Testing on the front lines
Garry Kuchel, IAS Member and registered nurse

Garry Kuchel is a registered nurse with more than 26 years of experience. He has been an International AIDS Society (IAS) Member since 2014. Garry currently works at the M Clinic, a sexual health clinic for men who have sex with men in Perth, Australia. He provides free, confidential testing for HIV and sexually transmitted infections (STIs), and associated services for men who have sex with men (MSM). In recognition of International Nurses Day this month, Garry opens up about his experiences providing “non-judgemental” services. This is his story …

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I’ve been a registered nurse for more than 26 years. I became interested because my father was an ambulance officer, my eldest sister an enrolled nurse and my other sister a nursing assistant. My initial interest was in critical care, and six months out of university, I found myself working in intensive care. I worked there for 16 years, working in different aspects, including education, lecturing and mentoring.

I was talking to someone who worked for the Western Australian AIDS Council (WAAIDS). They had been running an opportunistic drop-in HIV and STI testing service in a men’s sauna in Perth, Australia. It had a nurse for two hours a week who was no longer able to do the job, and so they suggested I take it.

I felt comfortable and confident because this was something I could relate to, and I could relate to these people. I have lived my own discrimination for being a gay man, and so I thought that I would like to be the nurse for these guys that I wish I had when I was younger. Then, when the WAAIDS people decided to open the M Clinic and they needed a nurse, they asked me if I was interested. I said, absolutely!

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The M Clinic has undergone a massive evolution from where it started to where it is now, and nobody anticipated the success of the clinic. The primary aim is screening and education, but we also provide treatment for STIs, including syphilis, gonorrhoea and chlamydia.
The most important part of the service is that we have a very strong culture of no judgement, no stigma and no discrimination. That is key for all of the people working in the clinic.

Our work is possible because of our strong and ongoing relationship and engagement with policymakers. At the general sexual health services level, WAAIDS has a very close working relationship with the Western Australian Department of Health. The department realized there was a big need for these services because gay men were not getting tested. I know some of the highest people in that department on a first-name basis; they have been very passionate and supportive of the many programmes delivered by WAAIDS.

Funding is always an issue for non-governmental organizations, so we are forever grateful to the health department for their ongoing funding, and for being such great advocates for the work we do.

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Personally, the key to my approach to HIV is that I know what it’s like to be afraid of it. When I had my first HIV test more than 30 years ago, a positive HIV test meant death. So when I have conversations with clients and they tell me that they are afraid of HIV, I know exactly how they feel.

The culture within lots of public sexual health clinics needs to change. There are still some clinics where guys say, “I went there and I’m never going back because I felt so judged”. Why should you go to a sexual health clinic where they judge people? The absolute core of the success of the clinic is that we talk with people. We don’t talk at them, and we don’t talk down to them. We are constantly defusing stigma and discrimination.

My advice to all healthcare professionals working in HIV or AIDS care is that judgement does not belong in your consultation; it’s got to stay out the door. Any nurse or doctor like that within this sector is in the wrong job. The reason why men are not open about being HIV-positive or being attracted to other men is because they are constantly being blamed and afraid of the reaction from healthcare professionals. What you want is that person to remain engaged and to be tested. Then you are able to follow through.

We get many people who come to us because a friend told them that we don’t give them a hard time. We focus on training, education and awareness. It is incredibly time- and labour-intensive. This is one of the barriers, but that’s exactly what is needed.

When you are talking to a gay man, when you’re talking to a married man who has sex with men, you talk to them in their own language. This is how you approach people so that they can feel comfortable.

When I talk to people for the first time, I tell them that I care, but I don’t care. Meaning, I care as a person, I care as a nurse, I care about your sexual health and I care about your potential risk for HIV and STIs, but I don’t care who you have sex with – that is not my business. I’m here to provide facts, education, information and support.

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I think one of the biggest challenges for nurses is the lack of acknowledgement. I am talking about competent, experienced and passionate nurses. We need to know that what we are doing is incredibly important. That one person you talk to who doesn’t get HIV may end up preventing 10 or 20 more infections.

The culture has to change and that has to come from the top down. Unfortunately, in public hospitals and public sexual health clinics, the nurses are at the bottom. Nurses are trying to drive change, which is very difficult. It is very difficult to facilitate change from the bottom up. It has to come from the people who are the specialists and the consultants to drive that change and to drive it down so that the culture is changed.

At the M Clinic we’re quite lucky, but there are plenty of places where nurses are not acknowledged. At sexual health screening clinics, nurses can make sure that people get hooked into care much sooner with the knowledge and support that you’re giving them.

Be proud of yourself, put yourself forward. We all need to stand up and start screaming to be acknowledged as nurses. What we do is so important.

The views expressed in this article do not necessarily reflect those of the Western Australian AIDS Council.