



**there for us.**  
STRATEGIC PLAN 2018 - 2023  
**thorneharbour**  
health\*





## **Our Vision**

We envision a healthy future for our sex, sexuality and gender diverse communities, a future without HIV, where all people live with dignity and wellbeing.

## **Our Mission**

We devise and deliver effective community-driven health and wellbeing programs. We advocate to reduce stigma and discrimination.

## **Who We Are**

We are a community-controlled organisation, governed by our members, and working for our sex, sexuality and gender diverse communities.

## **Our Values**

### **Leadership**

We are responsive to our communities and encourage leadership at all levels of our work.

### **Diversity**

We respect and celebrate the diversity within our communities.

### **Inclusion**

We value being inclusive in all aspects of our work.

### **Justice**

We are committed to equal rights, health equity and recognition of social and economic inequality.

### **Courage**

We stand up for what is right and take considered risks to learn and grow.

### **Optimism**

We are optimistic for each other and for the future.





## Courage, Inclusion, Equity, Diversity, Integrity and Optimism

Our values are integral to our culture. They have been forged through our rich history and will carry us into the future.

Throughout her life and without regard to the considerable personal cost to herself, feminist activist and queer liberationist, Alison Thorne has fought for PLHIV, trans people and more broadly for the rights of the LGBTI community.

Keith Harbour worked to save thousands of lives and paved the way to HIV becoming a chronic, manageable condition. Keith died in August of 1991 working to make our community a better and safer place. In aligning our organisation with leaders like Alison Thorne and Keith Harbour, we recognise that Our Vision of an end to HIV and a better world for sex, sexuality and gender diverse communities will be achieved through a commitment to these values.

### The origin story

At a time when HIV and AIDS existed as terrifying spectres on the horizon, Alison Thorne was among the many concerned community members at the first public meeting, attempting to grapple with the emerging crisis. She made the simple statement; "What are we doing about this? And how can we do it? What we need is an organisation." Her rallying cry was an important founding voice in what was to become the Victorian AIDS Council.

### Keith Harbour's vision

Keith Harbour was President of VAC from 1987 to 1989 and is remembered as a hero. He was a fierce proponent of inclusion, coining the phrase "Talk to us, not about us." He was instrumental in the creation of the People Living with AIDS program as part of VAC in 1988; writing in that year's annual report, "The establishment of People Living With AIDS Victoria as a program group of the AIDS Council and Health Centre is a source of pride. People living with AIDS are involved in all decisions and program areas within the organisation, and this has helped to focus all services to the needs of the users."

This statement was made 13 years before the United Nations General Assembly Special Session on HIV and AIDS adopted the GIPA Principle as a 'commitment made by the governments of the world to full inclusion of people living with HIV in decision making that affects us'.

### LGBTI rights

In the early 80s, when even some progressive organisations sought to marginalise the interests of their lesbian and gay members, Alison sought to champion those that she considered to be the most oppressed in the working class – 'women, people of colour, and lesbians and gays'. When many in the feminist movement questioned the rights of trans women, Alison fought for transgender rights industrially, championing the cause of trans people who have been discriminated against in the workplace as well the plight of trans people in the prison system. She has championed the rights of LGBTI communities and has consistently, to this day, fought for the inclusion, equity, diversity and dignity of our communities in all her activist work.

### Matters of life and death

Both Keith and Alison fought for people to have access to antiretroviral drugs. Keith was instrumental in setting up a buyers club that imported drugs when Australians had no other access. In 1990, Keith was arrested on the steps of Victoria's Parliament House as part of ACT-UP and is remembered for convening meetings around his hospital bed in the days before he died.

### A better future

Both Alison Thorne and Keith Harbour can be described as fearlessly courageous in their commitment to inclusion, health equity and diversity related to the health and wellbeing of LGBTI communities — fighting in their own ways with both integrity and optimism.

For over thirty-five years of an epidemic that has claimed the lives of thousands in our community, the assets that have remained centrally important to our work are dignity,

## Strategic goal 1:

Expand the reach and impact of our programs.

### Priorities:

- Minimise the impact of HIV in partnership with HIV communities, peak bodies, state organisations and other stakeholders to lead an effective HIV strategy aligned with relevant state and commonwealth agencies;
- Expand programs and services to reduce health inequalities and support inclusive access to health for people with diverse sex, sexuality and gender identities;
- Work to establish the evidence base to determine future program priorities, as opportunities arrive, and secure resources for these;
- Work in close partnership with people living with HIV, and in partnership with sex, sexual and gender diverse communities, consistent with MIPA (MIPA: Meaningful involvement of people living with HIV) principles;
- Develop program reach and impact beyond metropolitan areas and site-based services;
- Offer specialist expertise, advice and partnering with mainstream health and human services to ensure real choice for our communities.

integrity and optimism. When we had nothing else, we had hope. We hope that this is the last decade of this epidemic and we can continue to work for the dignity and wellbeing of our communities on the solid foundation and legacy of our past.

1. GIPA is the acronym The Greater Involvement of People Living with HIV, often coupled with MIPA: the Meaningful Involvement of People Living with HIV.





## Our People, Our Community

12 July 1983 — male homosexuality was still criminalised across most of Australia; even after decriminalisation, police harassment of gays, lesbians and trans people was still rife in Victoria and South Australia; and following the first death of an Australian from AIDS just three days earlier, fear of AIDS was prompting some in the community to call for extreme measures to be taken against the gay community.

A month earlier, the first community meeting about AIDS saw hundreds arrive to understand what was happening, but clinicians and doctors could offer few answers and little comfort. Alison Thorne stood up and asked “What are we going to do about this? And how are we going to do it? What we need is an organisation.”

Her words prompted this second meeting - a meeting for action and ultimately the formation of one of Australia's largest and most influential community-controlled LGBTI health and wellbeing organisations.

### Our beginning

That night in July 1983 at the Laird Hotel, twelve community members put their hand up to form the Victorian AIDS Action Committee. Led by President Phil Carswell, they became our first 12 volunteers and our first 12 members. Since that day, we have been an organisation driven by its members and volunteers.

At a time when people needed to be reassured that they could not acquire AIDS from toilet seats, mosquitoes, tea cups or amy! and when the Grim Reaper was creating hysteria and fear, our community put up their hands to care for the sick and dying. It is a testament to the wisdom, compassion and decency of our volunteers who simply saw the needs of others and sought to help.

The stigma and discrimination associated with HIV and AIDS often led to people experiencing isolation, depression and loneliness. Our early volunteers provided care, support and hope.

That early volunteer effort laid the foundation for an organisation that has gone on to change the lives of thousands of people through peer education, care and support, counselling, clinical services, safe sex education, community development,

and engagement, work that has grown in scope to include a raft of issues directly related to the health and wellbeing of LGBTI communities.

### Volunteer vision

If our organisation had only been sustained by volunteer activity over the last 35 years – as indeed it has – it would be remarkable, but our volunteers have done more than that. They have determined the direction of much of our work. They have organised, mobilised, strategized and led. They have worked at every level of the organisation from the Board and programmatic working groups to client services, community engagement and administration. Volunteers have donated millions of dollars through in-kind support. Our organisation would not have survived and thrived without their generosity, commitment and spirit.

### Volunteers create community

Through the desire to give back, to do something useful, to share expertise and to make a difference, our volunteers have not only contributed to the story of our organisation, in a very essential sense, they are our organisation. They give vital, operational meaning to community leadership and community control. The reach, influence and impact of our volunteers has been widely felt in the community and beyond. The sustaining nature of volunteering has engendered powerful social and community capital that has been built around a shared history of hope, empathy, connection and care. In many ways our volunteers – and staff, many of whom have been drawn from the volunteer ranks - constitute our own LGBTI family bound by a shared goal and determination to make things better, now and for the future.

Over 35 years, many thousands of members and volunteers have supported and governed our organisation. They have inspired the development of new services and programs, held the hands of the dying, rallied in the streets, laughed and cried with us. Thorne Harbour Health is governed by, works for and exists to improve the lives of our communities. Our focus and our membership has exponentially grown since that night in 1983, but we remain committed to our people and our communities.

## Strategic goal 2:

Exercise trusted leadership.

## Priorities:

- Influence public policy and law reform by using health data and other evidence to further our research and policy agenda;
- Advance our priorities through policy advice and contribution to service planning and implementation, with government and other key stakeholders;
- Work to establish the evidence base to determine future program priorities, as opportunities arrive, and secure resources for these;
- Develop communication and stakeholder engagement strategies and provide communications support to key partners.





## HIV: An Ongoing Commitment

Our organisation came into being in 1983. HIV wouldn't even be identified for another three years, but our community knew something needed to be done – and fast. In the beginning, our work was centred around care, support, management, education and prevention. Those things remain fundamental to our response to HIV and AIDS and are core elements in the work of our organisation today.

### Treatment advances

There have been great strides in the treatment of HIV over the past two decades. We have seen the integration of combination drugs into single pill regimens that are easier to take, have less side effects, and have, in the majority of cases, the ability to reduce the levels of HIV in the body to undetectable. The improvements in antiretroviral therapy mean that HIV has become a chronic manageable infection.

### Prevention advances

The advances in treating HIV have also had a revolutionary impact on the prevention of HIV. Research has demonstrated that a person living with HIV who has an undetectable viral load cannot transmit HIV. Pre-exposure prophylaxis (PrEP), the use of medication by HIV negative people to prevent the acquisition of HIV, has been approved for use in Australia and is now listed on the PBS, thereby making this lifesaving prevention tool accessible to all Australians.

Condoms have played a vital role in the prevention of HIV and other sexually transmitted infections; but with these advances, for the first time in the history of the epidemic it is now safe to have condomless sex and still effectively prevent HIV.

### Is HIV over?

Does this mean that the fight against HIV is over? Absolutely not.

Our work must extend the care and support for people living with HIV. Financial burdens, social isolation, sexual exclusion, stigma and discrimination continue to be issues that need to be addressed.

With more tools for HIV prevention than ever before, we need to ensure all options are made available to the people that need them as they

navigate the evolving sexual health landscape. We will need to enhance our efforts in preventing other sexually transmitted infections in an era where condomless sex while taking PrEP or having an undetectable viral load prevents the transmission of HIV. As we have done during the course of the epidemic, we will emphasise the need for testing, early diagnosis, and treatment – not only of HIV, but for all STIs.

### Meaningful involvement

In keeping with the principles of greater and meaningful engagement of positive people, our work with PLHIV will continue and be strengthened by their input into program design and delivery. As long as HIV has an impact on the lives of Australians Thorne Harbour Health will be standing beside them, working together for the health and wellbeing of our community.

## Strategic goal 3:

Develop our people and our community.

### Priorities:

- Develop our membership, our volunteer base and our staff, in recognition that our organisation cannot succeed without investment in our people;
- Contribute to community building within our sector e.g. leadership programs; mentoring; auspicing supports; support relevant sectors/networks to build capacity;
- Empower our communities through Pride initiatives.





## LGBTI Health and Wellbeing

Our commitment to improving the health and wellbeing of all LGBTI people will continue to strengthen as we work to expand our services to our sex, sexuality and gender diverse communities.

### From the past, a vision for the future

For the past 35 years, change has been the one constant in the work of our organization. In the early days of the epidemic, Dr David Plummer was appointed the first President of the Gay Men's Community Health Centre under the auspices of the Victorian AIDS Council. Even at that time, David saw the need to incorporate issues other than HIV and AIDS into the remit of our work. He wrote in 1985 that it was always the intention of VAC that the service be a 'broad-based facility, not solely dealing with AIDS.'

### Change

As the HIV epidemic has changed, our work has evolved. We are now responding to a broad range of issues that affect the health and wellbeing of our communities.

Issues such as drugs and alcohol use, trans health, family violence, women's health, homophobia, transphobia, bi-phobia as well as stigma and discrimination faced by people living with HIV are important elements of what we do now and how we will continue to work in the future.

Currently, with Equinox, we have one of the largest trans health services in the country. We also have a broad range of services and programs that address drug and alcohol use, stigma and discrimination, peer support, as well as LGBTI rural support.

Whilst our work related to the health and wellbeing of people living with HIV will continue until we achieve our vision of a future without HIV, our expansion into broader areas of LGBTI health is not only a natural progression, but one that meets the demand from the communities we serve.

### LGBTI health outcomes

It is well documented that the health and wellbeing outcomes for the LGBTI community consistently prove to be much poorer than those measured in the general community. LGBTI people continue to regularly face stigma, discrimination, social exclusion, harassment, violence and physical and non-physical abuse.

### Community control

One of the most marked characteristics of our community is our resilience. We have repeatedly demonstrated that we effectively fight adversity when we work together. Our peer-driven, community-controlled approach to determining the best programs, services and initiatives affords us with the chance to improve the health and wellbeing for ourselves and the communities we're a part of - now and into the future.

We are at a pivotal time in the history of our sex, sexuality and gender diverse communities. In many respects, our rights are recognized before society and the law as equal and valid, but we must continue to work to address historic and systemic inequities to ensure that our rights to better health are strengthened through community work and action.

## Strategic goal 4:

Build a flexible and innovative organisation for the future.

## Priorities:

- Maintain best practice in our governance structures, systems and processes to deliver on the strategic vision, mission, values and priorities;
- Develop new partnerships and programs and identify opportunities to ensure financial sustainability;
- Continue to build our presence, capacity and effectiveness in digital technology and communications.