

A: Hello and welcome to Queer as Fact. I'm Alice.

H: I'm Hamish.

I: I'm Irene.

A: We're a twice-monthly queer history podcast coming out on the 1st and 15th of each month. In each episode we talk about a person, a place, or a topic in queer history from around the world and throughout time. Today it's World AIDS Day, and so we're going to be talking about the history of the AIDS epidemic in Australia.

[intro music plays]

A: Just a few content warnings before we begin this episode: obviously we'll be talking about HIV and AIDS. We'll also be discussing period-typical homophobia; there's a couple of mentions of illegal drug use and of suicide, as well as explicit discussions of sex, and some swear words. So if any of that sounds like something you don't want to hear, feel free to check out any of our other episodes – we have content warnings at the start of all of them.

There's a couple of things I want to say before I start. So firstly, obviously the AIDS epidemic was worldwide, and I've decided to focus only on Australia, firstly 'coz we're in Australia and I had to focus somewhere, and secondly 'coz as an introduction to talking about this, Australia is pretty positive; we had a pretty good reaction and handled it pretty well, so we're not in for like, a super dark story where everyone just dies horribly.

So obviously AIDS affected a lot of communities, but it was most prevalent among men who have sex with men. So while it did affect sex workers, and injecting drug users and those communities had to deal with a lot of things during the epidemic, I'm not focussing on them because we don't have time, and we are a queer history podcast.

I: And trans women presumably. Is that a...

A: Yes! That's a very valid point. And trans women. And other women. Like, it affected a whole range of people, but we're focussing on men who sleep with men.

So before we get into the history, I'm just going to do a little explanation of what HIV is and what AIDS is, which you may or may not already know, but we probably should just clarify.

HIV is the Human Immunodeficiency Virus. So what a virus does is it gets inside your body and it replicates itself using what your body uses to replicate your normal cells to spread around your body. And the HIV virus specifically does that attacking your immune cells - so your immune system which your body uses to fight disease.

When you first get infected with HIV there's a stage called acute infection where a lot of people will have flu-like symptoms for a couple of weeks, but people often don't realise they've got HIV 'coz they just go "Oh yeah, I've got the flu," and then they move on with their lives.

So after the acute infection phase HIV stays in your system and gradually chips away at your immune system. And this phase can last anywhere from two years to 20 years – usually about eight years – and during that time you don't really present with any symptoms to indicate you have HIV, and you can have no idea that you've been infected.

So over this time your immune system gets weaker and weaker, and it eventually fails; you get a whole host of problems like fever and fatigue, weight loss, diarrhoea, and there's specific infections

like certain types of pneumonia which are also associated specifically with having HIV. And so this stage where all these problems start to present is called AIDS, which is Acquired Immune Deficiency Syndrome, and it's usually these infections and things that will kill a person who has got HIV.

I: Does it look different to some other immune deficiency syndrome at this point? Is it...

A: I don't think so.

I: Okay.

A: Because it's just that your immune system has been weakened to the point where it can no longer fight off very basic infections, so all the infections you get, you could get anyway.

I: Yeah.

A: And anyone with a weak immune system could get.

So HIV is transmitted through unprotected sex, through blood transfusion, through use of contaminated needles, syringes, and it can be transmitted from mother to child during pregnancy, birth or breastfeeding. It was probably passed to humans from primates in West Africa, and the first human case appeared in 1959 in the Belgian Congo.

I: Was that the first human case of AIDS or of HIV?

A: Yeah, no, it was the first human case of AIDS, and at the time when this man, whose name we don't know, died of AIDS it wasn't known what he'd died of, and later testing of his blood once HIV and AIDS had been identified revealed that that was in his blood.

I: Ah, okay. So they, like, put his blood aside for like, hopefully medical advances will figure this out, after he died?

A: Yeah. I think that's what happened, and then someone was like, "Yeah, that was probably HIV. Let's test, 'coz that would be the first known human case."

I: Okay, yep.

A: From West Africa, the virus probably spread to Haiti and then from there into the USA. HIV reached the USA definitely by the 1980s – there are reported cases that may have been earlier – and by June 1982 it was recognised as being some sort of immune deficiency that was particularly prevalent among men who slept with men. Around that time it was called GRID rather than AIDS, which stands for Gay Related Immune Deficiency.

H: Wow.

A: That wasn't official medical name but that was kind of the name that they were using in the press when they were trying not to use the more common names at the time, which were "gay cancer" and "the gay plague."

H: Oof!

A: So I'd take GRID over those.

H: Yeah!

A: Yeah. And in 1982 the Centers for Disease Control in the USA coined the name AIDS.

So despite early speculation at this time that AIDS was sexually transmitted, that wasn't definitively proven, and they didn't know what caused it, and so there was a whole lot of speculated causes which were all aspects of what they called at the time the homosexual lifestyle. So that was using party drugs, sexual promiscuity, and regular exposure to STIs. One particularly common belief at the time was that semen was an immunosuppressant, and that gay men were ruining their immune systems by ingesting too much semen.

I: I see. So...

A: [laughs]

I: You would be fine as long as you didn't swallow.

A: Yeah! [laughs]

H: I...

I: Okay...

H: Either... either semen is a terrifyingly potent immunosuppressant in this model—

A: Yeah. [laughs]

H: —they're assuming people are ingesting a lot of semen.

A: I think it was that they were assuming that people were ingesting huge quantities of semen, and there was also just this like, everyone was just not acknowledging that heterosexual couples ever had oral sex at this point—

H: [laughs]

I: I mean...

A: —which like, is obviously false.

I: Presumably they were just imagining that gay men had way more sex than everyone else.

A: And I mean I think that was the cultural understanding at time—

I: Yeah.

A: —was that... and I'm not going to say it was true, but it was a part of gay culture that gay culture was very built around this casual sex and sexual promiscuity was a big part of male gay identity in the 1980s in the USA and in Australia.

I: Yeah.

A: So like, yeah, they were having a bunch of sex. That is true. They were swallowing copious amounts of semen, but this doesn't scientifically hold up.

[laughter]

I: Alright.

A: But people genuinely believed it, and it actually did lead to a lot of safe sex campaigns, so like, not all bad.

I: I was going to say, as sort of wild stabs in the dark about what's causing AIDS go, it's not sort of... it's not the worst medieval medicine idea I've heard.

A: Yeah.

H: [laughs]

A: You've kind of got the cause and the effect, just the middle ground is wrong.

I: Yeah. You're just sort of missing the mechanism through which this happened.

A: Yeah. Yeah. So a lot of gay men actually subscribed to these beliefs that various things like swallowing semen or taking party drugs or exposing yourself to too many STIs through casual sex with a lot of partners were what was causing AIDS. So some activists started changing their own lifestyles to try and avoid AIDS and to attack other gay men who were still being sexually active with multiple partners.

I: Presumably this would have been fairly effective.

A: This attempt to stop...

I: Yeah. Like, if you... those sorts of changes are going to go some way to not exposing you to this?

A: Mm! Yeah, like the tone was very moralistic—

H: Mm.

A: —but you're right. They were ultimately promoting safe sex and that was good and that did do something towards preventing the spread of HIV.

I: Yeah.

A: Before the actual causes had been identified. Like, you are right, it was just unfortunate that the tone wasn't great. I'll read you a quote from two gay activists in America so you can get an idea. So this is from a piece of writing by two American activists called Michael Callen and Richard Berkowitz. And they say:

We veterans of the circuit must accept that we have overloaded our immune systems with common viruses and other sexually transmitted infections. Our lifestyle has created the present epidemic of AIDS among gay men.

And these were the men who were then going out and attacking other gay men and sort of... not physically attacking, like, in their writing attacking other gay men and saying, "It's your lifestyle that has caused this, and this is kind of our fault that it's happened."

So by the end of 1981, 151 gay men had died of immune deficiency in the USA, which wasn't yet recognised as being HIV. They didn't know was causing it.

The first article in an Australian newspaper about AIDS appeared in a gay paper in July 1981, and it was talking about the situation in America. The title was *New Pneumonia Linked to Gay Lifestyle*. The first AIDS diagnosis in Australia was in Sydney in October in 1982. Just... The patient was a 27-year-old gay man who was visiting from New York. The first death in Australia took place the following year in Melbourne in July 1983.

Watching the epidemic in America before it got to Australia, though, had enabled the gay community in Australia to kind of see what was coming and prepare themselves, which was something that the

American community never had a chance to do. So for example, in the state of Victoria, in June 1983 – so this is before the first death in Australia – a public meeting was held of over 300 people, to discuss the epidemic, and doctors came in to talk to them about the disease. One of the many people who was there described it as “the largest single gathering of gay people I’d ever seen in my life short of a party”. So it was already really bringing the gay community together to try and fight this epidemic before we had this epidemic.

So that meeting in Victoria led to the foundation of the Victorian AIDS Council – or what became the Victorian AIDS Council; it had a different name when it started – and they already began forming support services and liaising with doctors and training volunteers and distributing safe sex information and night-clubs and beats. And similar things happened in other states, and so all these AIDS councils began, already very early on, accumulating specialist knowledge and experience that was very useful to the community and also to the government as it began to formulate its response later on.

I: Well that was forward thinking.

A: Yeah. Super legit. [laughs]

H: I mean forewarned is forearmed I suppose.

A: Yeah.

I: Yeah.

A: Yeah, ‘coz they... we were forewarned by seeing it happen in America.

I: Mm.

A: And also seeing how badly America dealt with it.

H: Mm.

I: Yeah.

A: Which I didn’t do much research into but like, you know. Reagan.

H: Hi Reagan.

[laughter]

A: Yeah. It’s estimated – although there wasn’t an available test yet – that in 1984 there were almost 3000 new cases of HIV in Australia.

H: Three *thousand*?

A: Three thousand.

I: That escalated quickly.

A: Yeah. That escalated very quickly. So yeah, an important thing to remember in like, its transmission, is you don’t know you have.

H: Hm.

I: Yeah.

A: So if you're a man who, you know, regularly sleeps with a whole lot of other men without protection, none of you will know until years later if you've got this virus. Like you can see how this happens.

H: Hm.

A: So in the early '80s Australia very rapidly rose to being the third or fourth country in the world when it came to AIDS per capita. And that was spread largely by men sleeping with other men, but early on it was also spread through blood transfusion, because people weren't aware that that was a thing that could transmit HIV.

H: Mm.

A: And in the 1980s before people knew that blood transfusion could transmit HIV, gay men with multiple sexual partners were actually being actively encouraged to donate blood because it was a way of getting free and anonymous screening for other STIs, 'coz the blood bank will screen your blood—

H: Mm.

A: —and send you a letter if you have an STI and you don't have to go to a doctor and tell anyone that you're being tested for an STI.

H: I mean that's... that sounds like a terrible misstep but I... it doesn't feel like a fault of anybody's.

A: No I don't think it was a fault of anybody's, 'coz as soon as they find there's something in your blood they're not going to give it to anyone.

H: Mm.

A: It's kind of a misuse of the resources of the blood bank [laughs], but it's not... if the alternative is not knowing you have an STI, and spreading it—

H: Mm.

A: —then like, yeah. It's pretty legit. But when it was discovered that HIV could be spread through blood transfusion, in 1983, Dr Gordon Archer, who was the director of the Sydney Blood Transfusion Service came out and called for what he called "promiscuous homosexuals" to voluntarily stop giving blood, and claimed that AIDS was almost definitely already in the blood supply because of these people, which was a baseless claim. It couldn't be tested at that time. But it made front page news and it was a very big deal.

I: In the blood supply?

A: In the donated blood supply.

H: The big vat of blood that they keep under the hospital.

A: Yeah, yeah. That.

I: Is that really how it works.

H: No, no. [laughs]

A: No!

[laughter]

I: Like that's what I mean! They keep these things separately. There's no "AIDS is in the blood supply", there's "AIDS is in like, this bag, and this bag, and not the rest of... this one."

H: I mean that's...

A: You are absolutely right, and Dr Gordon Archer was absolutely making a baseless and homophobic claim. [laughs]

H: But by the same token, if they're not identified by "Tom, gay man, 27" then—

A: Mm.

H: —if all of these items are fungible then they might as well be in a big bucket.

I: Except they test them before they give them to anyone.

A: But there wasn't a test for HIV available at this time.

I: Ah, I see. So he's just saying, "Well we have all this blood, and we have no idea what's good and what's bad here."

A: Yeah. "We have all this blood; we know gay men have AIDS; and we know gay men give blood. Therefore promiscuous gay men are giving us all AIDS through our blood supply," is basically what Dr Gordon Archer said.

H: I mean, it's homophobic presentation—

A: Yes.

H: —but I feel like you could reach the same point from the assertion that AIDS is blood-borne and people give blood.

A: Mm, yeah. And the Blood Transfusion Service generally was kind of trying to... they were quite confused about what they wanted to say at this time, but they were kind of trying to put out a similar message, and then he just came and said this in horrible wording and it hit the front page of the newspaper and they kind of had to do damage control.

H: Hm.

A: By June of 1983, so that's not long after he came out and said this, people donating blood were asked to sign a document saying that they weren't in at-risk groups of AIDS, which included sexually active gay and bisexual men, and soon after that lying on this document was criminalised. And there was a lot of negative reaction among the gay and bisexual communities about this, and about their right to donate blood, but there was also a lot of concern among other parts of that community that by coming out and saying, "Oh, we have a right to give blood," they appeared to be very self-serving and not actually concerned with the welfare of the community... the public as a whole.

I: I was going to say, if I was in a group that was at risk of a mysterious and fatal disease that was blood like, transmitted, and couldn't be tested for, I wouldn't be giving blood.

A: Mm, mm.

I: Like that seems like the right thing to do there, is to say to that community, "Look, we don't know what's going on. Just don't give blood."

H: Did we know that AIDS was blood-borne at this point?

A: Yes.

H: Okay.

A: But I think another thing to consider is that in Australia there's no motivation to give blood except, you know, feeling like it's your civic duty and wanting to give blood; nobody pays you for your blood or anything. It's a voluntary act. So people who thought they were at risk had no motivation to go out and try to donate blood, whereas men who were gay and did sleep with other men regularly but felt for whatever reason that they weren't at risk, like they always used a condom or they only had one partner or felt they knew for whatever reason that they couldn't have got it – which you know, obviously may not be correct – they felt that it was discriminatory to say “Oh, you know, because you've slept with a man you can't give blood,” even though a woman who may have also slept with a man who had HIV would never face this discrimination.

H: Mm.

I: Hm.

A: So I think there are obviously two sides to this argument, and it's not a cut-and-dried they should have just let gay men just give blood without any caveats at a time when there was a disease in the gay population that we knew was blood-borne but couldn't test for, but they did handle it badly.

I: Yeah, no, I think the language is the problem here rather than the—

A: Yeah, yeah.

I: —policy. I see what they're coming at and I think they could have done that without being sort of homophobic about it.

A: Yeah. And I think also... so in 1986 testing was introduced and Australia started screening its blood supply for HIV, but they didn't get rid of the ban, which I think is also flawed, and now the ban has been reduced to 12 months, so what they say is if within the last 12 months you have had oral or anal sex with another man, even using a condom, you can't give blood. Which given the testing available is a very long waiting period that doesn't truly make sense.

H: Mm.

I: What if it's been you and your same gay partner—

A: Nup.

I: —for the whole time – you just can't do it? So...

A: Nup. If you're in an ongoing relationship with two men and you regularly have sex you can never give blood.

I: Okay. That's... yeah, that's not the most sensible.

A: Yeah. And the other thing is the other question they ask is if you have had had sex with a man who you think has had oral or anal sex with another man in the past 12 months you can't give blood. And when I looked this up the Red Cross – which handles blood donations in Australia – says specifically “If you are unable to donate it's for safety reasons based on medical research. The Blood Service does not discriminate based on sexual orientation.” I don't know how you feel about that.

I: Again I can see where they're coming from, but—

A: Yeah.

I: —once we have this testing process that we have...

A: Yeah.

H: It's difficult, because I feel like somebody has had to sit down with a spreadsheet at some point and figure out how many dice everybody's rolling and then, like...

A: Mm.

H: In terms of how they manage a blood supply. And I feel like without knowing what the outcome of that spreadsheet is it is difficult for us to make a judgement.

A: Mmhm.

H: Or a correct judgement at least.

A: That may be true but I feel from my reading, I feel like this decision was made in the '80s and rather than somebody sitting down and doing all the maths it's just been kind of there since the '80s.

H: Hm. When did we reduce the ban?

A: I couldn't find that out.

H: Hm.

A: It wasn't obviously anywhere. Yep. Anyway, that's something that we're still doing and need to think about as a people. 'Coz yeah, I think you're right, in those situations where you are a man who has regular sex with another man, but that's a monogamous partnership where you both know you don't have HIV—

I: Yeah.

A: There's no reason except the assumption that gay men are promiscuous and have AIDS to stop you giving blood and I think that's flawed. So although it was frontpage news when Dr Gordon Archer came out and said his thing about promiscuous homosexuals, the issue of HIV/AIDS and transmission really came to widespread public notice the next year, so in November of 1984, when, in the state of Queensland, the government reported that four babies had died after receiving infected blood transfusions from a gay man. The Victorian AIDS Council president Phil Carswell described the day that followed that announcement in the newspaper as "one of the worst days of my life". So there was a lot of public fear and panic and a lot of that was obviously directed into homophobia.

H: It's probably also worth noting that Queensland is the top one and is notably conservative even today.

A: Yes, yes. Queensland is probably our most conservative state, I would...

H: I've heard it described as our Florida.

A: Okay. I've also heard it described as our Texas so do with that what you will, Americans. But it is our most conservative state.

I: Yeah.

A: We'll talk more about Queensland in a minute. We're going to have to deal with some of Queensland's choices later in this episode. So yeah, the father of one of the babies who had died came out in the press and said, "As the parents of this baby, we feel that the only honourable thing for the murderer of our son to do is to commit suicide."

H: Okeydoke.

I: Wow. Okay.

A: Yeah. So that was the public reaction we were dealing with.

I: I mean, it's one of those things where it's really hard to sort of hold these things against someone whose baby has just died.

A: Yeah, yeah, I think that is true. I don't think that we should look at this father and go, y'know, what an awful, awful man. His baby has just died, but I think that was published in the newspaper and is kind of representative of the way that people were talking about this.

I: Yeah, yeah.

H: And there are a range of reactions to grief and that is not on the good end of the spectrum.

A: Yeah. No. That... Your baby just having died is not an excuse to tell someone to kill themselves. Nonetheless, his reactions are understandable.

I: Yeah.

A: Um, and I'm going to read you quite a long quote which is from a funeral parlor worker who dealt with one of the very early AIDS deaths in 1983 or 1984 which just shows the level of fear and the total lack of understanding of how you could or couldn't get HIV. So he says... I scroll. He says:

We dressed in all the protective gear we could find including respirators. We placed the body in a vacuum sealed body bag, I think we used two. Then the body was placed into a lead coffin and sealed airtight closed. Then the remains were placed into a solid wooden coffin ... with the lid glued on and one way screws used...

So the body can't get itself out again, I guess.

H: I definitely feel like there's more of a risk to public health in putting a bunch of lead in the ground than there is in, in burying a dead gay man.

A: That's very true, but he's got more, it continues:

The vehicle was steam cleaned inside and out and [everything] we had used was incinerated.

Once home:

I... went upstairs running a bath with the hottest water I could stand, used two bottles of disinfectant and sat in it til the water cooled and I came out like a prune. Being married we agreed to sleep separately for six weeks until I could be

blood test clear twice. We were so paranoid that we had no physical contact for this time.

I: This is, yeah, it's again one of those things where it sounds stupid to us now but I can't really hold it against them in the context.

A: Yeah, and I think the reason why I wanted to read that was just to show the level of ignorance and fear in the general public. They just had no idea what was going on and they were terrified that any physical contact with someone who might have this disease would give them the disease.

H: Yes, it definitely sounds like it speaks to that very, very old primal fear that leads to people burning bodies and donning plague doctor masks.

A: Yeah.

I: I was about to raise the plague doctor issue, it's a little bit like that, it's that kind of, this looks comical and stupid to us but in the context of, like, the Black Death they were looking and being like, well we don't know what's happening so we're going to try everything.

A: Yeah, yeah, I think that's true when you look at all the things they did in the funeral parlour, just, you know, it could get to us in any way, we have to burn everything, we have to wash ourselves in disinfectant, and yeah, all this stuff. There are a couple of other more comical reactions that I wanted to bring up, just 'coz the things people said back to them were quite funny. So the New South Wales police called for a halt on breathalysing drivers for fear of infection and this led one commentator to ask which part of the police's apparatus the cops expected the drivers to blow.

[laughter]

H: And also which part they expected them to reuse.

A: [laughter] Yes.

H: Which sounds like a risk as a vector for just all disease.

A: Yeah. Yeah, I don't really know. They, the cops even asked to be supplied with plastic gloves in case they accidentally touched someone's saliva and that gave them AIDS. They just had no idea what was happening. Ansett, the Australian airline, which we all know about because it went bankrupt, not as a result of this, just independently, much later, tried to ban HIV positive people from its planes with the claim that it needed to protect its staff and the um, Association of Flight Attendants came out and said that that was ridiculous and that anyone who managed to transmit HIV on a plane should be given "points for enterprise".

[laughter]

I: Apparently there is a thing where flight attendants, like, male flight attendants is quite a gay culture.

A: Yeah no, I have heard that.

I: So I can see, like, where this response came from.

A: So the AIDS Councils that I talked about before that were formed really early on were kind of trying to liaise with the government at this point and before this point and kind of trying to say "What are we going to do? Here's the issues, here's how we think you should respond," and Phil Carswell, so that's the head of the AIDS Council said, "They didn't know who this strange mob of homosexuals were, and why they were bothering the Health department."

I: So they were just completely unaware, they just didn't know this issue existed.

A: Yeah, they didn't really know it was an issue and when the AIDS Councils tried to bring it to them I think they were just kind of like, "This is a small thing, this doesn't seem like a big deal."

H: Mm.

A: And then quite suddenly it became a big deal. So in March of 1985, the first HIV test was introduced and I'm just going to take the example of the state of New South Wales to talk a bit about what reactions to that were.

H: New South Wales was the middle right hand one.

A: It's the one with Sydney in it. So in Australia, we have a Federal Government, which runs our whole country, also called the Commonwealth Government, and then we have State Governments and our State Governments and our Federal Government are often in conflict and often run by different parties. So the attitudes that you're about to see in New South Wales are going to conflict with the attitudes we'll see later in the Federal Government. That's just a brief introduction to Australian politics for you all.

In New South Wales, when the test was introduced and people could go to their doctor and see if they had HIV, HIV became classified as a notifiable disease. So that means that a doctor had to tell the State Health Department when a patient presented with HIV and let the department know the age, sex and occupation of the patient. That was standard practice for STIs. But with HIV, as well as age, sex and occupation, they included name and address.

I: Okay.

A: It's partly about the government kind of just managing its response to the disease and partly, when you're talking about STIs, about seeing if there's, like, something like a person who has it and is spreading it.

H: Right.

A: So, this happened, this, um, HIV becoming notifiable and you having to notify the name and address, happened under the Premier, so that's the person in charge of the State Government, and his name is Neville Wran. Just keep Neville Wran in mind for a minute. You need to know his name. As I said, the goal of this was to manage the government's response to the epidemic and to make it easier to track down people who were knowingly spreading HIV.

I: Knowingly spreading? Was this an issue?

A: No.

I: It's definitely a thing I've heard a couple of times, like, in my life where somebody has got HIV and been like, alright, fine, I'm going to take as many people down with me as possible. I remember hearing about this on Joy.

A: Mm.

I: Which is our gay radio station, in case this stays in. Where they changed penalties for this kind of thing in some way.

A: Yeah.

I: Like made them harsher? So yeah, it's apparently a thing but not probably the major concern here.

A: Yeah, and I think that law has very recently gone through in Australia, changing those penalties, but I can't remember the details of it, but despite doing research on what the law surrounding that was, I never turned up a case of that happening in this time.

H: Mm.

I: Okay.

A: So it may have occurred but it wasn't a huge problem that the government kind of needed to get on top of by making a registry of people with HIV. As well as that, there was also a widespread public call for compulsory testing of high risk groups for HIV. So there was basically an idea where every gay man would have to get a test for HIV and then his name and address would be written on a list if he had HIV. So polls from 1986 show that 50% of people favoured mandatory testing. Uh, at the time, these tests were not accurate at all.

I: Okay.

A: And even if you found out you had HIV, there was nothing you could do. And we know from statistics in America, in the USA, 14% of people who found out that they were HIV positive considered suicide. So forcing testing on these people when there was nothing that could be done about it and you might get a false positive is very ethically dubious. There was also the concern that this information wasn't spread, wasn't shared with the government or with people who were HIV positive in a very confidential way, so it was often just done over the phone in a doctor's office.

H: There's still a set of laws in our Privacy Act at the moment that says you have to treat any information on someone's sexual orientation as protected information.

A: Yeah, so we didn't have those laws at the time, and we had no anti-discrimination laws specifically about HIV status until much later in the '80s, and so people were very worried that this list would get leaked, and that that would lead to discrimination in the workplace or, y'know, trying to get a home loan or just anything basically. And finally, there had been genuine talk, which a quarter of people favoured, of quarantining people with AIDS or HIV. So a quarter of people said they favoured isolation of HIV positive people from the workplace and their community. And um, Mark Counter, who was diagnosed with HIV in Sydney in 1985 says, "I still remember preparing an evacuation plan ready to get out of Sydney in a hurry just in case they began rounding us up." So the gay community was incredibly terrified of this idea of there being a list—

H: Mm.

A: —and what the government could do with this list once it had that in its power.

I: How much do we know at this point about how it's being spread?

A: Um, I think it was in 1984 that it was... that HIV as opposed to AIDS was identified and determined to be a sexually transmitted disease, and so the first test came out in 1985. So we already know what it is at this point.

I: Okay. 'coz that's just, I feel a lot of that kind of panic and quarantining talk sort of things are quite forgivable when we don't know what's going on.

A: Mm.

H: Yes.

I: But I wanted to know whether we'd got past that point yet.

H: I think that's probably a really good measure of how inappropriate they are at this time, that they are the sort of things that are only appropriately in a state of utmost panic.

A: Mm. And these stats about, y'know, 50% of people supported mandatory testing and a quarter of people supported—

I: —quarantine.

A: —quarantine come from 1986, so at that time we knew what the disease was and there was a test for it. It wasn't a great test, but there was a test.

I: I don't expect you to really have an answer to this but do you know any details about the test? What... how did it work, what made it inaccurate, what level of accuracy was there?

A: So it doesn't actually measure HIV, the virus itself, in your blood, it measures your body's response to that - so the, um, antibodies that you produce to fight HIV. The problem is that you can produce those antibodies for a whole host of different things. So if you'd had malaria, if you'd had several children, I'm not exactly sure how that works, but...

I: Yes, there's a thing about this, I read an article about it the other day. It comes up weird, if you're a woman with some blood types...

A: Yeah.

I: ...like particular rare blood types and you have a child with different blood types then your body will just produce these antibodies and try and kill the child basically.

H: Huh.

A: Yeah, and I think this is a lesser thing of that, where probably if you'd had several children there are chances some of them had a different blood type than you and your body produced some of these antibodies - maybe not necessarily that terminated the pregnancy but they would be in your

blood, and there are a couple of other things that could cause this, so a huge number like... I can't remember the number off the top of my head but it was something like more than half positives were false.

H: Really?

A: So - yeah.

H: Wow.

A: It wasn't a great test.

I: So it wasn't so much a HIV test as a there's a bunch of people here we can say, "don't worry, you definitely don't" to.

A: Yeah. Yeah, it's more like that. Yeah, I think the negatives were, like, reasonably reliable, but the positives were wildly unreliable.

I: Okay.

A: Once we started talking about mandatory testing for gay people and stuff another issue was that many gay men felt they'd only recently escaped from being viewed as diseased for being gay and from homosexuality being pathologised and that compulsory testing and listing of at risk communities would reignite this medicalised view of homophobia. Canadian journalist and activist Michael Lynch wrote in 1982:

Like helpless mice we have peremptorily, almost inexplicably, relinquished the one power we so long fought for in constructing our modern gay community: the power to determine our own identity. And to whom have we relinquished it? The very authority we wrested it from in a struggle that occupied us for more than a hundred years: the medical profession.

In Australia, we were very lucky, as we were about many things in this epidemic, that the, um, medical and gay communities had worked really hard over the previous decades to build up a relationship of trust. A lot of doctors were kind of actively fighting against homophobic attitudes and encouraging gay men to seek medical help for issues such as STIs. In the first week of the compulsory notification law in New South Wales, some clinics which largely serviced the gay community reported drops in men presenting for testing of up to 50%. Dr. Basil Donovan, who I like a lot, worked with a lot of gay clients in Sydney and he went so far as to say that he would burn his records before he would let them fall into government hands. And another response among gay men was that they still continued to show up and present for testing but they all gave their name as Neville Wran.

[laughter]

A: So the list was just Neville Wran, Neville Wran, Neville Wran.

[laughter]

H: That's brilliant. That's really good.

A: [laughter] That's why I told you that you had to remember his name before. Those, like I said before, those testing issues were under the State Government under Neville Wran, who was terrible, and now we're going to turn and look at the Federal Government, who was pretty good so it's going to be pretty nice. In, throughout most of the '80s in Australia, the ALP or the Labor Party was in power, which is our kind of...

H: Centre left?

A: Centre left. Of our two major parties, it's the more left. And, um, so their health policy was quite focussed on preventative and community based health programs, which was what the gay community was advocating for to combat HIV and AIDS at this time. So that was nice. I told you I'd bring this up before. Two days after the announcement of the four babies that died in Queensland, all the State and Territory Health Ministers met with the Federal Health Minister to discuss what action should be taken. So this was a very, this was a very unusual thing to happen. The Health Ministers just don't usually get together like this, this was a massive emergency thing that hadn't happened since World War II.

H: Hm.

A: For all the ministers from the State and the Federal Government to get together and have a conversation about a specific issue. Federal health minister Neal Blewett specifically sought the advice of the AIDS Councils before going into this meeting to get their information on, y'know, what they thought was going on and what they thought they should do about it. Unfortunately, gay representatives weren't allowed into the meeting because Queensland threatened to boycott if they were.

H: Hi, Queensland.

A: Hi, Queensland, we'll see you again soon.

I: Why didn't we just leave Queensland out of the meeting?

A: That's a good question. It's you or the gays. See ya, Queensland. Um, yeah.

H: I think it's because they grow all the fruit.

A: They do grow all the fruit.

H: It's good fruit; I had a mango today. It's good fruit.

A: Mm. Yeah.

H: Not relevant.

I: [laughter]

A: Not relevant, but tasty. I think we talked about mangos in... Did we talk about mangos in our last episode?

I: Mangos are gay culture clearly.

A: Mangos are gay culture, um...

H: The mangos are great here, dear listeners.

A: Mm, it's just started being mango season and I don't like mangos but I've watched other people appreciate them a lot and they look good. So. Following this meeting, the Federal Government created two groups called the National Advisory Council on AIDS, or NACAIDS, I assume you pronounce that acronym, I'm going to pronounce that acronym 'coz otherwise it's going to be hell.

[laughter]

A: And the AIDS Taskforce whose role was to inform and advise them about the epidemic and policies, and NACAIDS was also in charge of running education. They also allotted \$5,000,000 towards AIDS response which largely went to these community organisations like AIDS councils.

H: Which may seem like a small number but if we're using loosely speaking the same conversions from the Shelly's Leg episode is like \$20,000,000.

A: Yeah, that's about \$15,000,000 in today's money. And, as well as that, recognising that there was no cure on the horizon at the time, the government acknowledged that an education-based preventative approach to AIDS was probably going to be the most effective and that the gay community themselves were probably the people best positioned to sort of run this, to educate each other and support each other through the epidemic. So the government recognising the specialist knowledge and positioning of the gay community and of the AIDS councils and forming partnerships, both in terms of information and financially with these groups is a key part of Australia's successful response to the epidemic and basically why thousands and thousands of people didn't die. So good job, Neal Blewett. What a good guy.

As I mentioned before, by 1984, HIV was identified and it was understood that it was a sexually transmitted disease. Um, NACAIDS began distributing material on safe sex and they specifically chose to focus on safe sex rather than trying to advocate for celibacy among gay men because, um, they recognised that that would just never work and that a large part of gay identity, as we talked about before, at the time was focussed around sex.

H: Hm.

A: It was a part of the culture and you couldn't just get rid of it over night.

H: And as US sex education tells us, you're not going to get anywhere with telling people not to bone.

A: You're not. As High Court Justice Michael Kirby said, "Law and the risk of punishment are usually the last things on the minds of people in the critical moment of pleasure."

[laughter]

H: That was very well said.

A: It was. He was talking about both criminalising male-male sex, which was still illegal in several states at this time.

H: Hi Queensland.

A: Hi Queensland!

I: Tasmania I think.

A: Hi Tassie! 1997, Tassie!

[laughter]

A: And he was also talking about the use of drugs like heroin. In states where male-male sex was illegal – which I haven't got a list of, but definitely included Queensland and Tassie – Tassie, or Tasmania, which is another one of our very conservative states.

I: It's that weird triangle one at the bottom.

A: Yeah, it's the island off the bottom of Australia. It's occupied by like, intensely conservative people and like, intensely lefty greens, just kind of awkwardly coexisting. It's a weird place. Yeah. But in a lot of states, including that one, male-male sex was still illegal, and so to spread education material about how to have safe male-male sex was seen as advocating breaking the law, so it was quite hard to do. Even though the Federal Government sanctioned this, the State Governments said it was illegal.

H: Mm!

I: So we should be putting out pamphlets being like, “This is 100% a thing you should not do and is illegal.”

A: Yeah, so...

I: “Use a condom.”

[laughter]

A: So there was a thing you talked to me about the other day – and me and Irene both went to a Catholic school – and you mentioned that they had someone living with HIV come in and talk to you.

I: Yes! We had this HIV positive woman come in and talk to us.

A: Mm. And that was a kind of way that people got around it, was things like that, having, you know, an HIV positive person come and say, “Oh, I've got HIV, and you know, it's going to affect my life in this ways, and it's bad, and I got it because I had unprotected sex.”

I: And she was kind of billed to us as like a motivational speaker.

H: Mm! Clever.

A: Mm!

I: Just sort of about like, this is her talking about her life experience and like, motivational speaker sort of stuff, but it was really I think low-key under-the-radar safe sex stuff.

A: Yeah. And that's a thing that religious schools did in the '80s, and a thing that they are still doing today to try and get around that thing where you can't talk about using condoms and stuff like that in a Catholic school. Get your act together, Catholic schools.

I: I just always remember our year 9 teachers being like, "So don't tell anyone we told you this, but anyway, this is the pill."

A: Yeah, I can remember when they taught us about condoms and they couldn't... they gave us out like all these sheets about sex ed, but they couldn't give us any worksheets on condoms 'coz then there'd be like, physical proof that we'd been taught about condoms.

H: Huh!

A: So another thing that I really like was in Western Australia, another state where male-male sex was illegal, the AIDS Council advocated and ran what it called "Fuckerware parties".

[laughter]

A: So like a Tupperware party, where all you and your housewives get together and someone brings all this Tupperware you can buy, all you and your gay friends would get together in a house, but someone would come in and teach you about safe sex, and you know, give you condoms and stuff like that!

H: That is the best portmanteau I have ever heard.

A: Yeah! It's really good!

[laughter]

A: I love it. I don't know if that happened outside of Western Australia. I only heard it mentioned in Western Australia, but I feel like it was probably a universal thing.

H: I certainly hope so.

A: It's pretty great. Let's return to Queensland.

I: We're kind of racking up the states where gay male sex is banned here, like...

A: Yeah.

I: Where was it not illegal?

A: It was legal in Victoria from the very early '80s, and in South Australia from the very early '80s, and it was legal in the ACT from the very early '80s. I'm not sure...

I: Like 80% of things are legal in the ACT I think.

A: Yeah.

I: They were those people where same-sex marriage was briefly legal.

[laughter]

A: It was for like, one day three years ago.

H: Yeah.

I: And fireworks.

H: The ACT is the fake state around our capital because we had a fight over where it should go.

A: Yeah.

I: Doesn't America have one of these too? A fake state around their capital?

H: Oh yeah! District of Columbia.

I: Yeah!

A: Yeah, it's the Australian equivalent of Washington DC. We built a city to be our capital and it has its own state that is quite progressive.

I: It's very small.

H: Yeah.

A: Very small.

H: It used to have a coastline that was not attached to the rest of the state, but then we took it away again.

A: I don't think anyone's legally clear on whether it owns that coast at this time. I looked it up the other day and everyone was like, "We don't really know..."

[laughter]

A: "What do we do?"

[laughter]

A: "A mistake!" Anyway, I talked very negatively about the Catholic Church a minute ago, but I want to say a very positive thing about the Catholic Church now. So—

I: Hi Catholics, again.

A: Hi Catholics!

I: If you didn't turn it off before.

[laughter]

A: Come back! So in Queensland... Queensland had the strongest negative reaction to the Federal Government's very progressive reaction, and the Queensland Government, under Joh Bjelke-Petersen—

I: Ahhh.

A: —who you may or may not have heard of.

H: I have not.

A: A not great guy.

H: Good summary.

A: I think he was quite corrupt, even.

I: Yes. Quite corrupt, like, super corrupt, super homophobic, quite racist, like...

H: Oh, the trifecta!

I: Yeah, the trifecta, but apparently his wife had a really good pumpkin scones recipe.

[laughter]

A: Yeah, it's actually on Wikipedia, that like – they're called Joh and Flo – and Flo had like a quality pumpkin scones recipe—

H: Nice.

A: —but Joh was just a terrible guy.

[laughter]

I: Anyway.

H: Welcome to Australia, dear listeners.

[laughter]

A: My mum makes the pumpkin scones sometimes, out of like a 1980s Women's Weekly.

H: Nice.

A: It's good. Anyway, so under Joh Bjelke-Petersen, Queensland just said no to the Federal Government's policies, basically. They refused to use any of the NACAIDS educational material and they instead had a policy of advocating abstinence for gay people. They also refused to have any contact with their Queensland AIDS Council, and they wouldn't pass on Federal Government funds to the AIDS Council. So Neal Blewett ended up arranging for the Federal Government to deliver funds to the AIDS Council in Queensland via the Catholic Sisters of Mercy.

H: Ah!

A: Who he desc—

I: So the Federal Government could give money directly to the Sisters of Mercy.

A: Yes, I think it was okay for the Federal Government to give money to a religious group, but it wasn't okay for the Federal Government to give money to the AIDS Council, with that going through the State Government. And I'm not sure what the laws around that were.

H: Sneaky.

A: And Neal Blewett described these nuns as “the most cheerful and altruistic of money launderers.”

I: [laughs]

H: I'd read that Ken Follett novel.

A: Generally, ignoring Queensland, and its issues, the education campaigns were quite good and very successful. The AIDS Council ones especially, because they weren't kind of tied in by any government laws about what they could and could not say, and how explicit they could be, were very specifically tailored to a young gay male community, and used very colloquial, kind of irreverent language when talking about safe sex, with the goal of making safe sex education either sound more fun or more erotic, or, you know, just more appealing and less kind of clinical.

H: We have a couple of bus ads on that theme at the moment—

A: We do! [laughs]

H: —if anybody's noticed, that features a man just in his jocks – ah, in his underwear – on the side of a bus telling you to not get STIs. It's pretty good.

I: Is this the “Stop the drama down-under” guy?

H: Yes!

A: Yeah, and there's.... it says “Stop the drama down-under” and there's like sparks, and like rabbits, and kind of magician-themed stuff flying out of his underwear—

I: Yeah.

A: —and he's telling you to get tested.

I: And then the little catch... like, slogan at the bottom of it is like, “Get tested. Get treated. No drama.”

A: Yeah! Yeah. So we have those ads now, and we had similar and more explicit ads back in the day. My personal favourite is a brochure which uses the very Australian-sounding catchphrase “Don't get cum in your bum.”

H: Well! Yep.

A: Which is... [laughs] You know, it's to the point.

H: Yep!

A: So that was good. [laughs] There were a whole lot of others, but I thought I'd just pick one, rather than like—

I: —listing them all.

A: [laughs] The same brochure which said “Don't get cum in your bum” also went on to explain the various approaches to protecting yourself from AIDS, including celibacy and monogamy, and it said, you know “Celibacy – don't fuck anyone; monogamy – don't fuck anyone except your boyfriend.”

H: Mm!

A: So that was good. There's also a quite good one which is not so humorous, but it is an interesting look at like, how explicit some of these ads were, and it was specifically targeted at very young men

who weren't yet out, but may be, you know, thinking about or going to sleep with another man for the first time. It's quite long, but I'll read it to you.

H: Mm.

A: And it says:

Making the first move might be scary, but more guys than you think are having sex with other guys. It's natural, and if you're safe you'll have a great time. And what's safe? Kissing, cuddling, licking, stoking, wanking, oral sex (avoid cum in the mouth), vaginal and anal sex with condoms water-based lube.

And then it provides information phone numbers that you can call for more information!

I: Is—

H: That is a great pamphlet!

I: Is oral sex fine here?

A: Well it says “avoid cum in the mouth”.

I: Okay.

A: Yeah. But yeah, that ad was made by the Victorian AIDS Council, and they were thinking about where will we put this ad, and then the Shadow Health Minister in Victoria – so the opposition Health Minister – got wind of it, and she was absolutely horrified and she made this huge deal about this ad and how terrible it was, and somebody wrote into the newspaper saying, “This is ad is obviously aimed a recruitment,” trying to turn young men gay, and because of this great outcry, it ended up on the front page of all the major newspapers in Victoria.

H: Oh no!

I: For free!

[laughter]

A: Without them having to pay at all!

H: What a terrible outcome!

A: Yeah, so that was good. [laughs] So on the other extreme of kind of public health announcements and advertising, we have the Grim Reaper ad campaign, which...

I: Ah yes.

A: Have you heard of?

H: I don't think I have.

A: You're in for a time, my friend.

H: Ohh.

I: My dad showed it me—

A: Yes.

I: —when I was young.

A: So the Grim Reaper ad campaign was quite pivotal in the public's view of AIDS at the time. It was commissioned by NACAIDS; it was a TV advertising campaign; and it was designed to be incredibly blunt, to be incredibly controversial to have the maximum impact. The man who created it said that his brief was essentially to terrify heterosexual people into understanding the risk of AIDS, 'coz surveys at the time had showed that while heterosexual people acknowledged that there was an AIDS epidemic they just thought they were safe.

H: Mm.

A: And they thought it didn't concern them. I'm going to show you this ad 'coz it's quite a time and also 'coz I think the sound is good enough that it doesn't need the pictures.

H: Oh, sweet!

A: So I'll just give a brief description for our listeners who won't be able to see it... actually I might show you first.

I: Yes.

H: Please do.

A: 'coz if you haven't seen it I want to see your reaction without—

H: Yes.

A: And then I'll do a description.

[ad plays: <https://www.youtube.com/watch?v=U219eUIZ7Qo>]

[sinister music and background noise]

Voice-over:

At first only gays and IV drug users were being killed by AIDS. But now we know every one of us could be devastated by it. The fact is over 50,000 men, women, and children now carry the AIDS virus. But in three years nearly 2000 of us will be dead. And if not stopped, it could kill more Australians than World War II. But AIDS can be stopped, and you can help stop it. If you have sex, have just one safe partner, or always use condoms. Always.

[ad ends]

I: That was definitely Death playing ten-pin bowls.

A: Yeah.

H: It's a very graphic ad. There's a lot of sort of dead flopping limbs.

A: Yeah. I'll just do a quick description of the ad for our listeners. So that ad shows the Grim Reaper in a bowling alley, and there's a lot of fog and smoke and it's very sinister, and the bowling pins are people who are supposed to represent ordinary Australians, so there's a little kid, and there's a woman holding a baby, and there's a footballer, and just normal Australians, and then.... and then as we pan out we see as he talks about, you know, we could all be dead, as many as in World War II, we see that there's actually many many Grim Reapers in many many bowling lanes killing ordinary Australians from AIDS.

I: With their bowling balls.

A: With their bowling balls. [laughs] There was a thing from the man who designed the ad, who was sort of saying, “What will I do? How will I design this ad?” he said “I thought about having death gunning them down with a machine gun, and I thought, you know, I've got to have like a” - however long it is - “I've got to have like a one minute ad. A machine gun will kill them all in seconds.” And then he said, “Well, I went out bowling! And then I thought – wait!” And that's why it's a bowling alley. [laughs]

H: There you go. I mean it conveys.... it's got a bunch of like, impending rolling doom, and a lot of like, randomness going on, and—

A: Yeah.

H: —it felt like it gets the message across.

A: Yeah. Yeah.

I: Yeah. It is, to me, like, a little bit comical, like it's—

H: Yes.

I: —Death in a bowling alley with a tonne of like, fake smoke—

H: Yes.

I: —playing bowls with human lives. It's...

H: The thing may be that it is now 2017 and bowling is even more unfashionable.

[laughter]

A: Yeah. There's no suggestion that it was funny at the time.

I: Okay.

A: It was very serious at the time. And I think it was partly very serious 'coz people around you were dying.

I: I mean, when I was told about this – like I said, my dad showed me this when I was younger, I don't know why we talked about this but we did – but yeah, he showed me this when I was younger, and he gave me no sense that it was ever funny. He—

H: Mm.

I: —thought it was quite confronting and like, serious and controversial.

A: Yeah. The campaign was widely regarded as being very very successful – people were terrified. It worked. But it was criticised for its hyperbole – so those comments like “will kill more Australians than World War II” “2000 of us will be dead within a year” kind of thing, there.... there was no science to back up those claims. They were just, you know, dramatic scary numbers.

I: I mean, means to an end I guess.

A: Yeah. Yeah.

H: Mm.

A: And I think that's what they thought when they were making the ad. And also a lot of heterosexual people who saw the ad, rather than identifying the Grim Reaper with AIDS, identified the Grim Reaper with gay people.

H: Huh.

A: And they saw, you know, gay people killing “normal Australians” - in air quotes – with this disease, by spreading this disease among the Australian population.

H: Certainly there weren't any people of colour in the bowling pins.

A: No, and the people in the bowling pins were chosen to represent what was considered a normal Australian in the 1980s – not saying, obviously, that there were no people of colour in Australia in the '80s, but that—

I: This kind of...

A: —image of an ordinary Australian in the '80s was a very white image.

I: This kind of conservative, suburban family image, I guess.

A: Yeah, and it's the things like the mother with the baby, and the boy in his football uniform.

I: Yeah, and the little girl.

A: And the little girl, yeah. We'll put the actual ad up on our blog so you can watch the video that goes with that sound.

H: And experience the tragedy plus time equals comedy effect first-hand.

A: Yeah.

[laughter]

A: I mean, definitely. Another thing about that ad was like, it's incredibly dark; it's very bleak; it's all about death – and for people who already had HIV, and knew they had HIV, it was a very confronting thing, and it made... it had a very bleak outlook for them.

I and H: Mm.

A: And that was very hard for them.

So now I'm going to show you one more example of education campaigns, and this is a nice, lighthearted fun one, to you know, balance that out.

H: Good, good.

A: Then we'll move on from our discussion of education. So this is one of my favourites, and it's again talking about how campaigns were tailored to their audiences and how important it was that in Australia it was sort of the community that was in charge of the AIDS response, and it was all very grassroots and that enabled education campaigns to be very successful. This one was created in response to the Grim Reaper ad, which was seen as being very dark and very, you know... it didn't say “Oh, you know, if you have safe sex, it'll be okay!” it said “Use a condom or you'll die...” So this was created in response to that by a woman named Aunty Gracelyn Smallwood and the people she worked with, who was a group of Indigenous sexual health workers in Townsville which is right up in the north of Australia. It's a relatively... how big is Townsville? It's pretty small isn't it?

I: It's a medium sized town isn't it?

H: Yeah, it's populous, but it's very remote.

A: Yeah.

I: Yeah.

A: Which is right up in the sort of remote northern part of Queensland, so there are a lot of Indigenous people there and it's... yeah. So we're... Don't think of Queensland, the conservative state that we talked about before – we're thinking of Queensland now as, you know, it's got a lot of isolated communities and a lot of Indigenous people who aren't really being looked after as they should by the government.

So not long after the Grim Reaper ads came out, this woman, Aunty Gracelyn Smallwood – “aunty” is a title of respect before her name which is given in Indigenous communities - she was particularly concerned that the ads didn't encourage positive sexual agency, and she was also worried more generally – not about the Grim Reaper – that the current sexual education campaigns weren't reaching remote Indigenous communities, or they weren't effectively speaking to those communities, and also that because we're talking about very very small communities, things like going to the chemist and buying a condom were – a condom [laughs], buying condoms – were very hard, because chances are the person behind the counter in the chemist knew you and knew your family and knew who you were sleeping with and it was always going to be a big deal and something that was quite stigmatised.

H: Mm.

A: So to combat these issues, the team launched a superhero named Condoman.

H: Okay.

I: [laughs] Good.

A: Known as “The Deadly Predator of Sexual Health”.

H: I... They didn't go with “The Great Protector” or something.

A: Nah. “The Deadly Predator of Sexual Health”. [laughs]

H: [laughs] Of course.

I: “Deadly”, like, different meaning... Indigenous communities... possibly?

A: I'm not sure if they mean—

I: I'm not sure!

A: —“deadly” as in he will kill HIV, or “deadly”, which in Indigenous communities—

I: —s like awesome.

A: —can also mean, like, really good. I don't know which meaning of deadly they were going for—

I: I don't know!

A: —in Condoman's tagline.

I: Possibly both.

A: So Condoman is a very traditional, '80s superhero. His outfit was inspired by the Phantom, who was very popular at the time.

H: Mmhm.

A: Condoman wears red and yellow, rather than purple and black, and he's often pictured proudly holding up a condom, and with the tagline or the dialogue bubble, "Don't be shame. Be game. Use condoms." So yeah, at the time Condoman was mostly, you know, a poster of Condoman and a costume that people would wear at community events to kind of go around and talking about sexual health.

H: Mmhm.

A: In the 2000s, Condoman was relaunched. He now has comic books, which have been kind of animated – not as a like, show, but kind of the panels have been animated a bit – there's some videos you can watch.

I: Yeah.

A: Yeah. So you can all go online and watch those. You can get Condoman branded condoms.

I: Oh, nice!

A: You can get keyrings and little action figures. And when he was relaunched he was also given a sister, known as his "slippery sister" Lubelicious.

H: Oh! [laughs]

A: [laughs] Who advocates the use of water-based lube.

H: [laughs] Of course.

[laughter]

I: Oh God! Oh God.

A: And she talks about women's health and women's business and she says, you know, "I address sisters and sistersgirls" which is an Indigenous term kind of analogous to trans women. And in the comics the STIs are all represented as the villains, and you know, sinister looking people and this one's AIDS, and this one's chlamydia, and it's great.

I: And Condoman and his sister Lubelicious come and...

A: Yeah! Yeah. Yeah, it's very good.

I: Do you know anything more about like, the spread of HIV in Indigenous communities?

A: I didn't research it because I was mostly looking at queer communities.

I: Yeah.

A: But Indigenous people do have a higher rate of HIV than the non-Indigenous population.

So that's given us a good overview of safe sex education, how it was effective, and how it came from the community. It was also overall very successful, and so in Australia, new HIV infections peaked in 1984, and then went into rapid decline from then on.

H: Nice.

I: That was indeed very successful. That was like they figured out what it was and then it immediately stopped happening.

H: That's like a three year span, isn't it?

A: Well, the first case in Australia was in 1980....

I: Two, I think.

A: 1982, yeah. And the first case of an Australian as opposed to a man who had come with HIV to Australia was in 1983. So that's, you know, a year, for the country to just act on it.

I: That was efficient.

A: Yeah. So by the late '80s, 85% - 90% of gay men were using condoms or having non-penetrative sex when they had sex with casual partners.

I: Nice.

A: So yeah, it was just really effective. As well as prevention through education, the other side of dealing with the HIV/AIDS epidemic was looking after the people who had AIDS and were living with AIDS.

I: Or had...HIV?

A: Well they don't need looking after yet. So because we're in Victoria, and the Victorian AIDS Council has a lot of historical information available – good on you, Victorian AIDS Council – um...I'm gonna use the example of Victoria to talk about how the community dealt with this. So um, the Victorian AIDS Council set up a group of volunteers, very very early on, so I think in 1982, called AIDS Mates, and the idea of AIDS Mates, was your AIDS Mate would be someone who would provide one-on-one care for you when you had AIDS and were living with sort of, the final stages of the disease, but still wanted to live at home and kind of maintain that dignity.

H: Mm.

A: And so this included everything from you know, helping people with food shopping, to just kind of talking them through things to helping them go to the bathroom. Um, and a lot of these people that were being looked after as part of this program had no support. Often they either weren't out to their families or their families had rejected them when they'd come out as either HIV positive or as gay, and their friends may have had similar reactions. A volunteer, Jill Missing, said of one case

We looked after one chap who had no friends, and there were no relatives. His relatives overseas in Italy thought he had pneumonia. We were the only people at the funeral.

And so this work was very very important. By 1992, um, which was around the time the number of AIDS cases peaked in Victoria, there were more than 100 volunteers as part of this program, and they were supporting over 200 clients, and there was a very long waiting list. Many of these clients also worked full time, and had friends, or even they themselves, had HIV. So it was a lot to deal with. This was an incredibly hard time, although we've talked about how positive the government reaction was, once HIV started developing into AIDS, and people started dying, which was...it didn't start in the early '90s, but it peaked in the early '90s. It was a very very hard time for the gay community. Part of the program was co-ordinated by a man named Ken McClelland. Ken had been imprisoned for draft dodging during the Vietnam War.

I: I like him, already.

A: And released again by Gough Whitlam. Just as an example of what people were dealing with at the time, Ken had a full-time job, he was managing this AIDS Mates program, and he was eventually diagnosed with HIV, and it was the volunteers from this program who cared for him until he died in the early '90s. And I think this example of Ken is also made sort of clear by something said by one of the nurses who worked as a consultant with this program, Denise Brown, and she said,

I still speak about this time as being a way of life rather than just a job, as you gave so much of your self and your time to help support people who wanted to stay at home.

Um, and Phil Carlswell, who I mentioned a couple of times, was the president of the Victorian AIDS Council, said at the time, "It's becoming very difficult to identify the gay community, apart from AIDS."

I: What did he mean by that?

A: He meant that because, at this time, so many gay people were dying of AIDS, and this is what the community did in terms of activism. They fought for funding and treatment, and in terms of what you did with your day, they looked after each other and they were often kind of on the forefront of, you know, getting and disseminating information. They were doing everything.

I: Okay.

A: And so that was all the community did and became at this time. Which you know, had some good effects – it really brought that generation of the community together as a very very strong community, but obviously it was just psychological hell for them as well.

I: Mm.

A: So. In 1985 – so we've been to the '90s, where everyone's dying of AIDS, and we're going back again – in 1985, an American company patented AZT, whose full name I'm not even going to try and say, which was the first drug proven to prolong the lives of people living with HIV. However, in Australia, there were very strict laws on overseas drugs being used in Australia without clinical Australian trials first, and so it was estimated it would take up to seven years for the drug to be approved for use in Australia.

H: Mm

I: That seems like a long time in a national emergency.

A: It does, yeah. So access to AZT became the focus of activism among the gay community at that time, and also a lot of the focus of their work. So AIDS Councils would set up buyers' clubs where they bought the drug from America and then sold it on in Australia to try and get it to Australians who really needed it, and um, they also began a series of protests... A lot of this was done by an international group called Act Up, who's a AIDS activism group, and this culminated in what they called D-Day, which was the 6th of June 1991, which was a day they – Act Up – set as a deadline for the government to increase funding to Australian trials and to relax restrictions on the approval of drugs. Ah, when the government didn't do anything by that day, they staged a series of protests which included mailing to every MP an obituary of someone who had died of AIDS, sort of saying, you know, "What are you going to do?"

H: Mm.

A: And it also included abseiling into Parliament while the Health Minister was speaking.

I: [laughs]

A: And throwing red streamers around to represent the red tape to represent the action being taken.

H: How hard is it to abseil into parliament?

A: Well I think the thing is that everyone's down in the floor, and then up in the gallery is where the public can sit.

H: Right, I assumed that they were coming in from like, a skylight.

I: [laughs]

A: No, no. [laughs] I think they were in the public gallery, and they abseiled down onto the floor.

H: Okay.

A: And eventually these protests did lead to government action. There was a review of Australia's HIV drug approval procedures, and the introduction of AZT to Australia on a larger scale. So AZT was the first drug to treat HIV, but it wasn't perfect, and you know, it didn't actually cure you or anything.

H: Spoilers.

A: Spoilers, you can't cure AIDS. One of the early people to take it, David Menahue, described it as a "horrible experience". You had to take large doses every four hours.

H: Four hours!

A: There were a whole lot of side effects. Yeah, yeah.

I: At night?!

A: I think so, yeah.

H: Wow.

A: Judging by how David Menahue talks about it, I think so. He – yeah, it sounds awful. So it was basically seen as something to keep you alive until something better came along.

H: Mm.

A: Um...so in 1996, something better did come along. And that was called Highly Active Anti-Retroviral Therapy (HAART), and that's not one drug, but it's a whole host of drugs taken in combination, and they use mathematical modelling to work out which combination is best for you, and which drugs you should take, which – between them, all these drugs can kind of suppress HIV enough that it becomes a chronic illness you can live with rather than a terminal illness that will kill you.

I: So at this point if you've got HIV...?

A: Now if you have HIV your lifespan is not that much different to the lifespan of a person without HIV,.

I: Okay, okay.

A: Because using these drugs you can keep the level of virus low enough in your blood that your immune system stays strong.

H: Mm.

A: So um, that shift from terminal illness to chronic illness is a very kind of important shift in the history of AIDS, and the introduction of HAART is a very important step in the history. Obviously, there are issues with this as well. No drug is perfect. Every drug has side effects. And people struggle to kind of fit their lives around the combination of drugs they have to take – you know, you have to take this one on an empty stomach and this one after a meal, and when you're taking so many drugs in combination, that's very complicated and difficult. Now those drugs are often packaged into one pill, so it's become easier, but at the time it was very difficult.

I: If it's... I know, this is a technical question and you probably don't know... If it's packaged into one pill, how do they manage to do those things with the kind of personalising this to people, like you talked about mathematical modelling and...?

A: Um, there's a variety of different packaged-into-one pills that you would go and talk to your doctor, and they would say, "I think we'll try this for you, and we'll see how it goes." And change what you're taking.

I: Okay.

A: So there's not a... you know, simple, take this drug every day and your AIDS is gone. So another issue that wasn't immediately apparent to me, but I think it's worth talking about, is that many people with HIV or with AIDS, just didn't have the psychological energy to deal with kind of, taking a complicated treatment. They'd already dealt with the epidemic, they'd probably dealt with friends dying, they dealt with finding out they had the disease, and they'd dealt with coming to terms with the fact that they were going to die, and that meant for a lot of them, quitting a job, quitting study, spending all their money, and they just kind of weren't prepared for this revelation that they were actually gonna live.

H: Mm.

A: And they didn't know what to do with their lives. Bill O'Loughlin, who was one of these people said, "Suddenly it was like, well now you get on with your life, and I didn't know how to." So that's kind of an ongoing issue that we have to think about, in terms of things like unemployment and housing. Just because there is a treatment doesn't mean these problems went away for people who have got AIDS since, or for people who already had HIV at the time.

I: I mean, I guess it's like that thing where we have one of those predicted fake apocalypse situations, where there's always a bunch of people who spend all their money on this wild party, and then...

A: Yeah.

I: Except that this time it's a forgivable impulse.

A: Yeah, I mean, some people did spend all their money. And for some people I think it was just a psychological thing. They'd had to do a lot of work to accept that they were going to die, and someone turned around and said, "Well, you know, you've got twenty more years ahead of you", and they just went, "I – I need to recalibrate everything which I've recalibrated," and yeah, it was just very hard. HAART was introduced in 1996, and so by 1999, deaths from AIDS, despite what I've said about this being hard and difficult – deaths from AIDS decreased dramatically, and people are now living with the disease. For a more positive quote on how that was than Bill O'Loughlin, David

Menahue, who we know hated AZT, described this as “too miraculous for words”, and he said, “We called it Lazarus Syndrome”.

So I decided to stop the historical part of the episode here, because that’s the introduction of the treatment that we use today, and also because 1999 was the year with the lowest number of new HIV cases in Australia, so that was when they’d plummeted to their lowest point.

I: So...

H: That’s pretty good.

I: So is what you’re saying if 1998 was the lowest year, so it’s on the rise?

A: It is, it is. That’s yeah, I was gonna finish with a little bit of sort of, how it is today. And, I think the reason it’s on the rise is because we were so good at combating it.

H: Mm.

A: And people no longer see it as an issue.

H: That’s interesting.

A: Yeah. Because we were so successful through education campaigns and these grassroots government partnerships and stuff at maintaining a quite low rate of HIV infection, yeah, it’s come to be seen as not an issue, and as it became less of an issue, the government, you know, began to give it less funding. I think... not less funding overall, but less funding in terms of – funding accelerated rapidly, and now it’s kinda, you know...

I: Steady.

A: Steady. Yeah.

H: Mm.

A: Yeah, the government’s giving it less funding, people talk about it less, people aren’t worried about it. So um, in the late ‘90s, we were seeing about 650 new cases a year, and now we’re seeing a bit over a thousand new cases a year of HIV.

I: That... population increase, though.

A: Yeah, so with population increase, that’s not actually so bad, and it has actually... this problem has got less of a problem in the past few years. We’re better at dealing with it than we were five years ago. So in 2015, there was a, um, study that revealed that men having condomless casual sex was at an all-time high in Australia.

I: All-time?!

A: I tried to follow that up, that use of the phrase “all-time”, but I couldn’t actually find the original report that came from, I could only find people kinda just quoting this statistic from the report.

H: I can definitely see that skewing with willingness to report.

A: Yeah, yeah. So maybe that’s, I think we can assume since the crisis. I don’t think “all-time” is actually the correct word there, but that’s what everyone said. And yeah, I think the major issue is that, as young queer people, we don’t think of AIDS as a problem, and we don’t kind of see it as a part of our history a lot of the time. It’s like, yeah, the AIDS epidemic happened, but I don’t think

young gay men today are thinking, you know, my community went through this and this is a thing that my community needs to combat, or anything like that.

I: I mean, I think this is very much one of those things where queer people today have this tendency to think that we are the first generation to be queer people, basically.

A: And I think queer people in every generation have kind of had this tendency to varying degrees. And it's partly because there's no obvious kind of generational transmission of information. Like if you're part of minority community that's based on race or that's based on religion, you get it from your parents, and you learn about it from your parents, and you know that there's this history behind you, but if you're queer, you don't get that.

I: No. It's true. You kind of come into queerness as an adult.

A: Yeah, and you often have to have your own journey of self-realisation, and so you don't necessarily think, you know, "This 60-year-old woman might know what I'm going through." I don't think that crosses anyone's mind. Yeah, I think there is a big generational divide in the queer community, and I have a quote from the president of the Victorian AIDS Council in 2003, where he kind of realised this, and he says, "I recently asked a friend of mine, a very socially active gay man in his mid-twenties, how many AIDS funerals he had been to. The answer was none." And like, Adam Carr's tone in this quote is very...

I: Yeah, I guess it's just a totally different experience to what he had?

A: Yeah, and nobody realises how different the experience is unless you sit down and talk about the history of the community, and then people kind of realise what happened. And I think we can compare that to - I've got a quote from, um, one of the volunteers in the AIDS Mates program, Mary Bodkin, who said, in '94

I filled in a form which was, on one of the pages of the Sydney Star Observer, so that's a gay newspaper in Sydney, towards the end of last year. They asked us to count up all the people we knew who had died of HIV/AIDS, and I stopped at 100.

H: Wow.

A: So yeah, that's such a vastly different experience, in such a short space of time, as well. That's in '94, and Adam Carr's talking in 2003. That's less than ten years.

I: I always just remember asking my mum once, 'coz she would always talk about these gay friends that she had, and I remember asking her once and being like, "What happened to them? Where are they all?" And she sort of looked at me and she was like, "I took you to a lot of funerals when you were a toddler."

H: Mm.

I: And I was like, "Okay, I guess that's it."

A: Yeah. And I kind of see, and I don't know if this is a reported phenomenon, but I kind of see how you'd come out of that and just not want to talk about it. As well.

I: Yeah. And just kind of be like, well that's...never want to think about that again.

A: Yeah, I'm gonna move on with my life.

H: And it seems callous to say, but the pool of people who could be potentially pass on that information is smaller.

A: Yeah, I think that's very true as well. They all died. Like, if we say to our mum, where are your gay friends? They're all dead. That's where they are, they're not here to, you know – "Oh, my mum's friend is gay, that's an older queer person I can talk to." They're just not there.

I: They're just not there.

A: So I think that's why it's so important for us to talk about queer history, because we do have that generational gap.

H: Mm.

A: Where nobody is – there's nobody to pass on that information who obviously has that role. In this instance it happens that, you know, that is actively affecting the spread of the disease.

So before we finish, I just want to say a couple of things about safe sex, and about PrEP, and given that HIV is confusingly, on the rise in Australia, what can be done to stop that.

I: We established that this may not be the case, for population reasons.

H: As a function of absolute numbers of cases, sure.

A: Yeah, I mean, the thing is that we know what it is. There are tests. We know exactly how to get it and how to stop that. We shouldn't be getting new cases.

I: Mm.

A: It just... you know, it doesn't need to be happening.

H: I mean, ideally we're gonna get to the point where it's something like the Black Plague, that, you know, springs up in the mountains of Madagascar every 35 years or so.

A: Yeah.

I: Yeah, I guess that's true. It'll become one of those things where like, once my mother's cousin had the Black Plague.

H: Oh, really?

I: Yeah! He did. I don't know how this happened, or where he got it, but they were very confused, because they just did not expect this because...we don't see that anymore.

H: Yeah.

A: Yup, yup. So, what you can do today to prevent this problem, which is very preventable, is obviously, get tested, if you think you are at risk, or if you have had sex with someone who you don't know whether or not they could have HIV, or just get tested generally, you know, for safety. Use condoms, which I think is a very straightforward thing, that, you know, doesn't need much explaining. If you are going to have sex with someone who you know has HIV, or who you don't know their status, and you think there may be a risk, there's also something called Pre-Exposure Prophylaxis, known more commonly as PrEP, which is a daily medicine that you can take to lower your chance of being infected. So if you have HIV, it's not – that's not the medicine you should be taking - it's if you think you may be at risk of contracting HIV. So you have to get tested for HIV and make sure you are negative before you can take this medication.

I: So like, if you have like, a partner who has HIV, or something, you will wanna take this.

A: Yeah, yeah. Something like that, or if you're having casual sex, maybe you're not always using a condom, for whatever reason, or anything like that, you could want to take this. It's 90% effective.

I: So still use a condom.

A: So ideally, PrEP combined with a condom is the best way to avoid getting HIV if you think you are going to be at risk of contracting it, for whatever reason.

H: Because 90% sounds like a really good number, but is not really a very good number.

I: I mean, once you've had sex ten times, it's not a great number.

A: So, on that note, now we've reached the modern day, we've been Queer as Fact. I'm Alice.

H: I'm Hamish.

I: I'm still Irene.

A: Thank you very much for listening. If you've enjoyed our podcast, you can find us on social media. We're on Facebook, Twitter, or Tumblr, as Queer as Fact. You can also email us directly at queerasfact@gmail.com, and we would be very excited if you did. You can find us on Podbean, or iTunes, or wherever you found us to listen to this episode. If you listen to us on iTunes, or if you don't, and you just really love us, please rate us and review, because it will help other people to find us and learn about queer history.

We'll be back on the 15th of December, when Irene will be talking to us about Lesbia Harford, who is a bisexual Australia poet and labour activist who was just coincidentally named Lesbia by her parents.

I: I'm using that for my child.

A: So, thanks for listening, and we'll see you then.

[music plays]