



VIEW OVER ALBURY-WODONGA AGM VENUE 2019

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EDITORIAL

The appearance of this newsletter has been delayed to come out after the Hobart mid-year meeting.

As usual, I went in mid-January to Autumn Farm, the gay clothing optional resort in the South Island of New Zealand. By now I have many friends there and it is a very supportive environment. I was glad to see Phil T from Victoria attending.

I stayed on to participate in a music festival in Nelson which was of very high standard. I was there during Waitangi Day on February 6th, when Kiwis celebrate signing of the Waitangi Treaty in 1840. With the recent issues arising about our celebration of Australia Day, I thought it may be interesting to compare and contrast our different approaches. We can also look at our sister 'dominion' of Canada.

The British in NZ wanted to normalise their relationship with the Maori tribes so that land development could proceed within a regulated framework. In order to achieve this, they needed the cooperation of the Maori chiefs. The chiefs on the other hand wanted to maintain their power, and in the Maori version of the treaty believed they were entering a true power sharing relationship with the British. On the other hand, while the British version affirmed the continuing power of the chiefs, it stopped short of defining a power sharing structure. These differing interpretations led to further strife between the two groups. Nevertheless, while some Maoris don't actually 'celebrate' Waitangi Day, it is still a symbol of national unity.

The situation is somewhat different in Canada. Although there is no comprehensive treaty between the Government of Canada and all First Nations, 11 Numbered Treaties were negotiated with individual First Nation tribes between 1871 and 1921. Generally the Government had the upper hand in determining the terms of these treaties. In 1996, the Government denoted June 21st as National Indigenous Peoples Day. Canada Day is celebrated on July 1st, denoting the day confederation of the provinces was granted via the passing of the British North America Act in 1867.

It's clear that there are tantalising differences and similarities between Canada, NZ and Australia. The main difference is that there are no treaties of any sort between our government and aboriginals. It's clear that British settlers arrived from 1788 onwards to stay and acquire land which had been used by aboriginals for over 60,000 years. Because most aboriginals were nomadic, the doctrine of terra nullius was promulgated, asserting that the entire country was open to settlement. Naturally, the aboriginals tried to resist the expropriation of their land. However, the various tribes were not sufficiently unified to be able to offer serious resistance. Various atrocities were committed to deter further resistance. It's clear the surviving aboriginals have

legitimate grievances in the way their land was taken over. These grievances could be dealt with by negotiation of a treaty between our government and a representative national group of aboriginal elders (eg. such as those drafting the Uluru Statement). Currently, there does not seem to be an appetite for this among our political establishment. What can we do in the interim to promote greater harmony between ourselves and aboriginals? Well, for a start, as for Canada, we could declare a National Indigenous Peoples Day. How about the celebration of Australia Day itself? Well, Federation was achieved on January 1st 1901—New Years Day would not be a popular choice! Another suggestion would be to continue celebrating on January 26th, but to rename it, for example, as Settlers Day. After all, we settlers in Australia since 1788 have a lot to be proud of in the development of this country. Although this is to some degree counter-balanced by our treatment of the aboriginals and various levels of environmental degradation, there is still an amazing record of positive achievement. In any case, I'm sure that many of you will have other ideas and these can be submitted to future issues. For me, the main objective would be to promote national unity.

John Roy (Mallacoota)

Tell Me I'm OK: A Doctor's Story

David Bradford became a doctor specialising in sexually transmitted diseases. He served in Vietnam and on the frontline in Melbourne during the 1980's Aids epidemic. This excellent autobiography, published by Monash University in 2018 (SBN9781925523331) tells how he grew up in a fundamentalist Christian family and only studied medicine to please his parents, but became fascinated by sexual diseases.

Those looking for salacious detail about his personal life may be disappointed. He tells how he permitted himself to masturbate, but remained a virgin until age 28 in Amsterdam. Back home, he soon found a committed partner, bought a terrace home in Richmond (Vic) and became Chief Venereologist for the State.

The battle against Aids is well told. It seemed almost hopeless for a long time. David and Michael moved to Cairns in 1999. Here he found a rich variety of STD's, but Aids was a rarity. By the time he retired in 2013, effective treatments had been found and the prognosis for Aids is now rather better than for diabetes.

"HIV/AIDS taught me and many doctors on the front line humility." He came to respect his patients and their end-of-life wishes. I recommend his book strongly.

Herb Compton (Brisbane)



PRESIDENT'S REPORT

We have almost finished our march through March and April is looming just over the horizon. I wonder what will be the outcome for April? Or for that fact the rest of the year. We have seen some horrendous events already this year. The drought is heart-breaking, Bushfires extremely threatening. Mass shootings most disturbing and then hurricanes or cyclones wreaking havoc across the world. And in some parts freezing temperatures and huge falls of snow. One would think that mother nature provides us with troubles enough that there would be no need for us to create more. The disharmony in humans that is so readily brought to us through the media makes one want to throw ones hands up in disgust. Being a gay men's organization, we have a specific area of interest. Persecution of gay men in Australia, although still an issue, particularly for your teenage men, is not as harsh as it was in the past. Some Western countries persist in trying to cure homosexuality, seeing it as a sickness. Perhaps we could view this aversion therapy treatment in much the same way as persecution. The current outcry against it is encouraging. But I wonder if the extreme Christian groups will ever see homosexuality as a normal aberration and cease their fanatical practices.



This seemingly do good approach pales into insignificance when we see what occurs in other countries. The Islamic religion is particularly harsh on gay people. Imprisonment and death are not uncommon. Upon talking to men through social media, one realises the pressure and the stress that gay people endure. Friends travelling in northern Africa found it frightening. Some courageous men in these countries do seem to pass under the radar. Others that I am aware of find it so daunting that once again suicide springs to mind. Over the eons of time, humanity has gone through good and bad periods. Is this Islamic homophobia just a cycle that we will have to live through? It could well be but how long will it last. However, that is very little to offer the people who are suffering now. It is even virtually impossible to offer them any refuge in Australia. Immigration laws are so restrictive, and they favour the rich. In talking to young men from overseas, they all seem to think you have a magic wand and will be able to lift them out of their problems. And we all know that is not the case. Maybe we are destined to live in a world of huge disparity. Rich and poor countries. Countries of relative freedom and others of oppression. We have made great headway in Australia, but we must not become complacent. If we try and do our best, then we should be contented and be happy with our lives. I know I am

(Ed. Both Russia and China are increasingly homophobic, without any religious rationale. In fact, tolerance seems to be mainly limited to the First World 'Western' democracies.)

A NEW PRESIDENT

Having been the president for three years I feel that it is time for me to step down and afford the opportunity for a new man to take over the role. I am aware that we still have some significant problems to overcome, namely the website. Apart from that, from my point of view, Country Network seems to be running smoothly. Others may see it differently and will have grumbles about various issues. We are an older group of men and I cannot see that changing in the future. The one fear is that we may just die out. I would like to think there will be men, as they grow older, looking for an organisation such as CN. We have members leave but we have members joining. I am always optimistic that even in the low times there will be men to step in and build the group to enable it to function effectively. Even if this does not happen, I think we can thankfully say we have provided a great service for men over a long period of time. Our Facebook page has given us a public image and is managed extremely well by Bernie. We have moved forward with technology. Newer more savvy older men will bring new methods with them. So, I am giving early warning now that I will not be renominating as president. I have enjoyed the role and perhaps would have like to have continued for a bit, but, significant health issues prevent me from providing the energy and the drive to push our great organisation forward.

[PIC—Relaxing at Hobart mid-year Meeting]



New PNG collaboration

Burnet Institute 20 February 2019



PNG Secretary of Health Mr. Pascoe Kase and Burnet's Dr. Kudakwashe Chani Ratify the MoU

Burnet Institute has reached a five-year agreement with Papua New Guinea's (PNG) National Department of Health (NDoH) to collaborate and strengthen cooperation in health care and medical science. A Memorandum of Understanding, signed in Port Moresby, provides for collaborations towards improving health evidence, services and outcomes across a broad range of fields, including:

- Implementation of the National Health Research Policy
- Policy and practice associated with improved disease control, including HIV, malaria and TB
- Policy and practice associated with improved family health, maternal and child health, sexual and reproductive health, men's health, adolescent health, and nutrition
- Policy and practice associated with laboratory, health information, and drug supply systems

Signatory to the MoU, PNG Secretary of Health, NDoH, Mr Pascoe Kase said: "Burnet has been a long-time partner in PNG. We are very happy to be signing this MoU today."

"This MoU provides the framework for Burnet to continue to support implementation of the National Health Research Policy."

Burnet Institute Country Director for PNG, Dr Kudakwashe Chani said the agreement is a step towards further developing Burnet's relationship with the NDoH to support the people of Papua New Guinea. "The MoU outlines that Burnet will continue to partner with NDoH providing technical support in key areas including health research, malaria, HIV, TB, MCH, nutrition, laboratory, health information and drug supply systems," Dr Chani said.

The PNG NDoH is responsible for overarching leadership of the PNG health sector through developing and monitoring of overarching and issue-specific health policies and standards, and coordination of health partners.

It also supports the development of effective health systems in areas such as drug and medical supply procurement and distribution, workforce planning, infrastructure planning and health information systems.

Please visit the Burnet website for further information about the research being undertaken in PNG.



A Cure Isn't Our Best Shot at Ending AIDS Battle
By Anthony Fauci (SMH)
Director, US National Institute of Allergy and Infectious Diseases

When I began caring for people with HIV in the early 1980's, the disease was usually a death sentence. We had no drugs to fight the virus, and most patients died within months to a year. It wasn't until 1996 that a combination of drugs was able to suppress the virus and improve patients' health. So it was noteworthy when this month, researchers made the announcement: For the second time in history, a man had been cured of HIV. Many considered this a breakthrough.

The cured man, known as the "London patient", also had Hodgkin's lymphoma that was unresponsive to chemotherapy. He underwent a stem cell transplantation for his cancer from a donor whom physicians selected for a rare genetic mutation of a cellular receptor called CCR5. This receptor normally allows HIV to bind to certain cells and infect the body—but people with the mutation are resistant to infection with HIV. The hope was that the transplant would cure the patient's lymphoma — and his HIV. The procedure seems to have succeeded on both counts. The London patient's predecessor, the "Berlin patient", has been leukemia-free in the 12 years since his CCR5 transplant, and HIV can no longer be found in his body.

However, the transplants in these particular cases are risky. Their importance is not the potential for widespread use; it is as a road map for further research. It may be possible to design methods of modifying patients' CCR5 receptors that are low-risk, scalable and relatively inexpensive. Ground-breaking gene editing is a promising tool for such research. A more immediate issue is the gap in providing proven, lifesaving anti-HIV drugs to people who need them. About 37 million people live with HIV globally. About 22 million people take anti-HIV drugs; 15 million don't. Additionally, one daily pill containing two anti-HIV drugs given as pre-exposure prophylaxis (PrEP) to uninfected people at high risk of acquiring HIV reduces their risk of infection by more than 95 percent.

Therefore, if we could identify almost all people with HIV infection and get them on the therapy, as well as provide PrEP to a high percentage of people at risk, we could end the HIV/AIDS epidemic. The end of the epidemic is within reach even without a cure. It is our ethical duty to use the tools we have already to stop this disease. That would be a real breakthrough.

Submitted by Herb Compton (Brisbane)



More from Hobart mid-year Meeting



EARLY BIRD RATE EXTENDED TO April 12 For Country Network Members Only

GAY BI MENS GETAWAY WEEKEND Rainbows Reach Retreat Wye on the Central Coast 4pm Friday May 17 – 3pm Sunday May 19



This special GETAWAY weekend is an opportunity to relax, unwind and recharge. The weekend is for gay and bi men over 45 years of age and is offered as a great way to socialise with and learn from others in a peaceful setting.

Rainbow Reach Retreat is a beautiful place and the weekend presents options for spending time alone, in small groups and all together. You can join in morning Qi Gong, go bushwalking, swim in the pool or dam, be part of a range of specially designed workshops or just rest and relax. There may also be opportunities for massage and gentle yoga sessions. The workshops have been developed by experienced trained men's health facilitators and will focus on the social health and wellbeing needs of gay bi men as we grow older and wiser. View the [GETAWAY WEEKEND PROGRAM](#) here. They will involve some meditation and mindfulness exercises. The combination of skilled caring facilitators, the very special environment and joining with other adventurous men will provide you with a unique experience that we rarely have in our busy lives.

The Rainbows Reach retreat is near Wye a 1.5 hour drive north of Sydney and accessible through public transport to Wye. There will be car pool options from Sydney and Newcastle or you can travel by train to Wye and a car will be there to meet you and take you to the retreat and back to the station on the Sunday.

Cost \$350 Early Bird Paid by March 31 or \$400 after that date. This includes all activities, workshops, meals and accommodation. Some concessions on costs could be arranged, please contact me directly to discuss. To Register complete Registration Form [here](#).

For more information and to book your place email greg@menshealthservices.com.au or phone txt 0417 772 390



IT'S TIME TO AIM HIGH': RODNEY CROOME ON FIGHTING FOR FULL LGBTI EQUALITY

‘We should be aiming for full equality in every sphere of our lives, from school to employment, from birth certificate recognition to blood donation and accessing services for marriage.’



Mardi Gras Parade 2019. Image: Ann-Marie Calilhanna.

‘Fearless’ may have been the motto of this year’s Mardi Gras, but if the LGBTI community’s advocates and political representatives are to live up to it, we need to aim higher.

Like others, I welcome the commitment from Equality Australia, and from political candidates in the Federal and NSW elections, to the removal of laws that allow LGBTI students and teachers to be discriminated against by religious schools. But why is their public commitment limited to schools? We should also be actively campaigning to remove exemptions that allow faith-based hospitals, welfare agencies and charities to discriminate against their LGBTI staff and clients. In Tasmania no anti-LGBTI discrimination by faith-based agencies is allowed – none at all. Why are we content with a lower bar being set in other states and nationally?

To be clear, I’m not saying the organisations or candidates involved aren’t committed to wider reform. My concern is that they’re not actively campaigning on these wider reforms. The same problem exists on other issues. The anti-transgender campaigns run during the postal survey underlined the urgency of broad law reform to remove inequities against transgender and gender diverse Australians. Yet, in most of the States, trans law reform efforts have been limited to what had to happen anyway, the removal of the requirement that transgender married partners divorce if they want their gender identity officially recognised. Where are the campaigns to remove the no-less brutal requirement that trans folk must have surgery to be officially recognised? Apart from Tasmania, WA, and the Northern Territory, there have been no such campaigns.

The gay blood ban is yet another example. Right now, the Red Cross is conducting a review of its blood donor policy, Yet, with the exception of some brave young gay men like Benjamin Dudman, virtually no LGBTI community voices have been raised against the current ban. It is unbelievable that our leaders are silent on a reform that would both remedy the stereotype of gay men as a threat to public health and provide people in need with more safe blood.

Banning conversion therapy is another area where there should be no ambivalence. Some advocates have balked at criminal sanctions saying they would be too hard to enforce and would drive perpetrators further underground. These were exactly the excuses used in decades past in response to calls for stronger action against child sexual abuse by clergy. Just as the full force of the law is now deployed against clerical child abusers, so it should be deployed against those who torture LGBTI people in the name of God.

Finally, there's the reform as close to my heart as any, true marriage equality. The 2017 federal legislation allowing same-sex couples to marry was the worst in the world. It had caveats allowing new forms of discrimination to replace the old exclusion from marriage. One such caveat allows civil celebrants, who are delegated by the government to perform an official government duty, to opt out of their responsibility not to discriminate by declaring themselves 'religious celebrants'. Another allows commercial businesses with a religious link to refuse to serve same-sex couples intending to marry, even if the main purpose of the business is to make money. LGBTI people were assured these caveats wouldn't change anything, but that was a false promise. Four hundred civil celebrants have said they want the right to be able to discriminate against us. Thanks to the constitutional status of the federal Marriage Act, LGBTI people who were previously protected under state law from discrimination by faith-linked businesses are no longer protected. As bad as these caveats are in themselves, they set a terrible precedent for rolling back equality in the name of 'religious freedom'. To underline the point that the 2017 reform was not true marriage equality, the title of the relevant legislation doesn't even include the word 'equality'. Instead the Act admits, openly, in black and white at the very top of the page, that it's about "religious freedom". When some Australian states decriminalised homosexuality, they replaced the outgoing law with new restrictions on LGBTI people that were no less onerous. In some states, LGBTI people had to wait twenty years for the caveats to be repealed. I'm not prepared to wait that long for true marriage equality.

If, as seems possible, there is a Labor Government nationally, our organisations and candidates should be campaigning now.

In 2017, 62 per cent of Australians voted for equality. With that firm majority behind us, we should be aiming for full equality in every sphere of our lives, from school to employment, from birth certificate recognition to blood donation, and accessing services for marriage. Anything less is a betrayal of those who campaigned for equality and those who will benefit from it in the future.

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Rodney Croome, March 15 2019

(Ed: This reinforces my comments in an earlier editorial. That is, religious organisations should only be allowed to discriminate if they are truly private. The receipt of government funding for their schools or the use of their tax-free status to bid for government contracts puts them in society's mainstream, and should disqualify them from being allowed to discriminate.)



More Snippets from Hobart mid-year Meeting

