacted immediately, and with passion depending on the issue. For instance, when Jack, an HIV-positive character in the show discloses to Aaron, a casual partner, his status and is violently rejected, they meet up a week later and Aaron apologises, saying that he was shocked, he’s ‘clean’ and wants to stay that way, but that he is, ‘… coming ‘round to the idea that he could have a relationship with a positive guy, that he could care for him.’ Jack responds:

‘I thought you were a great guy, but I can do without you “caring” for me. There are a lot of positive guys out there who, when they come across someone with the kind of fucked up attitude you have about HIV, they’d take time out to educate them, that they’re not at risk, that they can have a good time, but Aaron? I’m not one of those guys. I’m not sick; I don’t even feel sick unless I remember having sex with you.’

And with that he leaves. The response on Facebook was immediate.

‘Aaron is a twat and deserved far more than you said [Jack] … but you have class buddy … something he will never have … really really well done guys … look forward to the next ep … :o’

‘Nice one fellas, I’ve experienced this situation before in the role of Aaron, having found out a guy i was safely fooling around with was HIV+ and having a bad and offensive knee jerk reaction. Then having my apology thrown in my face due to bad wording. At that point i was rather uneducated about HIV and will admit I still am to some degree. However Jack has all the right to be an utter bastard. I deserved it from the guy just like Aaron does.’

And:

‘It’s a tough situation to go through. My reaction to my ex’s revealing his HIV status was the opposite. I smothered him with my caring attitude, causing him to push me away. It requires both people to be of strong character otherwise it’s going to be a rocky ride. Who’s right? Both of them. Who’s wrong? Both of them. Negative people need to consider the feelings of positive people and positive people need to realise that it’s a disclosure that some negative people may have difficulty coming to terms with.’

The cast of Being Brendo. Photo: Nemanja Ilic.
very specific reason why examples like these have cultural traction. It is the dynamic relationship between culture and production that sits at the centre of any health promotion that lasts, or has lasting value. This has always been the case, even though, as we have seen in the case of the Grim Reaper, its lasting resonance is problematic.

Art and health have been interwoven throughout history. From as far back as we have evidence of cultural production, we see that human beings have used the arts as a way of mediating disease. To name but a few examples, from Egyptian Stelae, with carved stones that warned against snake and scorpion bites in 400 BC – to the various examples of songs, psalms, poems and books that dealt with disease and plagues in medieval Europe, to the literature and drama of Ibsen, Puccini, Thomas Mann, Tony Kushner and Larry Kramer and the art of Hogarth, Munch, Keith Haring and David McDiarmid – the relationship between disease and cultural production has been strong. It braids art and health promotion to the same purpose: to articulate meaning out of catastrophe – to bring order and understanding to chaos, to warn and educate and ultimately, as a way to transcend suffering.

References

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Art, politics and community action: Central and Vital over 30 years

During AIDS 2014, the National Association of People Living with HIV Australia (NAPWA) curated an exhibition in the Global Village showcasing defining moments in Australia’s 30 year history of HIV. Central and Vital over 30 years featured artefacts and memorabilia including the Sydney Star Observer’s first HIV-related news article published in 1981; archived images of early treatment activism; a DVD capturing the oral history of HIV in Australia, and much more. Throughout this edition, we present a selection of images taken from the exhibition, courtesy of NAPWA.
At the end of July, Melbourne hosted the 20th International AIDS Conference (AIDS 2014). A huge red AIDS 2014 sign perched on the Swanston Street Bridge between Flinders Street Station and the Melbourne Concert Hall. The Global Village was in action at the other end of Southbank with a variety of displays from HIV/AIDS organisations from all over the world. One of the many associated events was the marvellous exhibition of gay artist David McDiarmid’s work, When This You See Remember Me. It is still on display at the National Gallery of Victoria (NGV).

For a brief moment the HIV/AIDS epidemic was publicly part of the life of the city. And it had an oddly celebratory feel. In the early 1980s, when I first came out, we felt like we were under siege. I remember very well the meeting that established the Victorian AIDS Council in 1984. It was a packed auditorium at the Melbourne YMCA. Adam Carr, then deputy editor of the national gay magazine OutRage, made a passionate speech, which was later published in his magazine under the title ‘Dare To Live’.

In it he said:

‘We are the only people with the power to stop AIDS, and this is our one great strength, our one ace. The doctors cannot stop it, the scientists cannot stop it, the government cannot stop it, except by helping us to stop it. Only gay men themselves can bring this situation under control, and we have the means to do it. If we publicly pledge ourselves to this objective, and if we achieve it, we will succeed not only in saving ourselves, but in saving the whole community, from the scourge of this dreadful disease. And the political consequences of such a victory will be as beneficial to us as the consequences of our failure to act would most certainly be calamitous.’

We were fighting a war. And although as activists we made rallying speeches, we were not at all sure we were going to win. Carr was right. The way we as a community responded to HIV/AIDS had a profound effect on the evolution of the fight for lesbian, gay, bisexual, transgender and intersex (LGBTI) rights and the transformation of LGBTI cultures.

In 1992, Sydney artist David McDiarmid designed a huge sprawling multi-coloured skeletal puppet figure as the centrepiece for the HIV Living group’s Mardi Gras float. It drew on Latin American traditions of Day of the Dead and it was at once monstrous, perversive, gauche, fragile, daring and beautiful. It is a key moment in McDiarmid’s personal and artistic journey and a key moment in the public celebration of the epidemic in Australia.

The NGV exhibition shows that McDiarmid was always pushing boundaries, celebrating contradictions and working with juxtapositions. In a speech that he gave at an AIDS conference in 1993, two years before he died of HIV-related conditions, he talked about his approach to art-making:

‘My priority as an artist has always been to record and celebrate our lives. Having lived through an extraordinary time of redefinition and deconstruction of identities, from camp to gay to queer; and seeing our lives and histories marginalised every day, we all have a responsibility to speak out. To bang the tribal drums of the jungle telegraph – “I’m here, girlfriend; what’s new?” We’ve always created these languages as we’ve shaped our identities. It is this progression from camp to gay to queer that is so effectively mapped in the retrospective of McDiarmid’s work.

In McDiarmid’s early collages and fabric work we see him bringing together different elements of his identity: Scottish tartan, Americana, gay porn, Australian kitsch. In his later work we see vibrant strength and hilarious candour. His multi-coloured aphorism poster series, with slogans like ‘Demented queen remembers name, forgets to die’, are unique artefacts of hopeful rage.
McDiarmid’s work was completely structured around his emerging sexual identity and then his encounter with HIV and AIDS activism. He is a seminal figure in the evolution of LGBTI culture in Australia and has made one of the most significant contributions to the culture of HIV/AIDS internationally.

As he noted in the quote above, his work arose out of a very specific moment when LGBTI people felt under threat. It produced a uniquely cohesive body of work with a daring passionate flair.

So where is this generation’s McDiarmid?

AIDS 2014 hosted a number of HIV-related exhibitions. One of the most interesting, Vital Signs, saw a group of contemporary LGBTI artists work with the collection of the Australian Lesbian and Gay Archives to produce a series of reflections on our past and future.

Another exhibition, TRANSMISSIONS: Archiving HIV/AIDS, Melbourne 1979–2014, displayed a range of material from those archives and juxtaposed it with several artworks that had originally been displayed in the important 1994 National Gallery of Australia exhibition on HIV AIDS: Don’t Leave Me This Way.

The urgent art of McDiarmid’s era was at first playfully trying to find a language and then suddenly was speaking loudly into the face of death.

Less than twenty years after McDiarmid’s death, LGBTI artists are exploring identity from a very different position. The threat of hate and prejudice is by no means resolved. Mortality still obviously impinges on us all. But the urgency is gone.

The LGBTI artists in *Vital Signs* are no less passionate than McDiarmid but their ‘redefinition and deconstruction of identities’ comes from a different place. It is more reflective and moves us back and forth along that spectrum from camp to gay to queer, engaging, celebrating and questioning.

Deborah Kelly’s piece in *Vital Signs*, *Acting Up 2014 (in memory of the Floral Clock action, 1991)*, is a colourful collage of floral imagery that recalls the 1991 protest action of AIDS activist group ACT UP, in which they replaced the flowers of Melbourne’s floral clock with a planting of white crosses. In Kelly’s work the flowers are replanted and re-imagined. Her collage trades on the multiple registers of floral imagery as both funeral wreaths and tokens of love.

Formally, Kelly’s piece would sit well next to McDiarmid’s work. However, there is a much deeper connection between the work of these two artists. Both artists are deeply concerned with the themes of identity and social justice and both artists worked collaboratively with engaged communities as part of their art making.

Kelly’s *Hey Hetero* series, a collaboration with Tina Fiveash, which appeared on Sydney bus shelters as part of the 2001 Mardi Gras, is probably the most significant piece of Mardi Gras public art to emerge from the festival since McDiarmid’s Day of the Dead.

But while McDiarmid’s work is focused almost entirely on sexuality and HIV/AIDS, Kelly’s work is much broader, ranging across an array of social concerns and engaging with diverse communities as her recent piece in the Sydney Biennale attests.

It is fascinating to speculate how McDiarmid’s work might have evolved if he had survived through to the era of antivirals and HIV as a chronic manageable infection. Would he have found ways to keep mining the archive of gay identity or would his interests have broadened to engage with other issues and other communities as Kelly does?

We, of course, will never know. What we do know, and what the vitality of the NGV exhibition shows, is that in his relatively short life McDiarmid produced a powerful body of work that opened up the space of LGBTI art and culture in Australia to wider vistas. Contemporary LGBTI artists like those in *Vital Signs* continue to build on and expand this tradition.

**References**


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Not art: creativity, chaos and activism

By Abigail Groves

The International AIDS Conference in Melbourne earlier this year featured a strong artistic component, with the National Gallery of Victoria hosting a retrospective of work by gay artist David McDermid attracting thousands of visitors. While the exhibition, entitled *When This You See Remember Me*, was shown at the Ian Potter Centre in the city's Federation Square, across town at the University of Melbourne's Student Union Building, there was another exhibition. *TRANSMISSIONS: Archiving HIV/AIDS, Melbourne 1979–2014* chronicled the city's response to HIV/AIDS from 1979, when the campaign to decriminalise homosexuality in Victoria began in earnest.

*TRANSMISSIONS* featured art works and archival material, exhibited, as co-curator Russell Walsh described, 'as if they were washed up on the shore from the past'. As Walsh explained to Melbourne radio station Joy FM, by the late 1980s, 'there was an impulse for artists – visual artists – to start getting active.' There were a number of exhibitions featuring AIDS themes, culminating in the hugely successful *Don’t Leave Me This Way: Art in the Age of AIDS* at the National Gallery in 1994.

Yet, as Russell Walsh points out, designers were also crucial to the artistic response to the epidemic. Many viewers may not draw a distinction between ‘art’ and ‘design’, and Walsh implied that it is one of identity. 'Designers were working at a very early stage,' he said. 'But people who saw themselves as visual artists, as distinct from designers, came in from the end of the 80s.'

*TRANSMISSIONS* featured numerous posters and pamphlets, many of them of unidentified origin. The exhibition brought back memories for Melbourne advertising executive Jeffrey Grad, who was involved in many of the campaigns produced in Melbourne in the 1980s and 90s. 'It certainly jogged my memory, mostly about people who are gone,' says Grad. 'But I was also surprised at how much of my work was in the exhibition.'

Grad was a young drama student when AIDS first arrived in Australia, but with an uncertain career ahead as an actor, Grad drifted into design. He had what was, at the time, a big asset: a Mac computer. 'I bought a Mac and started doing design work,' Grad recalls. 'It was easy to get work at that time, if you had a Mac and knew how to use it. These machines were expensive and very few people had one, so I did a lot of freelance work.'

Grad's Mac was also in demand within his own community. 'I did work for the ALSO Foundation and Midsumma (Melbourne's annual queer arts and cultural festival), but I was also going to community meetings. I was in my late teens or early 20s when AIDS was hitting, and I came out into that environment.'

Grad describes himself as not very political. 'I never had much time for class warfare dummy-spitting,' he explains. The arrival of ACT UP in the late 1980s,
however, was different. With its issue-focused approach, ACT UP appealed to him. ‘I embrace activism that has concrete aims. ACT UP was very campaign-based and we were clear about what we were trying to achieve.’

‘I produced materials: banners, posters, placards, press releases,’ Grad recalls. ‘I was involved in organising things too, but most of my work was in the back room. These were group processes, of course, but I did most of the design work.’ It is difficult now to grasp the impact that the use of computers had on design and artwork. ‘Having a Mac, and the skill to get the most out of it was very potent, because almost nobody had them then. It meant that we could produce materials that looked slick and professional. Suddenly it was easy to do that. And we could do it very quickly – overnight. The Government couldn’t do that – they had all the resources but they couldn’t do anything quickly.’

This combination of speed and impact was perfect for ACT UP. Time, observed Russell Walsh, was of the essence for ACT UP. ‘People were aware that yes, there were community organisations active, but they wanted things to speed up. ACT UP was about time, about speeding up the process.’ This climaxed in the defacing of the famous floral clock in Melbourne’s Queen Victoria Gardens during ACT UP’s D-day campaign.

‘Our designs were very simple and bold. The messages were very direct and threatening,’ says Grad, though he qualifies this judgement. ‘At least, they were considered threatening at that time. In those days, it was much easier to shock people. I remember doing an ad for an ACT UP Benefit and we had a picture of a woman’s breast and the slogan “Dance Proud, Fuck Safe”. That was very deliberate. And it created a huge stir, just having the word “fuck” in there. And nudity – oh my God!’

Grad, who now works in advertising, is emphatic that his design work is not to be considered “art”. ‘I never thought of it as art,’ he insists. ‘I thought of it as work – doing design work for campaigns. Crafting communication to get your message across, the same as in advertising. It was just like the design work we do for other campaigns. You have a brief and you come up with a look and a message.’

The distinction between ‘art’ and ‘activism’ seems to be about identity rather than the nature of the images produced. ‘I’ve always been a bit ambivalent about AIDS art, and artists doing things for their careers. It wasn’t a time for art,’ says Grad. ‘Yes, there were artists involved in ACT UP, but they were involved as activists rather than artists. They were holding placards, going to demonstrations. Art necessarily involves a level of reflection and introspection. That comes later. Art is all very well, but sometimes you need someone to hold a placard.’

Grad’s involvement with ACT UP ended in the early 90s, as the sense of excitement and danger disappeared from AIDS activism. ‘By the mid-90s, a lot of the easy targets – in terms of campaigns – had been done. We flew too close to the sun. We were worn out. ACT UP became very polite and regularised, with meetings and minutes and all the rest of it,’ he recalls. ‘At its height, ACT UP was quite chaotic and edgy.’ This process of combining creativity and chaos with something important to say sounds remarkably similar to descriptions of what is best in art.

Images courtesy of the Australian Lesbian and Gay Archives, alga.org.au

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TRANSMISSIONS was an exhibition, mounted at the George Paton Gallery, University of Melbourne, in July 2014.

Consisting of artworks, manuscripts and other objects retrieved from private collections and public archives, it was timed to coincide with AIDS 2014 and was conceived as an archaeological dig offering material traces of the epidemic’s cultural impact on one, and only one, of its affected communities in Melbourne: gay men.

TRANSMISSIONS coincided with the twentieth anniversary of the National Gallery of Australia’s major exhibition Don’t Leave Me This Way: Art in the Age of AIDS and featured a number of artworks by Melbourne artists that had featured in that show in 1994, several of them not having been seen in public since. There were posters, pamphlets and other health promotion material produced by the Victorian AIDS Council from its earliest and most recent years of operation. There was also a collection of posters and other material produced by Melbourne ACT UP 1990–94.

Through its extensive program of free evening talks and hosted conversations held in the gallery itself, TRANSMISSIONS afforded further opportunities to reflect on the various and crucial roles of activism, art and design in containing the epidemic and supporting the communities most directly affected by it.

TRANSMISSIONS was a project initiated by the Community and Cultural Development Unit of the University of Melbourne in association with the George Paton Gallery, the Australian Lesbian and Gay Archives and the University of Melbourne Archives. It was curated by Michael Graf and Russell Walsh.

VITAL SIGNS – INTERPRETING THE ARCHIVE

Vital Signs, curated by Angela Bailey and Nick Henderson, featured the work of six contemporary artists – Marcus Bunyan, Penny Byrne, Ray Cook, Deborah Kelly, Peter Lambropoulos and Salote Tawale – who were given the opportunity to creatively interpret the collection of the Australian Lesbian and Gay Archives (ALGA). Each of the artists engaged with different aspects of the collection to inform their work, considering themes such as social justice, activism and GLBTQI cultures.

The exhibition, held 9–26 July, was part of the Cultural Program for AIDS 2014 in Melbourne, and considered the shared histories of the GLBTQI and HIV communities in a contemporary representation.

Robert Mitchell, President of The National Association of People with HIV Australia (NAPWHA) said NAPWHA was proud to be a supporter of this exhibition. “As we mark thirty years of the HIV epidemic in this country, it is important to preserve our history so that we can truly understand the great changes that have occurred and shaped the response to HIV,” Robert said.


Central and Vital over 30 years – pictured clockwise from top left: Timothy Conigrave, Rob Lake, David Edler and Aldo Spina at an ACT UP rally in Sydney. Image courtesy of Positive Life NSW; Keith Harbour arrested on the steps of Parliament House in Melbourne during an ACT UP demonstration in 1990. Image courtesy Living Positive Victoria; and D-Day protesters at Flinders Street Station on 6 June 1991, when members of ACT UP staged radical protests across the country using the letter ‘D’ to represent the words deaths, drugs, delays and deadline. Image courtesy Australian Lesbian and Gay Archives.
Positively fabulous: the art of raising awareness and changing women’s lives

By Finn O’Keefe

I first met Kim Davis (or rather, her alter ego, Ma’Dam Kim, pictured), surrounded by a camera crew at ICAAP11 (the 11th International Conference on AIDS in Asia and the Pacific) in Bangkok. Looking resplendent in a white lace head-dress covered in LED lights, and with two lights beaming out from either side of her white horn-rimmed glasses, I was transported back to the energy and creativity I recalled from my first Mardi Gras parties during the 90s.

“Absolutely fabulous!” I complimented. “Positively Fabulous!” she corrected.

Kim Davis is an expert at playfully combining activism and art – it’s something that she’s been doing for a long time. She is artistic director of GloballyAWARE, a not-for-profit organisation she founded in the 1990s, whose mission is to create major artworks and events that stimulate dialogue and achieve social change, with a focus on health education, HIV, harm reduction and human rights. Her latest project, Positively Fabulous+, uses art to document the stories of HIV-positive women, and create safe spaces where people can engage in conversations about the realities of living with HIV.

‘Positively Fabulous is articulating how positively fabulous people living with HIV are,’ says Kim. ‘In particular, with this project it’s about women, and this is also, of course, inclusive of transgender women.’

The project combines documentary film-making [produced in collaboration with Change Media], large-scale public artworks and online platforms to create community engagement and raise awareness about how HIV affects women globally. The idea was initially conceived in 2012, and the project was formally launched at AIDS 2014, as well as staging activities during ICAAP11 in 2013.

In just a few short years, the support and partnerships that Kim has built-up around the project is pretty staggering. Positively Fabulous+ has partnered with organisations including the Australia Council for the Arts, the City of Melbourne, English Family Foundation, Victorian College of the Arts, Feral Arts, Australian Academy of Design, International AIDS Society, Living Positive Victoria and Straight Arrows, just to name a few. Since its inception, Kim has staged numerous public art installations, filmed documentary content with women living with HIV across Asia and Australia, and worked with over 33 musicians and artists, and over 150 volunteers during the AIDS 2014 conference.

**HIV-positive mannequins: a journey of transformation**

One of the major components of Positively Fabulous+ leading up to AIDS 2014 was the HIV Adoption Centre. The stars of this multi-platform collaborative arts project were 17 ‘HIV-positive mannequins’, representing the 17 million women globally who are living with HIV. The mannequins were adopted out into the community like blank canvases, taken in by a variety of artists, organisations and community members. The foster families were given the task of creating new identities for these HIV-positive women: ‘The brief given out was for each mannequin to be transformed into its own positively fabulous identity as a women living with HIV,’ explains Kim. The women’s identities became a product of their adaptive family’s creativity, expressed through body art and fashion. This journey of transformation was documented online, using photographs, text and video.

‘There was an actual adoption paper that people had to sign when they adopted the mannequins,’ she continues. ‘They would come to the adoption centre (we had one at ICAAP and another one at World AIDS Day in Federation Square), and then I connected with people and delivered the mannequins to them, or they would have a choice of what mannequin they actually wanted. And the adoption papers actually articulated that each mannequin had to have their own Facebook page to log on to and engage with the broader public.’

Kim explains that the power of mixing art and humour is that it disarms people’s reluctance to engage with sensitive and taboo topics: ‘You know, it just opens up dialogue because people are curious, it is not going to offend anyone,’ she says. ‘It is about fun and frivolity, about looking at HIV and AIDS through a different lens, you know. It allows people to question their thinking, and that is the whole thing with art. What does art do? It creates a dialogue outside the boundaries of the norm.’

Watching Kim’s documentary, there is something deliciously oddball about seeing her travel round Bangkok rescuing mannequins and loading them into her car boot, or seeing a new foster parent loving bush a mannequin’s hair as they recount her story about living with HIV. But this strategy has proved extremely effective at creating community engagement and raising awareness. The mannequins became quite famous, garnering around 15–20,000 followers on Facebook. Through social media, and during public art installations, powerful
conversations took place which enabled people to ask questions and connect with the stories of HIV-positive women.

Each mannequin’s story reflected the diversity of issues affecting women living with HIV in different circumstances. One mannequin chooses to fight stigma by ‘wearing her virus on the outside of her body.’ Another is living with a disability, and travels around in a bright pink wheelchair.

‘People would see the mannequins and scratch their heads, and couldn’t quite understand … We had a few people from the disability sector come up who were really interested in the fact that we were having a dialogue about HIV and disability. It was across the board, really, really good quality [dialogue]. I love working with all of the Positively Fabulous+ people in this arena,’ says Kim.

The culmination of the mannequins’ journey will be a fundraiser, Miss HIV Universe, which Kim is planning to stage next year at the Melbourne Town Hall, in partnership with Living Positive Victoria. At the event, the 17 HIV-positive mannequins will be auctioned off by Sotheby’s (or ‘trafficked off’ as Kim says, laughing), along with major HIV artworks from around the globe, with all the funds raised going directly to people living with HIV. An initial heat of the pageant was held in the Global Village during AIDS 2014.

Creating safe spaces
Positively Fabulous+ staged eight separate events during AIDS 2014, and clusters of mannequins also featured in a range of these other installations in the Global Village. The Babbling Boudoir was an installation piece which centred around a bright pink four poster bed. Inserted into the back of the bed was a TV displaying the stories of HIV-positive people talking about their experiences of negotiating sex and relationships, along with a camera set up to record the stories of people passing through.

Kim explains how the installation was designed to create a space where people felt comfortable talking about the experience of negotiating sex as an HIV-positive person: ‘… people were actually on the bed telling their stories about negotiating sex when you’re living with HIV. At one stage, we had ten people having a dialogue, so that was quite crazy; and then I had the Junkies’ Pool, which was an interactive installation featuring a pool table with a screen inserted in it showing people’s stories about HIV, surrounded by major artworks collaboratively created by people living with HIV from around the globe.’

Kim says she has received a lot of feedback from HIV-positive people about the value of these ‘safe spaces’ for sharing personal stories, connecting with other HIV-positive people and having a dialogue about HIV. ‘For many people,
finding these spaces at the conference was amazing, because they were surrounded by people that were articulating HIV loudly, and it was positive people, Positively Fabulous people, that were talking – it was inspiring.

‘A young women came to talk to me following the launch of the Positively Fabulous+ Women’s Voices documentary. She’d been positive for four years and hadn’t spoken to anyone about it, and now she is a force to be reckoned with – now that makes me smile,’ says Kim.

Taking art out into the streets

Positively Fabulous+ also extended its reach beyond the confines of the conference venue with The Pink POS FAB Touring Caravan, which put down roots in Melbourne City Square for the duration of the conference.

‘It was an installation art piece with ten fabulous Australian bands engaging the audience (thanks Marisa Quigley), set up inside to record. So we had people coming off the street having a dialogue with us about HIV. I had a film crew of students from the Academy of Design filming, so we were recording questions from the audience and they were coming in and talking with us about where they saw HIV fitting into their lives.’

Kim explains how, as well as initiating dialogues about living with HIV, the installation was designed to raise awareness about the presence of the conference itself. ‘I’ve been going to these conferences since the mid-nineties, and in all of that time, every conference it’s the same thing: the locals never know what’s going on and we need to expand our audience and not just talk to the converted.’

The Pink POS FAB Caravan sat side-by-side with GL RY, an interactive, performance arts project led by Dr Alyson Campbell from the Victorian College of the Arts (VCA), working with students and a team of creatives

Pictured top and centre right: The Babbling Boudoir installation in the Global Village at AIDS 2014; and bottom right: The Pink POS FAB Caravan created a profile for HIV beyond the confines of the conference.
that included playwright Lachlan Philpott, lesbian bear chanteuse Ross Anderson from Belfast, and dramaturg and academic researcher, Paul Woodward. *GL RY* was a pilot project set up in partnership with Living Positive Victoria to explore how performance could mobilise students and artists to learn about HIV through arts practice, as well as engaging members of the public.

Although the two projects had slightly different aims, they sat side-by-side in conversation, complimenting each other perfectly. ‘It became a collaborative project between Positively Fabulous+ and us, which then turned out for me to be the really revealing thing because, of course, what you do discover very quickly is that women are very often invisible in these discourses,’ says Alyson.

‘We had heightened performance moments, like the cabaret that would happen in the evening that attracted people to stop and see what was happening,’ Alyson continues. ‘When they’ve stopped because they’re interested in what’s going on, and it’s a bit funny and absurd, then you can have productive conversations. And it works very differently from, say, if we had set ourselves up there with a table with information on it, and tried to get people to come and talk to us. They might encounter new information then, but getting them to stop and hang out with us for long enough for that to happen is something that live performance can do.’

Alyson feels it was hugely beneficial to be able to refer people engaging with *GL RY* to also have direct conversations with HIV-positive people in the Positively Fabulous+ caravan. ‘That was hugely important for me, as the leader of a group of students to be very clear about our position and be humble and upfront about not having an embodied knowledge, or really often not much knowledge at all, initially. We were clear this was a learning project for us,’ she says.

The feelings of admiration between the two project leaders are clearly mutual. ‘Look … working with Alyson is fabulous – she is just exceptional to work with,’ says Kim. ‘We are working together, creative partners for *GL RY* now and I’m also the dramaturg.’

Kim and Alyson are already looking towards future opportunities, including ICAAP12 in Bangladesh and other conferences such as the Australasian HIV/AIDS Conference. There are also tentative plans to recreate the *GL RY* project in other international locations. ‘There is talk of doing something in Belfast,’ Kim notes, ‘and also I’ve been talking with Laxmi (renowned transgender sex worker activist) about doing something in India.’

When I ask Kim about her hopes for future art-based projects at international AIDS conferences, she is adamant about the need for more involvement with the IAS (International AIDS Society), there has to be more dialogue with them about how important the arts is. ‘I think it should be so isolated, so it’s only the condom stage inside the conference, and all the art is basically kept in the Global Village. We need to feel the voices of people living with HIV ringing out through the arts, art needs to permeate its way throughout the conference.’

Finn O’Keefe is Communications Officer at AFAO and an editor of *HIV Australia.*
Earlier this year, I was involved in a public installation project as part of the AIDS 2014 Conference. I am – or at least I’m going to paint myself as – the Alice in this rabbit-hole of an adventure into public art, HIV discourse, queer aesthetics and the wonderful world of glory holes.

Like Alice, I started my journey very naïvely. At the beginning of the year, I knew next to nothing about HIV. I didn’t really know how it was different from AIDS; watching Rent had led me to believe that AZT was still being used by everyone; and I wouldn’t have thought anyone I knew was living with the virus. So when I received an email inviting proposals to an installation project exploring HIV through performance, I was in two minds.

On the one hand, I saw this as an opportunity to finally educate myself on an issue I wanted to know more about. On the other hand, though, I was very sensitive to the fact that there were likely plenty of people who had something of note to say on the issue, and I didn’t want to contribute to unnecessary noise that might make those important voices more difficult to hear. So it was that I decided to head along to the first planning meeting for the installation with an offer of production support. I didn’t feel that my voice was important to this project, but perhaps my other skills could be of use.

Glory holes
The project, entitled GL RY, was led by the delightful duo of Dr Alyson Campbell and Lachlan Philpott, known collectively as wreckedAllProds (say it out loud …), and made as a partnership between Living Positive Victoria and the Victorian College of the Arts (VCA). This followed a year of Theatre at VCA working closely with Living Positive Victoria to set up and develop two new devised performances on living with HIV, earlier in the year.

GL RY, our fearless leaders revealed, was to be a public installation that would use as its central metaphor the glory hole. I cannot pretend I was quite naïve enough to not know what a glory hole was, but I certainly had never seen one for myself. I was well and truly outside my own sphere of knowledge, and thrilled to be there.

Beyond the playfully lewd dynamics of bringing such an erotically charged site into public view, the concept of the glory hole immediately offered up a number of metaphorical resonances around transmission, disclosure, anonymity and risk that shared clear links with HIV discourses. I had no idea what to contribute artistically, but made it known that I was able to build and moderate a basic blog. I was therefore put in charge of research for a collective resource on all things HIV and glory holes. My education was beginning; I was falling down the rabbit hole.

Positive role models
It was around this time that we started working closely with Paul Woodward from Living Positive Victoria’s Positive Speakers’ Bureau. Paul was the dramaturg for the project, and also offered a number of briefing sessions and materials for the team. Paul goes directly against a lot of what I thought I knew about HIV. Tanned, muscular, and often grinning ear-to-ear, he’s intent on breaking down stigma around HIV by demonstrating that people living with HIV can live healthy, fit lifestyles.

It was around the same time as I met Paul that another of my friends – another very fit, healthy man – disclosed to me his HIV-positive status. From these men I...
learned the words ‘undetectable viral load’. I also learned about the daily commitment to fighting for good health; the daily obligation to swallow the truth of your condition. And against that obligation, the attendant feelings of guilt that come from knowing how rare it is to have access to the class of treatments available in Australia.

Fundamental to the development of the project was working closely with Kim Davis and her organisation Positively Fabulous+, a group dedicated to providing support to women living with HIV, who often fly under the radar of HIV discourse. Our installation was to sit side-by-side with Kim’s glorious pink caravan in the middle of Melbourne’s City Square for the week of the AIDS 2014 conference.

Bedding and other contributions

Early on in the project we received a submission from Melbourne artist Will McBride, which was to become a unifying feature of the installation. Entitled Bedding, Will’s idea was to work with fellow artist Penny Harpham to take an entire bed – complete with mattress, sheets, pillows and wooden frame – and break it down into parts small enough to fit through a glory hole, then reconstruct those parts into a new bed on the other side of the hole. This durational work, along with Dagmara Gieysztor’s design for our central hole-ridden GL RY maze, began to give shape to our week-long exhibition.

The time between these initial planning sessions and the first day of the installation is a blur of promotion, scheduling, and (for my part at least) enough researching and uploading of various glory hole–related content to land me on a few government watchlists. We managed to get a lot of inspiring artists involved: spoken word poet Kylie Supski was to perform some of her poems; various students at the VCA performed vignettes around the GL RY structure as Alice in Wonderland (Anna Kennedy), Miss HIVenus (Ryan Forbes) and the Spit Fairy (Tim Phillips); and we were graced with the presence of Lesbian Bear Chanteuse Ross Anderson-Doherty from Belfast.

Together with these and many other artists, we had put together what we hoped would be a symbolically complex and yet publicly accessible installation which approached issues around HIV from multiple angles; sharing a sense of play and invitation to engage, but covering various perspectives and subjectivities.

The installation

Campbell made clear that this was a pilot project and, indeed, some of this theoretical ground-work went completely out the window once the installation opened. Whilst the foundational idea of using the glory hole to think about transmission and HIV remained intact, much of the complexly imagined symbolism of the project may have gone either unrealised or unnoticed.

In the first few days of the installation, some of the key artists involved realised that members of the public attempting to interact with the installation weren’t ‘getting’ it. What we quickly realised, however, is that this didn’t have to matter; or rather, it didn’t have to be a negative thing. We were keen to respond each day to what we discovered and work to engage the public with thinking about their own knowledge and understanding of living with HIV.

The important thing was that we were there in the public square, being visible, doing some apparently odd things and drawing the public in through the use of Anderson-Doherty’s cabaret, guest dance spots from James Welsby and his dancers from HEX, and the use of outlandish costume and props to create surreal, funny performance moments.
So, standing around a maze made of milk-crates held together with cling wrap, helping to cut up and reconstruct a bed whilst delivering fragments of poetry, flowers and crafted objects through various holes resulted in people’s curiosity getting the better of them. And this was the key. Once we had people’s attention, and once we’d let them know that they were welcome to approach the installation, the lines of communication were open and dialogue could begin. The most important thing about the project was the conversations we then had, one on one, with members of the public.

The best example of how this worked was Will and Penny’s contribution, Bedding. Will and Penny had their own ideas about the metaphorical resonances of their act. For them, some ideas suggested by the work included the ways in which an HIV diagnosis can seem to destroy a life and its comforts, and the process of gradually rebuilding that life and that sense of security in the weeks and years that follow.

What we found, however, was that rather than telling members of the public that this was what the work was ‘about’, a more interesting approach was to ask people what they thought it might be about. Allowing people to activate their own processes of meaning-making around this and other elements of the installation made people much more receptive to discussions about HIV in Australia.

Many of my interactions as a facilitator on-site were with two kinds of people: either members of the public with very little knowledge about HIV; or people who had specifically come to town for the AIDS 2014 conference.

There was one exception to this rule. During one of Ross Anderson-Doherty’s fabulous musical interludes with his Back-Up Bears (or BUBs), I was approached by a man who seemed somewhat disgruntled. I began to explain to him some of what the project was about, and asked if he knew much about HIV. ‘Yeah,’ he said, ‘too much.’ This was a heterosexual man living with HIV, and he quickly made it known to me that he didn’t feel that this bearded man in a frock represented him and his experience. I was aware that this was difficult territory: on the one hand, I didn’t like the language he was using to describe some of the performers; on the other, I didn’t want to tell him how his own experience should be represented. So I started to talk to him about the GL RY project’s links with Positively Fabulous, and about trying to raise awareness about women living with HIV.

Part of Ross’s performance identity is that he is a ‘Sonic Lesbian’, and only likes to sing songs traditionally sung by women. He is, therefore, standing with women and their experiences of living with HIV. After his initial hostility, I was surprised by this man’s receptivity to information about women living with HIV, and he seemed surprised to learn that this was an issue.

This interaction was a moment of deconstructing an issue that had been brought up on a number of occasions over the course of the project – the relationship (both perceived and real) between gay men and HIV and AIDS. This relationship – historically so powerful in galvanising action around HIV and AIDS can result in the public thinking that women and straight men do not ‘get HIV’ (this was borne out in our interactions with visitors in the square), and that there is a support network around gay men living with HIV that is harder to find in other demographics.

It was heartening, therefore, to see a gay man being the conduit between the marginalised experiences of one straight man and a community of women, both parties living with HIV but too often isolated from one another.
Next steps

Alyson Campbell and the team have received a lot of positive feedback about the installation and the ways in which it was able to open a sort of portal between those attending the AIDS 2014 conference and the general public. Although plans are not yet specified, there are hopes to continue the project in Belfast, London, and at AIDS 2016 in Durban, as well as exploring online, ‘viral’ dramaturgies to express viral issues. Alyson and Kim are working together to look at how the project can continue to focus on the underrepresented area of women living with HIV.

Watch this space … Alice’s adventures will continue.

For further information about GL RY see: Facebook page: https://www.facebook.com/glyryprojectaus?ref=ts&fref=ts
Website: www.gl-ry.com

Georgia Symons is a graduating student of the Master of Writing for Performance at the Victorian College of the Arts, and was involved in the GL RY installation as a production assistant and associate artist, contributing a one-on-one performance experience entitled Alone Together ... When she’s not constructing public glory holes, she likes to make interactive theatre, eat cake and kick ass.

“Spit Fairy” Tim Phillips collects a spit sample from Kylie Supski. How much spit would it take to contract HIV? (There is no risk of contracting HIV from the saliva of an HIV-positive person – around seven litres would have to be injected or swallowed, apparently!)

Central and Vital over 30 years: AIDS Candlelight Memorial, Sydney.
In May 2014, the Victorian College of the Arts (VCA) premiered two new theatre productions1 that hoped to help end stigma and raise awareness around HIV and AIDS by taking the lived experiences of Victorians living with HIV and responding to them theatrically.

I had been working on Plus Sign Attached, directed by Maude Davey, since March with ten other third year actors and undergraduate production students. We began with nothing; there were no scripts. All we had was our prior knowledge and experience of HIV and AIDS, which for a lot of us, was very limited.

So how does a group of theatre makers create a show about something of which they have no lived experience?

Well, the VCA engaged a community partner in Living Positive Victoria to support the project and provide us with such rich and honest stimulus material. A range of people from their speakers bureau, who are HIV-positive, came and shared stories about their relationship with the virus, the events leading up to receiving a positive diagnosis, and the response after, disclosure and their current life.

The speakers that came to us were varied in age, sex and sexuality and it became very clear that this virus did not discriminate. Their generosity and bravery to tell their story to us was confronting, compelling and inspiring. We also spoke with a doctor and HIV researcher to attempt to wrap our heads around the virus on a more scientific level. Ideas of feeling ‘dirty’, shame, facing one’s mortality, risky events and behaviours, and disclosing to loved ones resonated through all the speakers’ stories, but the major word that they all spoke about was stigma. With such loaded material we also started our personal research finding articles, films, photos, interviews, music and much more to feed into our devising.

To begin, Maude offered a very loose structure for the show: a mix of smaller intimate pieces around the space whilst a main stage event occurred. However, as rehearsals began and we asked questions about content and structure, her response was “I don’t know!” and it was clear that nothing was set and everything was to be discovered.

Our rehearsals would often begin with impulse work. Images and ideas organically grew out of that, as well as interesting ways of using the space. Images from this work were often taken and fleshed out to more usable material. Maude would often provide us with provocations to which we would respond to by making short performances. We also offered ideas we were individually interested in exploring to present performatively to the group.

Some of these provocations included personal near death experiences, the science of the virus, the Grim Reaper, the 80s, facing death, disclosure, HIV and the homosexual community, HIV-positive women, the abject and redemption. And what became a cornerstone of our process; the imperfect, leaking human body, sex and feeling dirty, which culminated in us covering each other in molasses, sauces, slime, cornflour and water, liquorice, glitter and much more in a celebration of sex and being human and all the fluids that come from that, followed by cleaning each other.

Maude would never stop daring us to be braver, bolder and to commit and so as the weeks past the work seemed to become stronger and stronger. Ideas and images were joined together and allowed to react, original ideas were further developed and more material was being generated. Behind all of this was a team of student stage managers organising spaces and rehearsal materials, and ensuring our safety, and student designers finding the recurring themes and images to create an aesthetic to create costumes, set, lights and sound within. They would often be present in rehearsal both watching and putting forward their ideas and opinions and making things for us to play with when we needed them.

Throughout the process we were lucky enough to welcome back all of the speakers to showings of our work. It was another huge benefit of the community engagement with Living Positive Victoria as it gave us the opportunity to ask any questions and gauge responses to the work thus far. I remember how nervous we were about this. Here they were watching their stories, interpreted by us...
and put onto stage. Had we done their stories justice? Would they be offended by anything? How would it resonate with them, if at all? To our relief they responded very well, some even moved to tears and at times there were moments of roaring laughter. It gave us confidence in our work and for me, it was a moment of realisation of how big an impact this project could have. We were also able to receive some more critical and constructive feedback to take action on.

As the work progressed a similar yet different structure to the one initially proposed emerged. It was decided that the audience were to go through a promenade performance leading them into the space, where a main stage performance would happen. The main space material began, for me, to have a feel of a demented cabaret, where images sparked up and down in a whirlwind, acid- fuelled kind of world. Where beauty mixed with the abject, song mixed with death, and the confrontational mixed with celebration. It was a visceral feast.

We had a lot of material that we needed to piece together. Maude would offer draft running orders, containing different transitions, rhythms and repetitions. We would try them and they would feel wrong and so she would make another one. It was wrong again. And so the creative process continued.

We had never done a full run of the show without stopping until production week and even after that there were changes aplenty, even on the day of opening night. That’s the exciting part about the devising process; the show is never complete. It’s evolving, it keeps you on your toes, it’s changing, it’s fresh, it’s relevant and it has its own life; that’s why it must continue to grow and develop. It lives within the theatre and hopefully in our audiences as the images churn in their minds and manifest some sort of change in them and their personal relationship with HIV and AIDS.

Reference

1 Plus Sign Attached, directed by Maude Davey and UN/clean, directed by Noel Jordan.

This article was first published on the VCA blog (http://blog.vca.unimelb.edu.au/) in May 2014.

Tim Phillips is a student of Company 2014 – Bachelor of Fine Arts (Theatre Practice) at the VCA.
30th July 1999: A Disclosure Event Between Two Men In Their 30s Taking Place On A Sunny Day In London On A Bench Overlooking The Thames

I am 32 years of age. I am standing waiting for a train to pull in at the Eurostar station in London's Waterloo. My partner at the time, Simon, who lives in Paris, is in town for the weekend for my birthday, which is tomorrow. I'm holding a bottle of champagne in my right hand, and a bunch of cut-price flowers from the corner shop in my left. I've got something to tell Simon and I'm trying to control my nerves. I'm resisting the urge to: a) run away very, very fast; b) jump on a train to Belgium; c) down the bottle of champagne very, very quickly.

Simon said retrospectively that he knew something was up by the sheer fact that I'd bothered to meet him from the station in the first place. The champagne and the wilting flowers confirmed this suspicion. It's all terribly out of character, apparently.

I took him out into the deep July sunshine and down to the Southbank, outside of the National Theatre and overlooking the sparkling water of the Thames, one of my favourite places in my home city, where we sat down on a bench and I opened the champagne and took a deep breath …

Paul: We have to be really brave boys now …

I remember starting with those words as I proceeded to tell him that, unknowingly to him, I had taken a test for HIV the previous day and that it had come back positive. I had only had less than one day to get used to the idea when here I am disclosing to my first person.

Paul: I am HIV+. It was English academic J. L. Austin who first coined the word ‘performative’ to describe the way in which our utterances can be performative: i.e., to say something is to do something. In uttering certain sentences people perform acts (like the words ‘I do’ in a marriage ceremony, for example) that have the potential to change our worlds.1

An HIV-positive disclosure functions like one of Austin’s ‘performatives’ in that it is both an act of speech and an act in itself. It also has a duality of meaning and affect, where the sequence of words, ‘I am HIV-positive,’ describes a medical condition while also signifying a narrative event of diagnosis through to some level of acceptance. In other words, we perform both a revelation and a checking in of where we are in ourselves about it at the same time: a classic example of text and sub-text.

Concurrent with this revelation is a transgression, or breach in the personal boundaries we might erect for protection’s sake. We make ourselves vulnerable out of care for another. I've been thinking about the word vulnerability recently – if you break it down it becomes vulner which is Latin for wound and of course put it with ABILITY we get something like wound-ability. I like this, to have the ability or skill to show ones wound to the world, and in doing so, one can either infect the wound or let air get to it and so promote healing. I think of the performance of disclosure in the same way. I think it’s a performance in which we take a risk to be known, and in this to elicit a certain knowingness in response from others. Yet I haven't been able to find the words that adequately describe this process.

Seeing as my background is in theatre, it made sense to me to look to existing theories in the field of Performance Studies to help me find an appropriate vocabulary to understand what actually happens when we perform a disclosure.

Disclosure as a performative act

The word ‘performance’ typically brings to mind images of detailed costumes, dramatic lighting, extraordinary sets and characterised actors. However, the American performance academic Richard Schechner takes Austin’s notion of performativity in language and uses it to argue that ‘performance’ can expand beyond the confines of traditional stages to exist in the everyday world where everyday people perform in everyday spaces. Our actions, movements, clothes, rituals, even our gender are seen as performances of ‘action, interaction and relation’ which serve to ‘mark identities, bend time, and reshape and adorn the body, and tell stories.’2

Looking at a HIV disclosure through this lens I began to see the rehearsed aspect of my behaviour that day of my first disclosure. It was, in other words, a constructed storytelling event in many ways. A story that changed both of our lives that day.

Looking at a HIV disclosure through this lens I began to see the rehearsed aspect of my behaviour that day of my first disclosure. It was, in other words, a constructed storytelling event in many ways. A story that changed both of our lives that day.

What happens at the moment of disclosure?

It’s an interesting sequence of words really. It’s a declarative statement in the first person, yes, but it’s also an utterance which does something – something changes in the world when it is spoken – as it did that day for both me and Simon.
The celebrated sociologist Erving Goffman argues in his ground-breaking book *The Presentation of Self in Everyday Life* (1959) that everyday performances of the self follow scripts learnt from an early age, such as gender-specific expressions, vocal qualities, facial displays, gestures, and walks. This daily interaction is explained by Goffman through the exploration of the connection between theatrical performance and social life as ‘stagecraft’.3

**My first performative disclosure (breakdown)**

So what were the ‘stagecrafts’ exhibited in my example? Well, if there is going to be a performance there needs to be some kind of stage or setting. Mine happened to be London’s Southbank, and the set consisted of a significant bench. Goffman suggests that one’s behaviour alters depending on their location. Accordingly, my stage and set I chose was considered and not random as it was both intimate as a place of respite from the traffic of the city, yet open enough to make sure that we kept our emotions on a public register.

Further evidence of ‘stagecraft’ can be seen in my ‘uncharacteristic’ bottle of champagne and cheap flowers. They were both symbolic and intentional, so can they be seen as the equivalent of props in a theatre show? How about costume? Well I did wear my tightest t-shirt, so as to signify health to my lover so he wouldn’t fear my status as in any way degenerative. And what about the words I used to disclose with? I had certainly thought about them beforehand, so in some ways was ‘we have to be brave boy now’ part of a script? And then beyond that, how was my voice operating in a distinct way in terms of accent, tone and volume to achieve a successful disclosure? And how about my body? How about my propensity to enact gesture, to touch, to look deeply and searchingly into my lovers eyes so as to keep being human, to maintain as much human contact as possible in this rite of passage?

The final key player in the theoretical mix is the celebrated anthropologist Victor Turner, who suggests that we all experience significant acts of personal or social transformation as ‘rite of passage’ and that the processional structure of these creates new identities.4 Turner observes that a rite has three discernible phases: a separation phase of preparation; a transition phase where we perform an act which changes us; followed by reincorporation phase where we return to everyday life with a new identity in place.5

These phases, I believe, are similarly present in my processes of HIV disclosure. Like an actor ‘warming up’ before a performance, I prepared myself by spending some time contemplating the Thames in an attempt to steel myself before meeting Simon. In the moment itself, I was nervous as all hell but paradoxically calm and focused. I remember how I was aware of my surroundings but extraordinarily focused on the event.

Turner calls this crucial segment in time a ‘liminal period’; a moment where the performer is ‘betwixt and between … two realities [that have] intersected and meshed’.6 It is only once the performer truly attains this liminal moment that he/she can achieve actual, definitive change. As for the third phase, well, now we had transformed ourselves into fully disclosed individuals, we felt bonded, secure in our relationship, and ready for the world together. It was a unique and extraordinary moment in our relationship.

**Turning theory into practice**

Of course, the proof of the pudding is in the eating. In an academic’s world that translates as: it’s all very well coming up with fancy theories but it’s only when you apply it to the real world that it’s worth anything. So I set out to observe as many disclosure events as I could. I did this by interviewing people about their experiences of disclosure, firstly in London, and then (after winning a scholarship to study for my doctorate at Monash University) here in Melbourne, and in countries in Africa (South Africa, Malawi, and Swaziland).

What has been interesting about this intercultural investigation period is how, despite radically different contextual factors, the actual processes of disclosure employed by HIV-positive people had the similar remarkable defining features of my first disclosure moment. From the enactment of ritual; to the conscious choosing of place and set as ‘staging’; the rehearsal phase of premeditated behavior; the appropriation of props, gestural body language, and even costume; all these ‘stagecrafts’ were present in the performance of disclosure.

But how I could best apply these findings in a useful way? The second phase of my research was to take all these ingredients for effective performative disclosures and explore them in creative workshops using...
storytelling, theatre, writing, and art. The participants in the workshops held in the UK and in Africa were mixed HIV-positive and HIV-negative people who had an interest in the practices of disclosure. Some people wanted to gain strategies to disclose more successfully and with greater confidence in real life, others wanted to know how best to respond to being disclosed to. These skills were expanded through a third phase in my research where I started to work with participants to devise full-length performance pieces for the theatre in which my performers could showcase their acquired skills in empowered disclosure.

Among these shows were two performance storytelling events. The first was *I Speak My Story Africa*, which used a potent mix of storytelling and music to explore young lives profoundly affected by HIV/AIDS. This performance was produced in collaboration with the charity Possible Dreams International, and premiered in July 2012 in Sitegi, Swaziland, Africa.

The second was *The Haunting*, a performance devised and performed by nine gay men aged between 40 and 65, exploring the complexities of mature gay life in the city. This performance was created working with a gay men’s self-development agency called The Quest, and premiered in London in October 2013.

Although these shows were worlds apart, they shared the same creative processes and structure (three acts based on Turner’s three phases of a rite of passage) and were in themselves ceremonial processes of ritual disclosure. What I found entirely wonderful was how this enacted ritual then provoked an extraordinary mirroring of its processes by the audience after the shows had ended. In other words, seeing empowered disclosers on stage disclosing powerfully acted as a stimulus for empowered disclosures from the audience. Of course, it’s also important to put one’s money where one’s mouth is, and so earlier this year I premiered a solo show called *Fathers & Feathers* – first in London (October 2013), followed by a short tour in Melbourne (April 2014), with myself as a performer/discloser tracing my own journey towards acceptance of my HIV status along with my late father’s acceptance of me as a wayward son. I did this because I wanted to know how my theories felt in actual practice for myself.

At the key moments of disclosure built into the show I experienced all the same sensations and feelings I had that sunny day on a bench overlooking the Thames. It was a very odd experience reliving my life through a series of disclosures to parents, friends, lovers, partners, but the enacted memory of each of these made through the theatrical lens made me realise that in stepping across the thresholds identified by Turner and Goffman in ‘fear and vertigo’, I felt myself becoming a ‘ritually transformed subject’. I experienced first-hand how the power of staged performative disclosures could strip away any residual internalised stigma surrounding my positive diagnosis.
The future of performative disclosures?

Since February 2013, I have gone on to further this process of discovery and empowerment in my work for Living Positive Victoria as a sexual Health Education and HIV Awareness Speaker for the Positive Speakers’ Bureau in Melbourne, where I am commissioned to speak to schools and community groups about HIV. This work is incredibly rewarding and brings my research full circle, in that what started out as an intimate real life disclosure event transforms into a system of enabling strategies to help foster performative disclosures to audiences in desperate need of experiential education around HIV.

Of course, we live in a time in which draconian laws exist in New South Wales and Tasmania that continue to require disclosure of one’s HIV-positive status before engaging in any sexual act, with a legitimate fear of prosecution if a successful HIV disclosure is not enacted. I personally think that, rather than wasting time and money on what amounts to a form of persecution of the already stigmatised, it would be a more fortuitous venture to spend money on enabling HIV-positive people to disclose with greater ease, confidence and clarity.

I am convinced that the way forward in this might well be in the dissemination of the aesthetics of disclosure, using the theories of performativity outlined above, as a way of enabling everyday people to enact powerful disclosures in a way that empowers both the discloser and the disclosee alike.

I hope we can all find our own benches, rivers and flowers in our lives and celebrate the power of this moment instead of being consumed with the fear and dread that can be the overwhelming experience of disclosure. I think real change can happen in this shift of perception.

References
7 ibid.

Paul Woodward is a theatre practitioner, performance academic and international educator. He works as a senior university lecturer in theatre and performance in the UK and AUS. In Melbourne he is a positive speaker for Living Positive Victoria’s award-winning Positive Speakers’ Bureau. He is currently working full time on a PhD investigating the performativity of HIV (dis)closure at Monash University in Melbourne.

Central and Vital over 30 years: AIDS activists hold up traffic in Sydney’s CBD to fast-track Australia’s drug approval system. Image courtesy of Positive Life NSW.
During AIDS 2014, Living Positive Victoria’s ENUF project was involved in a range of artistic collaborations to raise the profile of issues affecting people living with HIV. One of these events was a photographic exhibition, held in Melbourne’s Federation Square, designed to challenge community attitudes towards HIV by addressing the issue of stigma and discrimination.

Curated by Brenton Geyer, ENUF Campaign Officer at Living Positive Victoria (LPV), working with photographer Alexander Edwards as the principal artist, ENUF Already: the Voices of ENUF allowed people living with HIV to document the experience of HIV-related stigma and resilience in all of its many and varied forms.

Using an innovative technique that combined projections and photography, the exhibition engaged people living with HIV in a creative, inclusive and collaborative artistic process to produce a series of portraits which incorporate personal stories projected onto the faces of the portrait subjects. Displayed 24-hours a day in a public space, the exhibition put the stories and faces of people living with HIV clearly in the public eye for the duration of the International AIDS Conference.

Brenton Geyer explains that the ENUF project relies on the participation of a wide range of people thinking about stigma and sharing their experiences. The Voices of ENUF exhibition enabled some of these stories to be brought into a new context. By being prominently displayed in Federation Square, the exhibition allowed a broad audience to connect with these stories – including people who would have had no previous knowledge of the ENUF campaign.

‘The telling of personal stories and real experiences of people living with HIV plays an important part in assisting the ENUF campaign to achieve our goal of erasing the stigma and discrimination that follows people living with HIV,’ Brenton Geyer explains.

‘As somebody who is HIV-positive, I want to celebrate the rich diversity of the stories that our community has to tell and add my own contribution through the cultural expression that a project such as this will allow,’ he says.

To date, the ENUF campaign has attracted over 2,500 individual supporters and has received 70 stories of stigma and resilience, which are being drawn upon to construct a variety of anti-stigma, HIV awareness initiatives.

The photographs displayed in the exhibition represent just some of these stories. Pictured above, and on the pages that follow, are a selection of images and words from the exhibition.

Everyone is invited to share their voice by signing the online ENUF Pledge:

- I pledge to challenge HIV stigma whenever and wherever I see it.
- I will not sit by and allow anyone living with HIV to fear disclosure.
- I will take action when I see others gossiping about, rejecting and/or promoting negative stereotypes about people living with HIV.
- I commit to being part of the solution, not part of the problem.

To sign the pledge and to add your voice to the campaign, visit enuf.org.au

Finn O’Keefe is Communications Officer at AFAO and an editor of HIV Australia.
You have to get enough courage to tell the people you love and that love you because you can’t and shouldn’t do it on your own. You can’t end the stigma until you end it yourself. You’ll be amazed at people’s response and acceptance. I feel better about myself ... Will

Let’s end the stigma right here. I pledge to tell my story and answer questions that people have. Everyone deserves to be loved and cared for. Lucas

My experiences of HIV related stigma and discrimination have made me more resilient than I ever thought I could be. It has strengthened my resolve not to let HIV define my life, define who I am or define how I live. I am a stigma warrior. Cath

The stigma for me that comes with living with HIV never really fades away. Sharing our own journeys of self-belief & strength through living with HIV will always promote strength through diversity. Being open about my HIV status has been the most powerful of experiences. It has created an extraordinary resilience and ability to challenge HIV stigma in all its insidious forms ... We are all susceptible to contracting HIV so I say ENUF to HIV stigma ... Max
For HIV positive people stigma is not just something that we hear or that we see. It is something that we feel. It is something that we know. Too many people find their experience of HIV to be one of disempowerment and isolation. Richard

Stigma prevails when good people do nothing. We must all challenge stigma when we witness it. Michelle

Stigma is ubiquitous. Paul

Shame, self-doubt, isolation and loss of connectedness are just some of the faces of stigma. Brent
Dimensions of HIV-related stigma: exploring stigma through artistic practice

By Peter Fenoglio

In July this year, I had the good fortune to attend the 20th International AIDS Conference and to stage an exhibition at the Brunswick Street Gallery, entitled A Decade of HIV-Related Stigma. The exhibition, which was an official Conference Affiliated Cultural Event, investigated the impact of HIV-related stigma on social, family and community groups and individuals.

Stigma and discrimination continue to play a significant role in the lives of people living with HIV, affecting confidence, self-esteem, and quality of life. Exploring the impact of HIV-related stigma on people living with HIV and instigating conversations about these issues forms the basis of much of my work.

My full body of work, which includes digital photographic giclée prints, installations, performances, objects and video artwork, is informed from both field research activities and arts-practice research. I am an activist committed to making artwork that challenges people to foster an understanding of the experience of living with HIV. My artworks establish meaning through image and association, which acknowledge challenges faced by people living with HIV and provide a dynamic cultural medium for investigating ongoing conversations of empathy and understanding.

Exploring stigma through arts-based approaches

The majority of people living with HIV experience stigma. The UN Secretary-General, Ban Ki-Moon has identified stigma as a key driver of HIV epidemics worldwide:

‘Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world.’

While there is an emerging body of literature addressing and measuring HIV-related stigma, little work has been undertaken to capture the tacit knowledge of an experience only those living with HIV can express or articulate. The conceptually mediated artworks I make, seek to capture the essence of this felt experience.

Significant manifestations of HIV-related stigma are evident in the research literature and also in the stories of lived experience which I explore through my work. These include manifestations such as isolation, protection, contamination, disclosure, avoidance, ostracism, exclusion, rejection, blaming, assumptions, difference and indifference. These dimensions of HIV-related stigma are a main impediment to initiating and succeeding in HIV prevention.

Behind the face of HIV

One of my first major social-commentary artworks, a photographic installation comprising 85 giclée prints, exhibited at the Brisbane Powerhouse in 2003, resulted from photographing both Aboriginal and non-Aboriginal HIV-positive men and women throughout Queensland. This artwork, titled Behind the Face of HIV, Queensland 2003, explores the issues of HIV-related stigma and the discrimination in having to ‘hide’ one’s face. I engaged with contributors to obtain information before I took photographs, which gave me a significant introduction to the HIV community in Queensland, and subsequently throughout Australia.

This artwork presents the visual data of the subjects’ ages and the first year of a HIV-positive blood test, as a symbol of stigma, the monkey that people living with HIV carry on their back. The demographic interpretation of history and death, and the subject’s anonymity, compels the viewer to consider the significance of HIV-related stigma.

Behind the Face of HIV, Queensland 2003, portrays concepts of demographics, history and death, drawing inspiration from Christian Boltanski’s photographic installations which explore equivalent themes. Since the subjects are anonymous, the viewer is directed to consider the caption on the back of each subject and to ‘make a date in history’.

Behind Stigma: what is it to be HIV-positive

The artworks in the series, Behind Stigma: what is it to be HIV-positive, consist of four photographic-based, enhanced images which present the viewer with a textual plane arranged to produce a ‘slit’ through which only parts of images are revealed. The image sections are black and white, with the other predominant colour either low-value red or a high-value red integrated into the remaining space. This use of colour, combined with the device of the slits, establishes an area of attention or gaze for the viewer.

This series specifically deals with the aspects of blame and assumptions made about the activity that results in HIV infection. These assumptions victimise HIV-positive people and assign blame for the spread of HIV. The works depict images of drug injections, vaginal and anal intercourse, and oral sex practices – acts which imply the possibility of HIV transmission. The paradox signified in this work is the simultaneous desire to gaze on the acts represented by the images, and to disapprove of them. In this way, the images explore the offensiveness of experiencing HIV-related stigma.

HIV transmission and disease spread to the so-called ‘wider community’ is commonly attributed to the gay community or intravenous drug use,
rather than to risk-taking behaviour and human nature in general. These assumptions explain how religion and homophobia have fed an impetus to blame gays and intravenous drug users for bringing HIV infection upon themselves. This thinking is reflected in a statement made by one of the contributors: ‘At first it was a real shock, but not unexpected because of my history and the activities [and practices] of gay men. All gay men, not just black gay men’.

The hidden but assumed provocation established by the viewer’s gaze and comments from HIV-positive contributors are visible and present in the artwork.

**Banners 2011**

Another photographic-based series, *Banners 2011*, investigates the assumed causal experiences of contracting HIV. Devoid of text, the five images displayed on banners attempt to ‘sell’ a conversation about unspoken acts that go beyond campaigns of HIV prevention. Each image is representative of various bodily fluids and body contacts, including semen, blood, vaginal fluid and pre-cum. The images are stamped with a three-dimensional HIV cell logo, which gives the banners their historical and biochemical context, and establishes a commercial context.

Although this series can be displayed in either a gallery space or within a traditional commercial space for advertising, the banners are not attempting to sell any particular product (the usual function of such banners). Placed in either space, the work commercialises the issue of HIV-related stigma and encourages further conversation.

The viewer’s negotiation of the works as banner images leads to an interpretation that they are ‘advertising’, and therefore ‘acceptable’. However, in this context, the content also establishes repulsion. At some stage, the viewer will realise what the banners are depicting, and this will hopefully create a moral conflict. The emotional response by the viewer is designed to mimic the feelings of stigmatisation. As Mitchell argues, images demand the viewers’ concentration in order for them to become aware of the implications of the content.

An HIV-positive contributor I interviewed as part of my research for this project said: ‘I have just disclosed to someone about my HIV status as a heterosexual man, and I can “see”...’
the person mentally dealing with the assumptions they are making. “Does he have sex with other men, does he do drugs or does he have sex with sex workers?” Their thoughts even go down to imagining the physical transfer of the virus. At this point I start to become internally stigmatised.’

This comment references why these images attempt to confront the viewer with the paradoxical sexual feelings and experiences that fester because of assumptions and blaming.

**Conclusion**

As part of the defined social commentary, my work takes a critical stance that the viewer could consider offensive. My choice to draw the viewer to the images and then to confront them is intentional. This confrontation can instigate thought-provoking experiences about the nature of stigma. By producing feelings of conflict or repulsion within the viewer, manifestations of HIV-related stigma as expressed, experienced and felt by people living with HIV, establishing a genuine and significant presence.

My recent work within the research context of fine art and social science has focused on the impact of HIV-related stigma on social, family and community groups and individuals, and the possible resultant changes in cultural practice. I intend in the future to further investigate this as well as examine how stronger leadership within the HIV-positive community can foster stronger resilience – resilience to confront the manifestations that sustain stigma, and allow a social cure that will enact the functional cure.

The mediation of my present social-commentary artwork resulted from involvement with both non-Aboriginal and Aboriginal people living with HIV for approximately the last twelve years. This has enabled me to articulate the impact of HIV-related stigma, discrimination, and injustice.

**References**


Peter Fenoglio is a visual artist and arts educator. Peter was President of Queensland Positive People from 2009–2014 and is a speaker at the Queensland Positive Speakers’ Bureau (QPSB).

![Central and Vital over 30 years: PLWHA NSW march in the Gay and Lesbian Mardi Gras parade in the late 1980s. Image courtesy of Positive Life NSW.](image-url)
My name is Arone Meeks, I am a Kuku Midiji man from Laura, Cape York, Far North Queensland. Here I’m going to talk about my creative pathway and journey through the visual arts, and how this work interconnects with health promotion, HIV, and working with communities.

Most of my creative and academic training was a combination of Western style art and traditional art practices. I received my Bachelor of Arts in Sydney, and further training on Mornington Island, Yarrabah under the teachings from my Uncles and my Grandfather.

After graduating from art school, I soon discovered the mainstream art world had a very limited ideal about Urban Indigenous artists. Our artwork was not deemed Black enough to be considered ‘traditional’ and not white enough to be considered ‘mainstream’.

**Boomalli strikes up**

During the late 70s and early 80s, many urban-based Aboriginal artists were struggling to gain public recognition for our work. In response to this lack of engagement from mainstream cultural institutions and galleries, many Indigenous artists self-organised and began staging our own exhibitions.

Held on the fringes of the art world, these early exhibitions, such as *Koori Art 84*, held at Artspace in 1984, and *Urban Koories*, held at the Willoughby Workshop Arts Centre in 1986, showcased works from artists now recognised as pivotal figures in the first wave of Australia’s contemporary urban Indigenous art movement. This included artists such as Avril Quaill, Gordon Syron, Euphemia Bostock, Bronwyn Bancroft and myself.

In Australia, my work was shown in locations including the Australian Embassy, Coo-ee Aboriginal Art Gallery in Sydney and in various group shows including Boomalli and others, all of which sold well. Over an extended sojourn of four years, I created several solo exhibitions and worked in locations including Paris, South America and the United States.

Throughout this whole period, I was in a relationship that began when I was 19 years old and still at art school; this relationship lasted for nearly 20 years. Together, we travelled the world, visiting countries including New Zealand, the USA, the UK, Europe, as well as a particularly influential time for me as an artist spending six-and-a-half months in India.

My experience of travel contributed a huge amount to my vision of my art-making and where I might develop and explore new symbology and language in my work.

**HIV steps into the frame**

On returning to Sydney, it became apparent to my partner and I that we needed to find a new setting, and the Blue Mountains became our new home.

This was a wonderful time and a great location for me to create and grow; but on the horizon, my friends, lovers and mates – most of my art school buddies – were getting sick and fading away … literally. HIV had stepped into my life.

In 1984, my partner went in for a blood test. It came back positive. There was little information available about HIV at this time, and the TV ads were just scary. Despite the use of AZT – the only available treatment for HIV at that time – the health of HIV-positive people just got worse; and then people started dying, including my partner.

There was not really much reason for me to stay in the Blue Mountains alone. I moved back to my home town, Cairns, to join my family and spend more time with my community, and to connect with Laura, my traditional Country.

The reason I am telling you this story is because during this time I became quite self-destructive. My work became very dark and then I stopped painting for nearly a year. I was thinking, ‘Why? … Why would anybody want this dark moody stuff?’ Well, it was a surprise to have an exhibition in Sydney and sell the lot! It proved to me that I was not alone, and I wasn’t the only one going through this.

**Mentoring, teaching, sharing and listening**

Today, I have a partner of 14 years, a fellow artist from New Zealand. I regularly have solo or group shows. I still do public art, and write and illustrate children’s books. But my passion of the last four years has been one of sharing the skills, knowledge and stories of my arts practice with Indigenous and non-Indigenous communities.

This is done through mentoring, teaching, sharing – and me listening, learning and creating an environment that nurtures and cares about culture, community and self-expression.
In Cairns, I work with the 2 Spirits program at the Queensland AIDS Council. The program has two offices (one in Cairns and one in Brisbane) and is involved in a range of activities across the state. These include:

- reaching communities with health promotion campaigns – by outreach, services and via mail order and online
- providing peer education workshops and information forums for gay men, sistergirls and people living with HIV
- social support groups in Cairns (Yapla Mipla Ahfla) and Brisbane (gar’banidjceilum)
- information, practical support and referrals for Aboriginal and Torres Strait Islander People living with HIV
- outreach to community events and services, and
- supplying condoms and lubricant.

Health promotion is vital for maintaining the health of our communities. We engage the Elders, Indigenous sexual health workers, remote communities, and local Mob and explore ideas around sexual health to develop resources and conduct workshops. Using a ‘whole of community’ approach enables us to carry out this work without ‘outing’ people.

We attend many community events, including the Laura Dance Festival, Winds of Zenith, and the NPA (Northern Peninsula Area) Cultural Festival. These are the key opportunities to let communities know about our agency and what we can offer.

Doing this work is where I can use my art skills/practice to engage communities. This is where our culture comes into play, using song, dance and art. I now also teach in remote communities such as the Northern Peninsula Area, New Mapoon, Umagico, Injinoo, Yarrabah and Arukun.

I have also written a five-year program entitled, Toward Self-Management. We have successfully secured funding for the first three years, and this has led to exhibitions being held within communities and at major galleries, as well as community participation in outside competitions and awards.

I am also still doing solo and group exhibitions taking on commissions. Recently, I worked with a master kite-maker from China.

Collaborations with AFAO

My involvement with Australian Federation of AIDS Organisations (AFAO) goes back many years. Recently, a special Indigenous edition of HIV Australia (Volume 11, Number 3: Respect and resilience shaping the response to HIV and STIs among Aboriginal and Torres Strait Islander communities) featured many of my artworks, including the front cover image.

In 2014, I was involved in the artistic design of the G’Day! Welcome to Australia Networking Zone – AFAO’s networking zone in the Global Village at AIDS 2014.

The centrepiece of the G’Day Zone was a three by four metre couch modelled in the shape of Australia. The concept was collaboration between David Edler (ACON), AFAO and myself. David came up with the initial concept for the shape of the couch, while the black and white fabric design which covered the couch was taken from a two-and-a-half metre linocut work of mine entitled Spirit Ark. The fabric and pillows used elements from another painting of mine, entitled Dry Reef — a work which talks about the coral spawning and the way coral, self-bleaches or grows a dead skin to protect itself, a process which happens every year so the reef can regenerate itself.

Several posters of my work were used to decorate the G’Day Zone space, and each of these works has their own story.

References

2 ibid.
3 ibid.

Parts of this article are drawn from a presentation given by Arone Meeks in the AFAO G’Day! Welcome to Australia Networking Zone, at the AIDS 2014 conference in Melbourne, 22 July 2014.

Arone Meeks is an internationally-renowned artist whose work celebrates themes including country, nature, spirituality and sexuality. His work appears in many national and international collections, both public and private. A former member of the Boomalli urban Aboriginal artist’s co-operative, Arone won an Australia Council fellowship to study in Paris in 1989 and went on to exhibit throughout Europe and North and South America. Arone is a mentor in visual arts and regularly conducts workshops with remote Indigenous communities. He is also a Health Promotion Officer with the 2 Spirits program in Queensland.
Respect and resilience: shaping the response to HIV and STIs among Aboriginal and Torres Strait Island communities

Today, Lyle Chan is an acclaimed composer, whose works have been commissioned and performed by major artists including soprano Taryn Fiebig, pianist Simon Tedeschi and the Sydney Philharmonia Choir, and the even former Foreign Minister, Bob Carr. But in the early nineties, Lyle was a core member of ACT UP and other AIDS organisations. He and fellow activists couriered AIDS treatments from the US that were unavailable in Australia, fiercely lobbying the Australian government to approve experimental treatments more quickly.

During this time, although Lyle says he’d ‘given up music to be an activist’, he continued to sketch music – his way of documenting emotions during the ‘crisis years’ of Australia’s HIV epidemic. Twenty years later, Lyle developed these musical sketches into a composition which became known as *String Quartet: An AIDS Activist’s Memoir in Music*. Lyle then partnered with Acacia Quartet to bring this work to the stage.

On the eve of several performances which took place in Melbourne during the week of AIDS 2014, Lyle spoke with AFAO’s Jill Sergeant about the memoir, activism, and the value of music.

Jill: This piece of music was a long time in the making. You say on the program notes that it started out as diary entries back during your days as an activist in Sydney in the early 1990s, but you only completed it very recently.

Lyle: In 2010, I was asking myself a lot of questions about what I wanted to do as an artist. I realised that to be able to focus on composing, I had to get past the experiences of the early nineties, and I remembered that I had my diary entries. Now I call them diary entries; I never thought of them that way back then. I was just sketching music that related to the feelings I had at the time.

Sometimes there were just a few bars, and sometimes, like in the case of the work that I wrote after Bruce Brown died, it was virtually performable as it was.

Bruce was the poster-boy for Sydney activists ... a lot of people wanted to join ACT UP to make the change that Bruce spearheaded.

He was a professional musician. He was very inspiring in that he gave up a job in order to be an AIDS activist ... I have friends who were Wall Street traders who did the same thing. There were not that many full-time activists and Bruce was one of them, and it was truly, truly inspiring thing to remember that people actually made great sacrifices to bring about changes like accelerated drug approval.1

You’ve written essays to complement the musical pieces. Did you write the text at the time you were doing the musical sketches?

I didn’t keep a diary in words. The dates would tell me what a piece was about, if I needed any sort of reminder. But after I turned each sketch into a performable piece, I would write something so that the performers or I would have something to speak on stage. I’m still in the process of writing the full length versions of those essays, and some are available on my website.2 But the music certainly came first.
How did Acacia Quartet get involved?

Acacia had played another piece of mine, unrelated to the AIDS Memoir, and they wanted to play more of my music. I gingerly showed them the piece about David and they played it. They found it very hard, both emotionally and technically. Then they said to me, ‘there must be more, right? Surely there is more.’ I said yes, there’s probably about eighty minutes more. So they said, you keep finishing it and we’ll keep playing it.

The next section I wrote was about Franca Arena and her twin sons. Acacia played that and got a good reception from audiences. In fact, their concert at the Melbourne Recital Centre for AIDS 2014 was booked a year ago on the basis of one person hearing that section. Then Acacia wanted another section for a concert in Brisbane, so I wrote the first section of Dextran Man, which was about Jim Corti, and after that it snowballed.

How closely do you work with the musicians?

In this particular case, quite closely. As the composer I would have a way of hearing the music in my head and I would expect them to play it that way, but of course my notation being limited, as all notation is, they would play it the way they hear it and sometimes I would think, oh wow, that’s a better idea. So the music is completely written by me but we worked on the interpretation together.

There will come a time when the music leaves me. There will be performances of this music that will not involve me or Acacia. In the same way that Shostakovich’s music is played today by people who have never known him, they just know the tradition of its playing.

I want that. I want people to bring whatever they think, whatever they feel to the music.

Were the Acacia Quartet’s suggestions and interpretation purely based on how they were responding to the notation as musicians or were they also related to the history you had already told them about?

I talk to them quite a bit because they have been genuinely very curious. It will be interesting for them when they do these performances during AIDS 2014 because they will meet people in the audience who knew the people they are playing about.

To Acacia, people like Bruce Brown, Tony Carden and David McDiarmid are almost mythological creatures, they are just like names in a novel, but when Acacia play in Melbourne [during the week of AIDS 2014], they will meet someone who was present at Bruce’s death. It will be a level of reality beyond just knowing me.

They play this fourteen minute piece about David’s health and his care and his activism, but they never knew David. They will be performing surrounded by his artwork at the National Gallery of Victoria.

A lot of the stuff that they have brought up was based on responding to the stories. Sometimes they wanted to make things more explicit than I wanted to and I would say ‘just trust the notation, you don’t have to exaggerate that. The message will be clear, if you play it in the subtle way that it is written rather than needing to punch home the point’.

The piece Towards Elysium was written after AIDSX published the Self Euthanasia Recipe. It was the most blatantly illegal act that we had done and Acacia, in the early performances, really wanted to emphasise what they felt was the journey of the soul into eternity and to play the music in some way to reflect that. I felt it was in a way distorting the music. The music was lucid and if you play it in its simplest form that feeling comes through anyway.

A lot of the stuff they worked with me on was technical. My last memory of Tony Carden was playing the organ at his funeral, so there’s a passage that sounds like church music. They weren’t thinking, ‘let’s make it sound like an organ,’ but rather they were thinking, ‘how do we phrase and slur it so that we bring out
sweetness in the sound?' That's where I really appreciate their input. That was something I couldn't do.

Was grief one of the things that kept you from completing the sketches and has revisiting them helped you to deal with the grief from that era?

Having finished writing this memoir, I’m experiencing a feeling of saying goodbye to the period. I don’t know how to answer your question because I wonder if I have ever actually grieved. I think one of my responses to people dying back then was frustration more than grief. We were in a war so you moved on to the next skirmish.

Maybe I don’t see the point of grieving. I respect the memory of all my friends who are not with us and I show my respect in ways like writing pieces about them. Maybe that is grieving.

I don’t feel sad actually. I wonder if once upon a time I might have and I don’t remember. I am just honoured to have known them and in some ways a memoir like this is to give a voice to people who are dead.

Have you thought about what pieces the Acacia Quartet will play at the launch of HIV Australia and the AIDS Education and Prevention journal, at the G’Day Networking Zone at the AIDS 2014 Global Village?

It will be a noisy environment, and a lot of the music is soft and contemplative. To exclude that would not give the right impression of the work. We’re going to see if we can amplify Acacia so they can play Towards Elysium, which audiences love.

The opening of Dextran Man is also good for an audience who is hearing the music out of context. It’s quite a powerful story and I don’t think it’s being told anywhere else. It’s about Jim Corti and how he illicitly manufactured ddC. About four hundred people got ddC from me back in ’91 and ’92 and I couldn’t tell them where it came from. I’m not the person they should be thanking, it’s Jim Corti. I would like to play that piece at the launch because there is a history to be respected.

Where do you think you will be in a few years’ time in terms of your music, or do you have something already on the horizon?

I think all art is a journey into the unknown. As an artist, if you know where you are going to go then you’re making something, but it’s not necessarily art. I have lots of commissions that I have to fulfil. I am presently writing a piece for the University of Technology, Sydney (UTS), who commissioned me to write a work for their resident ensemble. Their animation students will make a film based on it. I also have a choral piece to write for a choir that’s going to Europe next year. They’re playing in a couple of famous Abbeys and they want to take an Australian piece with them.

I can only write a piece of music I believe in. Life is too short to do otherwise.

You can hear the music of Lyle Chan at www.lylechan.com

References
1 Quote taken from ‘Activism and creativity: Kirsty Machon in conversation with Lyle Chan,’ a presentation given at the G’day! Welcome to Australia Networking Zone during the 20th International AIDS Conference, July 2014, Melbourne.
2 www.lylechan.com

Jill Sergeant is Project Officer at AFAO. An extended version of this interview appears on the blog, AFAO talks (http://afaotalks.blogspot.com.au/)
One sunny Friday afternoon in the early 90s I was on a tram going from St Kilda Road to the city. A tall gaudily dressed transgender woman on the opposite seat was on the nod, peaceful enough, occasionally opening a single eye, and clutching a small overstuffed handbag. She reminded me overpoweringly of my mother, also tall and thin, who was at that time ensconced in a hospital bed, frequently on the nod, with sly witty expressions passing across her face as the morphine floated through her.

Something about the woman opposite incensed the tram conductor. He loomed over her, shouting, ‘You can’t sleep here’, clapping his hands repeatedly in her face. She came to for a moment, stared about herself, and pulled a perfume atomiser from her bag. As she did this, one of what seemed to be many wads of cash fell out, and she absentmindedly stuffed it back into her bag where it sat, clearly visible, as she concentrated on holding the atomiser to her neck, pressing rhythmically on the head, while rivulets of sickly pungent liquid ran stickily down her neck. At this, the conductor resumed screaming, calling her a stinking freak whore, so I gathered to watch my bag, or to avoid eye contact, as required.

After a couple of hours of sisterhood, in which neither of us was mugged or robbed, we returned to our separate lives. I never saw her again.

The next day, visiting my mother, she was more alert, had put on earrings and lipstick, and was flirting outrageously with my new girlfriend. Putting her best foot forward and showing that she’s still got it. Again, like Rebekah.

So, what is ‘art’?

If representation, performance, communication, and the skilled manipulation of symbols to affect meaning can be allowed to constitute art, then fashion choices and the way that some people dance to inaudible music as they strut down the street can lay claim to some level of artiness. What is art really?

My first Google hit gives me:

noun: art; plural noun: arts; plural noun: the arts

1. the expression or application of human creative skill and imagination, typically in a visual form such as painting or sculpture, producing works to be appreciated primarily for their beauty or emotional power.

“the art of the Renaissance” synonyms: fine art, artwork, creative activity

“he studied art”

• creative activity resulting in the production of paintings, drawings, or sculpture.

“she’s good at art”

2. the various branches of creative activity, such as painting, music, literature, and dance.

“the visual arts”.

Then we move onto Tolstoy, who writes about art as the medium for the transmission of emotion and experience from one person to another or others, expressed in this wonderfully homoerotic phrase: ‘we cannot fail to observe that art is one of the means of intercourse between man and man’.1 Germaine Greer helpfully tells us that art is anything that artists call art, that most art is bad, but that you don’t get the good without the bad.2

I started work in HIV in 1994. That was the year that the first combination therapy trial was presented showing exciting synergistic effects, and it was also the year that the AIDS death rate in Australia peaked. When things got tough at work – and this was at a time when people who earned a living in HIV were derided as ‘AIDS careerists’, and when living with HIV often meant being branded with the stigmata of KS (Kaposi’s Sarcoma) and moluscum contagiosum – I buried myself in fictional worlds that could help me to make sense of what was happening around me.

One of the most memorable books from that time was Shadows on the Dance Floor, a deceptively slight looking novel by Gary Dunne. Dunne’s writing is pared back to the glistening bone, and his evocation of living as a high-maintenance image-conscious inner city queen (of any gender) at the zenith of AIDS in Sydney is searing. Images stand out 20 years later: Mr Pointy Head, the character

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By Bridget Haire

Literature, glamour and sex: vignettes from the age of style as defiance

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with HIV refusing to go to Mardi Gras in a wheelchair, then being swept off his feet and away to the party by a dyke-on-a-bike, pride intact; and the party boys streaked with filth, because they assumed what a friend had in his canister was glitter, whereas it was a recently departed friend’s ashes (fabulous sites for the scattering of ashes being a key theme). Paying homage to glamour while staring down death.

Then there was *A Matter of Life and Sex* by Oscar Moore. How could I ever have had the faintest understanding of beat sex without Oscar Moore? His ‘24 hour toilet tango’ scenes brought cottaging to life, exciting and sordid and necessary. Then there was the harrowing account of Cytomegalovirus (CMV) retinitis, the darkness literally closing in as hope of ongoing sight fades, in which the fictional character mirrored the author’s experience.

In 1995, Christos Tsiolkas’ *Loaded* exploded onto the Australia literary scene, not an AIDS novel, but full of sex and drugs and music and complex cultural alienation. Christos himself became the fresh new face of ‘dirty realism’. In the midst of his newfound stardom, generous, passionate Christos chose to teach a creative writing class at the Positive Living Centre, and write for Positive Living – all as a volunteer, despite the fact that literary success does not equal financial stability.

English performer Julian Clary also captured something of the brittle sensibility of the early to mid 90s, with his low-brow, high glam camp. I don’t remember any mention of HIV in his shows (my memory might be failing), but when on tour, he would also visit Positive Living Centres in each city and give not only cold hard cash, but lend his star power for an afternoon. Never before in daylight had St Kilda seen such an assemblage of queens as turned out to meet Julian, bedecked in their very best leather and latex, cinched tightly over atrophied muscles, with Julian holding court and taking tea, air kissing and camp bantering until nearly sunset.

The symbolism of Mardi Gras loomed large at this time – the frothy confection of glitter, leather and sequins attesting the realities of an ongoing struggle for survival that eclipsed the basic political demands of the gay liberation movement.

I am not nostalgic for the 90s. I like being older and fatter, no longer presentable in hotpants even with fishnets underneath to veil the, ah, vicissitudes of the flesh. I like knowing that my gay friends are aging with me, balding and greying, taking a pill or so a day to stay healthy and looking for more forgiving cuts of trouser.

But I do like to think back to those books, and to those outfits.

**References**


Bridget Haire has 20 years’ experience in the HIV and sexual and reproductive health sectors as a journalist, editor, policy analyst and advocate. Bridget lectures in medical humanities at the University of Sydney and is Vice President of AFAO.

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**tanka two**

the mint-blue air –
fresh as cool bark skinning
tall apple gums –
marbles the tumours swelling
my ordinary features.

— Poem by Peter Mitchell taken from *The Scarlet Moment*. See our review on page 52.
Sex workers are creative. We create environments and services which provide enjoyment, pleasure and hospitality to people from many different walks of life. The ability to do this is a gift … a learned talent … a performance … an art form. Sex work is an art. Using art to speak to society feels like a natural extension of sex worker activism.

In 1987, Empower became the first community group to create information about HIV in Thailand. At that time, public health campaign images and messages about HIV were frightening and ugly, feeding stigma in society. In contrast, the small booklet produced by Empower was full of beautiful cartoons and friendly messages. The artwork invited people to think about HIV and life, not death; of inclusion and not isolation. It also presented society with a new view of sex workers as community leaders.

For more than 25 years, Empower has continued to use art and cultural performances to talk to society. We make art that does not aim to teach, but rather, we try to inspire a process of reflection and questioning. We try to create a space where people will dare to challenge their own beliefs. We show how things are now and suggest what could be. We encourage people to think about creating new traditions and new perspectives about old stories like sex work.

Empower’s art is community art. It is not uncommon to have 20 or more Empower sex worker artists working together to produce a single artwork. We believe that the process of creating the artworks is as valuable as the final product, and that the inclusion of each individual is a vital part of our creations.

The art Empower creates also demands involvement from the audience. During our performances, people interact directly with the sex worker artists, becoming a part of a larger creation. This is the art of social inclusion and acceptance. Empower performances do not depend on the individual skills or talents of any one artist, but rather each piece relies on the strength of the characters drawn from the lived experience of sex workers. In these ways, Empower blurs the boundaries between art, performance and activism.

We have used performance art as a way to speak about many issues affecting sex workers over the last two decades. This includes our pantomime, The Honey Bee Special, which is about reducing the stigma of condoms. This interactive performance has been performed since the late 1980s.

The most recent interactive performance commenting on HIV policy is our Mobile Test Unit, that lets people share the experience of being targeted for HIV testing. It was first performed at the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11) in Bangkok, where the Director of HIV for the World Health Organization, Dr Gottfried Hirnschall, was interrupted to be tested.

Migrant sex workers of Empower have embraced community art as a way to be heard and visible in society. They embroidered panels, known as the ‘Mida tapestry’, sharing their experience of having their workplaces raided and forced rescue.

Migrant sex workers were the inspiration and leaders of the ‘Labor Without Borders’ project. Empower made around 200 half life-sized papier-mache dolls called Kumjing. The Kumjing artworks travelled to Bangkok and around the world, exploring immigration and reminding society that like others, migrants are simply people travelling to build better lives. Kumjing was awarded the ‘Freedom to Create’ prize at the Tate Gallery in London 2008. In 2010, Empower produced the first film made by sex workers in Thailand, Last Rescue in Siam. It is a short 10-minute black and white film reminiscent of Charlie Chaplin films. The film highlights the absurdity of anti-trafficking law enforcement and chronicles the adventures of a woman wrongfully rescued. It has been included in 11 International Film Festivals in nine countries. A new film, Last Condom in Siam – the second adventure for our hero – will be released at the National AIDS Conference in Thailand (17–19 December 2014). Over 40 sex workers worked on each film.

In 2012, Empower began a project working with sex worker organisations in ten ASEAN (Association of Southeast Asian Nations) countries representing more than 1 million sex workers. One of the common stories to all the groups was how sex workers live and work on top of stigma. Cheerful resilience to stigma is an art. In addition, there is a definite art to living well in the face discrimination at the hands of the State and society.

Each organisation developed collective community artworks in their own countries that would let people see and understand their experiences and at the same time suggest solutions. Empower created two artworks. The migrant sex workers painted their own reflections in mirrors so it became impossible to see one’s self without also seeing them. The work was titled ‘Look at Me’. We have painted our image on these mirrors because ‘we want to be really seen not just looked at. When you see you, can you see me looking back at you?’

Thai sex workers used paper bags and colours to create an interactive artwork titled My name is … which addresses discrimination against sex workers, as one of the sex worker artists explains:
'When you see people heads were covered with bag in the media, their humanity were destroy, they were not a person. To paint our images on the bag, is to personalise ourselves even when we were condemn to be non-person/non-human. It is one way we can fight back like prisoners who want to paint their cells wall.'

The sex worker artists brought their pieces to Bangkok in February 2013, and the exhibition, Yet Still We Dance!, was held in the Bangkok Art and Culture Centre. The exhibition has since travelled to Yangon, Myanmar and Singapore and will continue touring the ASEAN region.

Many of our artworks can be seen on our website www.empowerfoundation.org or if you are in Thailand, visit our largest art project – the Empower Foundation National Museum, This is Us.

Empower is a registered Thai Foundation promoting rights and opportunities for sex workers. Founded in 1985, Empower works with a rights based philosophy aiming to promote human rights, reduce discrimination, stigma and abuses. Empower strives to create an avenue for sex workers to access their basic human rights like decent work, access to justice and good health, including HIV prevention and access to treatment. Empower is a hub for sex worker, community, social and political participation. Empower strives to make these basic human rights available to all sex workers as a part of mainstream society by addressing current discrimination and stigma under the law and within society.
The Scarlet Moment landed, as a grain of sand, in my life earlier this year: an unassuming collection of images, dreams, stories, and reflections, told as a multiform cascade of poetry. This 28-page chapbook (a short collection of poetry) by Peter Mitchell focuses, in part, on the emergence of HIV in Australia.

The subject matter is the stuff of insight and embodiment. The existential tropes of meaning-making, im/mortality, and impermanence are unfolded from the ordinary with a use of language that is in some ways plain, but also lyrical. Many poems document the experiences of patients on St Vincent’s Ward 7 South (later redesignated Ward 17) – the first hospital ward dedicated to HIV/AIDS care in Australia. These works depict visceral and moving moments from the early years of HIV, contributing to, but not dominating, the tone of the collection as a whole.

I write this reflection as a young gay man who was still blissfully drifting through preschool during those early days of HIV in Australia. Although I have had the chance to hear stories from my elders about those days, to watch documentaries, read books, and consider research – I am acutely aware of both how little I know, and how entwined my life is with that history. Somehow, despite this difference of perspective, I felt welcome in these poems. This collection was an opportunity for me to contemplate the more subjective aspects of a history that is often told in numbers or buried behind grand narratives.

Mitchell resists the urge to tell a definitive story, to generalise, to moralise, or to lecture. Instead we focus on the mostly internal reflections and observations of the narrator/s as they move through different states from lucid consciousness to surreal dreamscape – eventually blurring the two. In ‘Man in the Next bed’, the narrator speaks of having the same name as his ward neighbour. Their names linking their fates: ‘A parallel universe mocks me, his/ill-health a hologram of my future.’ As reader, I wonder if the narrator is hallucinating, projecting himself (and the reader) into his own nightmare? I hear echoes of John Donne: ‘No man is an island, entire of itself; every man is a piece of the continent, a part of the main’ … ‘never send to know for whom the bell tolls: it tolls for thee’. The shared experience of dying bringing together the bodies of everyone in Ward 17.

There is a depth here that will perhaps speak to older readers or people with a lived experience of HIV. I wonder what nuances of history and detail are invisible to me in these poems? I get a hint of it while reading ‘Pin-Cushion Arm’ where we meet ‘One-Go Jo’, a nurse in Ward 17 with a gift for (usually) inserting cannulas first go. In an earlier edition of HIV Australia I read that nurses on Ward 17 had to take blood and insert cannulas because pathology staff refused to do it. Combining these two reflections, we witness the courage and compassion of these nurses in a time of social and political crisis.

And what of this Scarlet Moment that titles the collection?

Here the narrator finds themselves newly diagnosed with non-Hodgkins lymphoma, the moment of diagnosis and reflection sinking in. The narrator hovers, suspended somewhere between the known-benign and the known-malignant. It is not quite a moment of the unknown, it is a moment charged with life and nausea. There is a chaotic aliveness in that moment as the person reaches for meaning and finds it dissolving. The ordinary detail of daily life takes on extra significance in the face of mortality. It is not hard to imagine that we might all have these moments in our lives. Mitchell balances these moments of intensity with others of joy, nature and intimacy.

In these times of big data and empiricism, poetry becomes a space in which we can develop a subjective, experience-near, and multilayered perspective on the stories that many of us may think we know.

The Scarlet Moment is a grain of sand that will grow each time you read it.

The Scarlet Moment is available from Picaro Press (www.picaropress.com)
OVERSEAS TRIALS OFFER FURTHER SUPPORT FOR PREP

In October 2014, two overseas trials investigating HIV pre-exposure prophylaxis (PrEP) made announcements two weeks apart, each indicating that PrEP is highly effective at preventing HIV among gay men and other men who have sex with men (MSM).

PrEP is an approach to HIV prevention that involves the use of anti-HIV medications by HIV-negative people to prevent them becoming infected. Although the final results of both trials will not be known until 2015, these interim announcements are consistent with findings of the earlier iPrEx trial, which showed significant reductions in HIV infection risk among those using PrEP.

The effect of these announcements is that participants in the non-treatment arms of both studies (i.e., study participants who were not taking PrEP medications), are now being offered the opportunity to commence PrEP immediately.

The PROUD study

The PROUD study is based in the UK and includes gay and other men who have sex with men and transgender women, who reported recent anal sex without condoms. Each participant was randomised to either start PrEP (a daily dose of Truvada) straight away or after a delay of 12 months. All participants are offered regular testing for HIV and sexually transmitted infections, condoms and safer sex support.

In a statement released on 17 October 2014, the PROUD study investigators said that interim analysis showed ‘…PrEP is highly effective at protecting against HIV.’ The fact that a difference between the two study arms was found ahead of schedule, and after enrolling only 545 men, suggests that the study successfully recruited men at high risk of HIV, and that the level of protection from PrEP was high.

The IPERGAY trial

The IPERGAY trial, based in France and Canada, is investigating the use of PrEP around the time of sexual intercourse (referred to as ‘on demand’ PrEP), instead of a daily dosing schedule. The study regimen involves taking two doses prior to sex and one afterwards.

In a statement released on 29 October 2014, leaders of the IPERGAY trial announced that PrEP will be made available to all participants of the trial as they have assessed the approach to be effective in preventing HIV.

Professor Jean-François Delfraissy described the trial’s initial findings as ‘…a major breakthrough in the fight against HIV’. He said that the results of the trial should change national and international recommendations towards HIV prevention, while also emphasising the ongoing importance of condoms: ‘We must not forget that condoms remain the cornerstone of HIV prevention. Combining all prevention tools that have proved to be effective will certainly allow us to better control the HIV/AIDS epidemics.’

Where to from here?

The full results of both the PROUD trial and the IPERGAY trial should be available in 2015. The trials will continue in a non-randomised form for at least a year to assess the continued long term benefit of both daily and ‘on-demand’ PrEP.

In Australia, PrEP demonstration projects are currently underway in Victoria and New South Wales, and a PrEP demonstration project will soon be launching in Queensland.

References


STARTING HIV MEDICATIONS WITHIN A YEAR OF INFECTION HELPS RESTORE CD4S

Beginning antiretroviral (ARV) treatment for HIV within a year of the estimated date of seroconversion (EDS) improves the likelihood of returning an individual’s CD4 count to a normal level, provided CD4s are higher than 500 upon starting meds, Reuters reports. Publishing their findings in JAMA Internal Medicine, researchers analysed data regarding 1,119 people from the ongoing US Military HIV Natural History Study to determine the effects of starting treatment before or after a year of the EDS.

Typically the debate about the ideal time to begin treatment is geared around starting before CD4s have dropped below certain levels, either 500 or 350. This new study takes a unique approach in focusing on the time passed since seroconversion.

The researchers defined a normal CD4 level as at least 900, based on previous research. They found that starting ARVs within a year of the EDS, and with CD4s above 500, significantly improved the likelihood of reaching a normal CD4 level when compared with starting treatment more than a year after the EDS. Additional benefits included a reduction of the risk of developing AIDS, a diminished CD4 cell inflammatory state (which is linked to slower progression of HIV disease), and greater immune responses, as evidenced by an improved antibody response to the hepatitis B virus (HBV) vaccine.

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**February 2015**

21
5th International Workshop on HIV & Women, from Adolescence through Menopause (USA)
Seattle, USA
http://www.virology-education.com

23–25
22nd Conference on Retroviruses and Opportunistic Infections (CROI 2015)
Seattle, USA
http://www.croiconference.org

**May**

22–23
4th ACHA – Asian Conference on Hepatitis and AIDS
Xi’an, China
http://www.virology-education.com

24–27
National Rural Health Conference
Darwin, Australia
http://www.ruralhealth.org.au/13nrhc

**July**

19–22
8th IAS Conference on HIV Pathogenesis, Treatment and Prevention
Vancouver, Canada
http://www.ias2015.org

**September**

13–16
World STI & HIV Congress
Brisbane, Australia
http://www.worldsti2015.com

16–18
Australasian HIV&AIDS Conference
Brisbane, Australia
http://www.hivaidscconference.com.au

**November**

20–23
12th International Congress on AIDS in Asia and the Pacific (ICAAP12)
Dhaka, Bangladesh
http://www.icaap2015.org

**December**

8–11
7th International Workshop on HIV Persistence, Reservoirs and Cure
Miami, USA
http://www.hiv-persistence.com

**July 2016**

17–22
21th International AIDS Conference (AIDS 2016)
Durban, South Africa
http://www.aids2016.org
IT’S TIME TO LOOK AFTER YOURSELF

HIV testing has become easier, quicker and less stressful. If you’ve put off having a test, it’s Time to Test – call your clinic or GP today.

www.timetotest.com.au

“I used to worry about going for a test, but now I know it’s a normal thing to do – no one is judging me.”