



DEAR DR HARTMAN

Off with our nighties!

Hello patients,

This month we return to the vexed subject of AIDS and the problems faced by that foolhardy group of individuals whose job it is to save us from ourselves - the AIDS educators.

Let's face it, they've got a difficult job. The huge AIDS network of interest groups, information and research can be very confusing when the little AIDS educator first starts out in the job. They've got to understand how the federal, state and local services interact and why they so often seem to be funding different people to do the same things.

This learning process is made even more difficult because everyone is speaking a strange new language called AIDSspeak. It sounds like this: "ACON, ANCA, STD, NUAA, CEIDA AFAO NCADA" - are you with me? When someone finally comes up to them and says "DODO" (Director of the Drug Office), they really start to think people are having a go at them. It seems that "PLWA" no longer stands for "People Living With AIDS". Now it means "People Living With Acronyms".

Quite frankly, it's all so complicated, there simply isn't time for most educators to learn anything at all about another two little examples of this speak - AIDS and HIV.

But even if they finally do find the time to learn something about the virus and how to prevent it, it's not enough for them simply to understand the latest information and tell people about it. Oh no! Then they are expected to use "innovative educational techniques" as well!

Things like "values clarification exercises" - in a society where God has been dead since the 19th century and the average Aussie wouldn't know a value if it fell on his or her head. They must use "participative small group discussion techniques" - in a community where most people would prefer to be forced to wee in front of the audience at the Sydney Opera House, rather than look someone in the eye and talk honestly about sex.

As for getting members of the opposite sex to "openly negotiate power in a sexual context" - well, as I understand it, the "wimmin's movement" has been trying to do that for about 20 years with pretty patchy success.

The AIDS funding bodies expect the little educators to do it in about 20 minutes, and be completely successful. After all, lives could be at stake. Is it any wonder that AIDS educators have been flooding into my clinics in an advanced state of psychosexual collapse!

To top it all off, when they finally do learn a few effective teaching techniques, it's just about then that they discover that 60% of the AIDS budget in their region has been used to build the new verandah outside the hospital canteen.

And another 23% of the budget is contributing to the salary for the extra VMO (Visiting Medical Officer) - a doctor who says in the tea room that AIDS is a 'gay plague' and that AIDS education is controlled by a 'gay mafia', and that's why the latest media campaign is targetting 'heterosexual drug users' and not the 'gay bum boys' as it should.

This particular VMO has also been seen with a photograph of Bruce Shepherd in his wallet - a photo that is covered in kisses. (Not that there's anything wrong with that. I've got one of those photographs in my own handbag. You get them from Bruce's secretary.)

But despite all these difficulties, the dedicated AIDS educator must still go forth into the community and educate. And that's when their troubles really start. Just last week I had an eager but inexperienced educator patient in clinic, who told me this shattering story.

She had been running a workshop in an isolated rural community for elderly members of the CWA and she was trying to get them to talk about "expanding their sexual repertoire". She was encouraging them, as she put it, "to move away from the narrow view that sex must have penetration of the vagina as its central focus".

Evidently the ladies just stared at her. They knitted. They listened. No one spoke. No one responded. My AIDS educator patient tried every trick in the book to get them to participate. The response was Total Silence. Finally, my patient collapsed under the strain and was taken to hospital mumbling incoherently about condoms and toilet seats and mosquitoes.

Later that day, one of the CWA ladies visited her in hospital. She had the courage to whisper what all of them had been thinking during the failed educational session.

"How can we 'negotiate' new sexual practices with our husbands when we haven't even spoken to them for years?" she hissed into the ear of my patient. "And anyway," she added, "at least the old one-two-three, in-out-squirt, is over and done with pretty quickly, and then we can do something we really enjoy, like read a book or brush the dog. If we 'expanded our sexual repertoire', we'd be at it half the night and we might have to take off our nighties."

This is the psychosexual reality of middle Australia. Is it any wonder my clinics are flooding with patients traumatised by the AIDS media campaigns?

Patients, there'll be more from the psychosexual frontline in this column next month. See you then.

*Send your problems to Dr
Hartman's secretary, Julie
McCrossin, care of ALR.*