

This is the unedited version of a profile which appeared in *Australian Doctor* in 2000. The published version may have had minor changes.

The Profile: Ingrid van Beek

CV in Brief

- 2000- Medical Director, Medically Supervised Injecting Centre, to be established in Kings Cross as a trial, under Uniting Church auspices
- 2000- Member of HIV/AIDS Committee of the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD)
- 1989 - Director, Kirketon Road Centre, Kings Cross
- 1986: Masters Program in Business Administration, Australian Graduate School of Management, University of NSW.
- 1982: Graduate, University of NSW

IN THE HOT SEAT

Her public profile may be on the rise, but that doesn't necessarily make Ingrid van Beek an easy person to find. In fact, this task is especially difficult if you're looking for her at the Kirketon Road Centre by wandering along Kirketon Road.

It transpires that the Centre, which van Beek directs, moved several years ago to nearby Victoria Street, which is even closer to the heart of Sydney's Kings Cross. It moved because it needed more space, but the old name stuck.

"Most people do assume the Kirketon Road Centre will be somewhere near Kirketon Road," van Beek says dryly, when I finally find her office, at the top of a narrow stairwell splashed with peaceful blue murals of flying pigs and dolphins, and with views across the road to the Cross's famous Coca-Cola sign. It is the first of many dry asides that she quietly injects into the conversation.

Van Beek, 41, a public health physician who earlier this year was appointed medical director of a medically supervised injecting room planned for Kings Cross, has quite a way with words. She can be

persuasive and articulate, as at the NSW Drug Summit last year where she spoke eloquently of the need for more funding for drug treatment and rehabilitation.

She can also be forthright and forceful when arguing her case, as she is so often called to do. And there can be a bite to her words, a sharp humour which can either entertain or daunt, depending on the circumstances. There is also a large measure of charm, especially when she turns that sarcastic wit on herself.

As she does when asked why she became a doctor. “I had a crush on the local GP when I was about 10,” she laughs. Actually, she did develop a love for medicine at about that time. Her brother and father had recently had their appendices removed, and she had been visiting them in hospital and thought it a wonderful place.

She questioned her brother closely about his symptoms and, when she was admitted to hospital soon after, she knew just what to tell the doctor about this pain in her abdomen. “They removed a lily white appendix,” she adds.

“I just loved the hospital so much. They wanted to discharge me on the second day, so I pretended to have abdominal pain and they kept me in another night. For weeks after, my nightgown smelt of the hospital and I used to smell it. The matron was particularly nice and used to plait my hair with red ribbons.”

Van Beek’s parents were not surprised when she eventually she revealed the part that her acting skills had played in the whole episode.

Just like many might be unsurprised by another story about van Beek, told by a colleague. Some years ago, a delegation of visiting dignitaries stopped at Kirketon Road Centre for a briefing over morning tea, which was bought out of petty cash. Not long afterwards, a bureaucratic memo arrived, asking van Beek to justify the purchase of chocolate biscuits.

“Shall we say,” chortles the storyteller, “her reaction was brisk and sustained. All I can say is I’m damn glad I didn’t send the memo.”

He adds: “That’s very indicative of the environment she’s had to work in. You could say it hasn’t always been supportive.”

Ask anyone who works with drug users and they'll tell you how tough it can be. Apart from the problems intrinsic to the clientele, this is not traditionally an area which attracts political interest or support.

That this may be slowly changing was reflected last year at the NSW Drug Summit, which drew intense media coverage of the difficulties routinely faced by patients and professionals in the area.

"We are almost at a stage where people have better access to treatment and rehabilitation programs if they have committed a crime and not before that time," van Beek told delegates. "I think that there is something wrong with that."

Van Beek, who now describes as the Summit as one of the most exhilarating weeks of her career, was an obvious choice to address it. She has worked at Kirketon Road (as the Centre is known) since soon after it opened in 1987 as an offshoot of Sydney Hospital, with a brief to prevent, treat and care for HIV/AIDS and other transmissible infections among at-risk youth, sex workers and injecting drug users.

Since van Beek became director in 1989, the Centre has grown from nine employees to the equivalent of 40 full-time staff, and its annual budget has risen from \$400,000 to about \$3 million.

Apart from the headquarters, which provide medical, counselling and social welfare services, there is an outreach service which hits the streets seven days a week, providing condoms, needles and advice to potential clients on the streets where they live and work. There is also a second site, called K2, in the heart of the Cross.

Van Beek says the Centre aims to provide accessible, acceptable and affordable services, and estimates that it is in contact with up to 400 people each day.

"We're seeing the younger, more chaotic, at-risk end of the drug-using population," she says. "They tend to be homeless, from lower SES, often with histories of sexual and physical abuse, usually poor literacy, uneducated, few skills and have rarely ever been employed - that part of

the population which I guess you could describe as those who have the most problematic drug use, problematic in terms of how it affects them and how it affects the rest of the community.”

But KRC attracts a broad range of clients because of the anonymity it provides, and locals say that it is not uncommon to see expensive, late-model cars pull up outside. The wealthy also need clean needles and syringes sometimes.

Annie Madden, the executive officer of the peak drug users’ organisation, the Australian Intravenous League, says Kirketon Road has a good reputation on the streets for being empathetic and non-judgmental. “She [van Beek] sets the standard from the top of the organisation down that that’s the kind of service it’s going to be,” says Madden.

Basil Donovan, the director of the Sydney Sexual Health Centre, says Kirketon Road has had an important role in minimising the spread of HIV amongst at-risk groups.

Van Beek no longer has much of a direct clinical role, although staff shortages mean she sometimes is called to prescribe methadone. Some staff members also recall when van Beek was called to help with a difficult patient, but made the critical error of closing the door behind her after going in to see the patient.

“She got a smack across her face for her trouble,” says Colette McGrath, acting assistant director of KRC. McGrath admires “that the most senior person in the building was willing to come and see a client and get her hands dirty, and willing to laugh about it afterwards and keep it in perspective.”

The politics leading up to and during the Drug Summit were intense.

Van Beek was a member of a loose coalition of interests which largely worked behind the scenes, planning strategy and lobbying hard. She also initially belonged to a group which took the provocative step of setting up a “tolerance room”, to provide a safer place for injecting, with the aim of forcing such initiatives onto the public and political agenda.

There was ill-feeling amongst some members of that group that van Beek withdrew when it became obvious that its operations would be illegal. (The key organiser of the room, the Reverend Ray Richmond, of the Uniting Church's Wayside Chapel, was eventually charged with illegal aiding and abetting, although charges were subsequently dropped.)

Van Beek says her real concern was that she did not want to compromise KRC, and that she is also wary of radical measures which further polarise the drug debate. Some of the group's members, including the AIDS Council of NSW's Robert Griew, believe her withdrawal was a clever strategy, given the project's risky nature.

"If it had gone wrong, too many of us would have been associated with it," he says. "She had the courage to take a slightly different tack. It's not always the popular thing to do." Griew adds that when Clover Moore, whose state electorate covers much of Kirketon Road's beat, moved at the Summit for an injecting room to be trialled, the motion was seconded by van Beek.

It seems obvious that van Beek would have had ambitions for Kirketon Road to run such a trial. But the Sisters of Charity at St Vincent's Hospital were a more politically palatable option - it would, after all, be more difficult for opponents of harm minimisation strategies to attack nuns for providing such a service.

When Rome later put a spanner in the works - this was apparently not suitable work for nuns - the Uniting Church stepped into the gap, and hopes, all going according to plan, to open the injecting room later this year.

When the Uniting Church advertised for a medical director of the injecting room, it is a fairly open secret that the applicants were van Beek, Alex Wodak, the director of alcohol and drug services at nearby St Vincent's, and Andrew Byrne, a Redfern GP well known for working with drug users.

It is also widely known that there have at times been tensions between St Vincent's and Kirketon Road (which is only slightly more than a stone's throw from St Vincent's but part of Sydney Hospital territory).

Many observers see this as a turf war, although van Beek dismisses these suggestions as “utter nonsense”.

Also well known is that van Beek has not always had an easy relationship with the Uniting Church’s Ray Richmond. Richmond, however, says he has the “utmost respect” for van Beek, though he adds “sometimes “I experience the relationship as a bit one way relative to respect. I think she’s a bit hard on us”.

In short, the politics of the local area, especially as they relate to drug policies, are complex and tortuous.

No wonder that some describe her new job - which van Beek is doing on half-time secondment from Kirketon Road - as a poisoned chalice. But there can be no doubt that it also means a prominent role with a groundbreaking trial which is certain to excite international attention.

Since her appointment in February, van Beek has been busy addressing meetings of local residents and organisations, some of whom oppose the site for the injecting room chosen by the Uniting Church.

It is a familiar argument to van Beek who faced a similar campaign a few years ago against K-2, which recent research has shown is now well supported locally.

“When she was first trying to set up K2, it was really ugly,” remembers Annie Madden. “If I was Ingrid, I would have been quite scared for my physical safety. People were throwing rocks and bricks through the windows of K2 at night, before it opened. She weathered all that stuff, and she persisted.”

Many observers remark on van Beek’s ability to work with a wide range of community groups to advance her objectives. She lived locally for several years and is well known in the area - to the extent that the local group which opposes the Uniting Church injecting room’s site has offered van Beek a job if their bid for a rival room succeeds.

“She’s done a lot of very important politicking in making drug services palatable to the residents of Kings Cross,” says Andrew Byrne. “At public meetings, she speaks very wisely and carefully and from the heart when

it's necessary and from scientific rigour when it's necessary, and she combines the two very well."

Ray Seidler, a GP at Kings Cross who says he works cooperatively with Kirketon Road, adds: "She's an independent thinker. She's not easily persuaded. She's quite forthright in her views and I think they're intelligently held."

Colette McGrath is amazed that van Beek doesn't seem to tire of fighting the same fights and having to continually educate the community. "One of the things I admire is that after the period of time she's been working here, she can still remain passionate and remain a very good advocate for clients."

Van Beek confesses that the things she likes most about her work are also what she likes least - the politics make things interesting, but she sometimes wonders what it must be like to work in an area where new drugs can be introduced without having to attend late-night community meetings, lobby politicians and push for legislation.

Superintendent Frank Hansen, who came to know van Beek well while working on police drug policies, was impressed by her grasp of police perspectives on initiatives such as needle and syringe programs.

"She put her points very strongly, because she is of that nature, but she also had an understanding of where we were coming from...of the dilemmas that police are often confronted with when they're dealing with the drug problem," he says.

Commander Mal Brammer says the time he spent working with van Beek and others in the Cross were a highlight of his police career. "It was people like Ingrid who gave you the confidence to continue trying to find new ways to deal with those social issues up there. It takes a lot of guts and courage to do what she's doing and to speak her mind."

Deborah Green, the chief executive officer of South-East Health, is another who remarks on van Beek's courage. When KRC was providing a needle and syringe service in Redfern, van Beek took Green on a walking tour of The Block, a notoriously tough area. "That's what I mean - brave," says Green.

Reverend Harry Herbert, under whose name the licence application for the injecting room has been registered, has been impressed by van Beek's combination of determination and patience, as well as her sharp mind for detail (indeed, van Beek is also famous at KRC for her generous use of red pen when checking paperwork).

"I haven't had a moment's doubt about Ingrid since we appointed her," says Herbert. "Several people in the church who wouldn't know Ingrid say, when they see her on TV, 'that doctor, gee she's good, she doesn't come over as a dogmatic fanatic'."

A few months ago, Herbert and van Beek were running an information booth in King Cross one weekend, to spread the word about the injecting room. A local came up who was clearly very unhappy with the idea.

"Then Ingrid detected that he came from Holland, and she started to talk to him in Dutch which she's very fluent in," says Herbert. "And that placated him amazingly."

Van Beek's parents migrated to Sydney's western suburbs from Holland in 1950. Her father had been a member of the Socialist Youth Movement and then of the Dutch Resistance during the Nazi occupation of Holland.

At his funeral last year, tribute was paid to his influence in inspiring his daughter's sense of social justice. He was an active member of the ALP, as is van Beek, who helped him hand out leaflets as a child.

She believes that growing up in a working class area has had a profound effect on her work. "The sort of people I see here, some of the kids at school were just like this," she says. "It's not foreign to me. Some people may be scared or find the people I see here as fairly distasteful clientele, whereas I don't see that."

Her father was a fitter and turner, and the Beeks (Ingrid has reinstated the "van" which was dropped from the family surname years previously) were strongly supportive of their children's education.

The oldest child, Jurriaan Beek, is a GP at Casino and another brother, Hajo, who was killed 15 years ago, became a senior engineer at BHP.

Not that van Beek was famous at school or university for being an overly conscientious type.

“Ingrid was the last minute type of gal, we’ve both got that in common,” says Teena Clerke, a friend since high-school. She remembers that her friend, who did ballet and modelling as a child, faced some resentment at school. Not only was she smart, she was gorgeous (and still is), with a tall, slender build, blonde hair and blue eyes. And, even then, she had a sharp way with words.

“She’s got a great wit, which can be very funny but perhaps not if you’re on the receiving end,” says Clerke. “If you don’t know her, when you first meet her, she can appear to be very aloof.”

Clerke also describes her friend as “very astute and perceptive and incredibly truthful”. She asked van Beek to be present at the birth of her daughter earlier this year, knowing she would be the “voice of reason.”

The friendship also reflects a shared history - the “westies” made good. “Up until a year ago, we were both 40 and single,” says Clerke. “That was a very big bond too - being intelligent, single, having successful careers and there being a shortage of men that were available, we had a lot in common.”

Clerke adds: “I met my partner a year ago. She was good with advice about that too - this is the first of my boyfriends she’s liked.”

Karen O’Mullane became friends with van Beek about 16 years ago when they were working on a staff revue at St Vincent’s Hospital, which sounds as if it might have been just a touch too irreverent for some of the nuns.

(Van Beek was also an enthusiastic participant in revues at medical school, proffering that “we were the medical students who looked like we were doing anything but medicine.”)

She and O’Mullane swim laps regularly, and have also made several adventurous road trips together. Asked about a funny story Frank Hansen tells of van Beek’s attributes behind the wheel (involving the word “reckless”), O’Mullane says: “I’ve had to learn to have enormous

confidence in her driving. You can tell a lot about the person by the way they drive. She's a very confident driver - she will take some calculated risks, as she does with most things in life."

Asked for her friend's weaknesses, O'Mullane says: "I see Ingrid as a very strong person. A woman who's described as strong, people see that as a negative thing. She does put people off at times because she is very direct - but that's a good thing because you know exactly where you stand."

Asked to describe herself, van Beek says: "I am fairly focused and persevering and tenacious. It's very hard to wear me down. I am hard working when I work but I am certainly not a workaholic. I am spirited... and passionate. But then on the other hand, I think I am also quite fun loving and don't think one should take oneself too seriously at all times. I think there are a few contradictions there."

Clover Moore laughs when told that van Beek doesn't think of herself as a workaholic. "It seems to me that she's married to her job really, it's her life," Moore adds. The description surprises some of van Beek's friends who also know her love of partying.

It was really just chance that van Beek found her vocation. While completing an MBA with the intention of becoming a health service manager, she took a part-time job at Kirketon Road to help pay the rent.

"It was only really then, I'm ashamed to say, that I discovered public health," she says.

"What has really caught my passion in a sustained sort of way, it would now seem, is the social justice issues those populations face and how they affect access to health care. The underlying philosophy that I have is that health is a basic right, regardless of who you are or what you do.

"Soon after finishing the MBA, the original director resigned and I applied for the job, and that's kind of the end of the story in some ways," she laughs.

Hardly. It seems likely that van Beek's is a story we will hear more of.

