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‘Geraldine Fela, Critical Care: Nurses on the Frontline of Australia’s AIDS Crisis’

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Geraldine Fela, *Critical Care: Nurses on the frontline of Australia's AIDS Crisis* (UNSW Press), 226pp. Paperback. A\$49.99. ISBN: 978-1-7611-7003-4.

Geraldine Fela rightly deserved to be highly commended by the Oral History Book Award 2024 for documenting the crucial role Nurses played in co-creating the public health response to the HIV/AIDS crisis of the 1980s and 1990s alongside the LGBTIQ community. As Fela rightly points out, this was known as the 'Gay' community at the height of the epidemic, and this is the term she uses throughout her book.

As a Sydney Nurse working during the epidemic, I remember many of the incidents chronicled in this book. For example, Fela speaks about one of the first people to present to hospital in Sydney with the virus, a man I well remember caring for as a student Nurse. He knew he had this new virus, but we did not understand what he was trying to tell us as we continued to nurse him without personal protective equipment (PPE). This was until a young doctor did a bit of reading and realised what this man was saying was correct, he certainly seemed to have the 'virus' whose arrival was so feared. Suddenly everyone was instructed to double gown and glove, wear masks and goggles, and transfer this man into isolation. It was this sense of not knowing and then panic that Fela catches so well.

Isolation and quarantine could have been the overall response to the HIV/AIDS epidemic. But in Australia, this did not happen despite calls for this approach. Although there was much advocacy from the Gay community, Nurses from inside the health system fought alongside the community to take another approach that placed prevention at the forefront of the fight against HIV/AIDS. This involved facing the dilemma of a virus that was transmitted through blood that often-involved sexual intercourse. In Australia, HIV/AIDS was prevalent in the Gay community who already faced stigmatisation and discrimination, and the virus added further justification to these views.

In telling this story, Fela has interviewed thirty Nurses who were there across Australia. It was those Nurses who set up services and understood that the Gay men presenting with this illness deserved the same compassion and understanding that was given to those who contracted the virus through less stigmatised transmission such as a blood transfusion. One of the major motifs that shines through the book is the idea that Nurses are present 24 hours a day when a person is admitted to hospital. As such Nurses really get to know the person and it is through this contact, often quite intimate contact, that Nurses come to see the person beyond the disease and the discrimination. This process of developing compassion and understanding of a person is described by Marilyn Beaumont:

Nurses are much closer to the people, to the individual, they hear the story differently. They see the context of the person's life differently because of the time, that sort of twenty-four hours, seven days a week when they are in acute care. (p. 59)

This direct contact led to Nurses arguing against public health measures such as quarantine and isolation. Instead, they fought for infection control measures that are now commonplace in health care such as what was called 'universal precautions' (now known as standard precautions). This simply meant using appropriate PPE, such as gloves when caring for any person who could be carrying any infectious agent. Under

this definition, health care professionals began to wear gloves when treatment or care could lead to an exchange of bodily fluids. This approach normalised infection control across all people in health care and removed the focus from HIV/AIDS.

However, Fela's other accounts from Nurses who were required to ensure that people who were diagnosed with HIV/AIDS did not transmit the virus demonstrate the ethical minefield many had to negotiate. One example was the case of Sharleen, a sex worker, who in an interview on 60 minutes admitted she was HIV positive. Following this, Sharleen was detained under the *Public Health Act* as an infectious person, and she did not have the right of appeal. As Lizzie Griggs who worked on the Albion Street AIDS bus distributing clean needles and condoms said:

'She [Sharleen] was 24/7 supervised and medically, ah sorry, chemically managed for her condition that her had, not HIV but mental health issues and stuff like that, but she was like really chemically managed so that she couldn't do anything. Yeah, it's terrible.' (p.110)

Caring for people in the same position as Sharleen across Australia meant that Nurses were placed in a difficult position. On one hand they were restricting a person's liberty to ensure the safety of the public. However, on the other hand, they needed to care for the person with empathy and compassion, assisting them to lead as normal a life as possible. Chris, who worked with two men in Western Australia under a case management system that restricted their liberty said that talking about this care was important because health care professionals needed to learn from these experiences.

In essence, Geraldine Fela's account of Nurses during the most critical years of the HIV/AIDS crisis in the 1980s and 1990s before effective treatments were available demonstrates the power of nursing to make positive change. However, she acknowledges that at times Nurses were placed in very difficult positions and allows her interviewees to describe how they managed these situations with as much care and compassion as possible. This also included their ability to reflect on the situations and give honest accounts so that future Nurses can learn from these experiences. Overall, this is an important book that should be read by anyone interested in how the HIV/AIDS epidemic was managed and the how Nurses played a crucial role in ensuring that people with HIV/AIDS were treated and cared for with respect and dignity.

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