Social Movement Sustainability:
An Analysis of the Rift Between
HIV Positive and HIV Negative Gay Men
and its Impact on the Gay Liberation Movement

by

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Abstract

There is a growing rift between HIV-positive and HIV-negative gay men, manifested in social, economic, structural and political divisiveness which, if not resolved may ‘kill’ the gay liberation movement.

While disasters generally create organizational solidarity, AIDS has operated in reverse, spawning a variety of competitive AIDS service organizations, alienating seropositive gays from the mainstream gay community, and disenfranchising seronegative gay men as human and financial resources are redirected towards persons living with HIV and AIDS. Serostatus has become a social marker of societal status, operating in a bimodal discriminatory manner.

Seronegative gay men experience discrimination within the gay community as funding for and services to this sector diminish. Seropositive gay men (and the organizations which provide for some of their needs) have culturally, economically and socially dismissed the needs of seronegative gay men (survivor guilt, safer sex education, etc) in favour of providing social and resource based services to seropositive gay men.

The social distance between the gay movement and the AIDS movement has correspondingly increased. If this trend continues, it will serve to further push HIV-positive and HIV-negative gay men into polarized camps, resulting in a wider separation of the gay movement from the AIDS movement. The stigmatization of HIV-positive people will subsequently increase both within and outside of the gay movement, and any ability to present a unified Gay Liberation front will correspondingly diminish.

Additionally, the emergent notion that to be gay is to be HIV-positive will solidify. This will a) further stigmatize all gay men in the eyes of the non-gay population, and b) exacerbate the rift between HIV-positive and HIV-negative gay men within the gay community, reversing the stigma of HIV such that to be HIV-negative will be a marker of non-gay identity. In short, seropositivity will become the defining element of gayness.

In order to avert further divisiveness, and minimization of the gay movement, an effort must be made towards reestablishing the original ideology of cooperation, which was the hallmark of the earlier days of AIDS activism. This will require a debureaucratization of AIDS service organizations; coalition building among AIDS service organizations and gay liberation organizations; and personal attitudinal and behaviour changes on the part of both seropositive and seronegative gays regarding HIV status as a medical, rather than social phenomenon.
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Introduction

There is a growing rift between HIV-positive and HIV-negative gay men, which finds expression in social, economic, structural and political divisiveness that, if not resolved may ‘kill’ the gay liberation movement.

While disasters generally tend to create organizational solidarity, the AIDS crisis has operated in reverse, spawning a variety of competitive AIDS service organizations, alienating seropositive gays from the mainstream gay community, and in turn disenfranchising seronegative gay men as human and financial resources are redirected toward persons living with HIV and AIDS. Serostatus has become a social marker of societal status, operating in a bimodal discriminatory manner.

Seronegative gay men experience discrimination from within the gay community as funding for and services to this sector diminish. Seropositive gay men (and the organizations that provide for some of their needs) have culturally, economically and socially dismissed the socio/psychological needs of seronegative gay men (survivor guilt, safer sex education, etc.) in favour of providing social and resource-based services to seropositive gay men.

As the disparities in service and advocacy increase, the social distance between the gay movement and the AIDS movement correspondingly increases. If this trend continues, the social gap will serve further to push HIV-positive and HIV-negative gay men into polarized camps, resulting in a wider separation of the gay movement and the
AIDS movement. The stigmatization of HIV-positive people will subsequently increase both within and outside the gay movement, and any ability to present a unified Gay Liberation front will correspondingly diminish.

Additionally, the emergent notion that to be gay is to be HIV-positive will solidify. This will a) further stigmatize all gay men in the eyes of the non-gay population, and b) exacerbate the rift between HIV-positive and HIV-negative gay men within the gay community, reversing the stigma of HIV such that to be HIV-negative will be a marker of non-gay identity. In short, seropositivity will become the defining element of gayness.

To avert further divisiveness, and the potential denouement of the gay movement, it is necessary to reestablish the original ideology of a community bonded together to help each other, which was the hallmark of the earlier days of AIDS activism. This will require, in part, a de-bureaucratization of AIDS service organizations, coalition building between AIDS service organizations and gay liberation organizations, and personal attitudinal and behaviour change by both seropositive and seronegative gays regarding HIV status as a medical, rather than a social phenomenon.

While numerous seropositive communities other than gay men make up the whole of the HIV-positive population, the virus has affected no single group (with the possible exception of intravenous drug users) more profoundly. Additionally, except gay men, no other HIV-positive population subgroup can be considered a significant component of an overall social movement. Few lesbians are HIV-positive (and those who are HIV-
positive have mainly contracted the disease through heterosexual intercourse). Intravenous drug users are generally not considered part of a social movement (although they may be considered part of a culture). Hemophiliacs (who are organized to the extent that many, if not most hemophiliacs are members of organizations dedicated to assisting themselves in receiving appropriate medical care and social services) and children who have contracted the virus are not part of mass social movements, and if heterosexual women are members of any social movements, the numbers of HIV-positive women (approximately 600 in Canada as of this date) are too few and geographically, socially, and economically dispersed to constitute a specific social movement of their own.

Therefore, despite the existence of other population groups whom HIV has either infected or affected, this thesis will focus solely on gay men and the disease. One manifestation of that narrow cast will be the use of the term “gay liberation movement” as opposed to the more inclusive (and more politically correct) “gay and lesbian” or “lesbian and gay” liberation movement. The social issues confronting lesbians are, in many respects, different from the social issues challenging gay men, especially concerning cruising, dating, relationships, visibility, and what is most important, living with or without HIV in the body. To be sure, HIV is in a force majeure in the gay male community. It is far less so in the lesbian community. This thesis examines the conflation of a medical phenomenon with a social movement, and while so doing, suggests, in the strongest terms possible, why that fusion is spurious and ought to be deconstructed in favour of a reunification of the gay liberation movement somewhat
apart from the medical issue of AIDS.

The main concern of this thesis is to explore the issue of social movement sustainability in the gay movement, in the face of a multi-fractured community. While scholars have written many articles on the dynamics of race and gender in fragmenting the gay and lesbian community\(^1\), very little has been written on the growing cleavage between HIV-positive and HIV-negative gay men, and the impact of this disunity on the sustainability of a cohesive gay liberation movement. Huber and Schneider make this point in their new book:

"For researchers interested in lesbian and gay studies, one of the more exciting ventures would be an investigation into the ways in which AIDS has or has not strengthened and altered the growth and infrastructure of the community . . . For example, Altman (1987) suggests that AIDS is now so much a part of gay men's experience as to "further isolate us from both lesbians and non-gays, while strengthening our own communal organizations." . . .

"AIDS has made clear that gay identity and community are not grounded solely in relations of sexuality. Many theoretically driven research efforts are possible, some focusing on cultural differences in these patterns and others focusing on the processes of coming out and the ways in which AIDS has been integrated into the social experience and patterns of sexual activity of recently self-identified gay men. Finally, there is now a generation of gay men, between the ages of 25 and 50 who might be labeled AIDS survivors, ones who, given the social and demographic patterns of gay life, could well have become infected but did not. A range of sociological methods might well be marshalled to specify the practical, political and cultural meaning of surviving." (Huber and Schneider, 1992: xxii - xxiii)

Much of what follows will therefore be, by necessity, based on the growing body of literature concerning HIV-positive gay men, on communities overall, the gay community specifically, and on a theoretical understanding of the effects of
stigmatization, alienation and deviance. Overarching these issues is the question of social movement sustainability, specifically as it relates to the gay liberation movement in the age of AIDS.

I have focussed on the white, middle class, gay male population. Some may consider this a form of exclusivity not truly indicative of either the gay 'scene' or the realities of HIV. They would be correct; gay is not limited by gender or by race. HIV is an equal-opportunity disease.

However, the social problems facing gay men and women of colour, IV drug users and others with HIV are manifestly interwoven with issues of race, class, culture and subaltern status. An analysis of minority populations and HIV/AIDS in the context of a social movement sustainability argument would constitute a major thesis unto itself, and is best left for another writer, or another time.

I have based my arguments on personal experiences gained from living and working in the gay and HIV communities; numerous books, working papers, and articles (primarily directed toward the exploration of the psycho-social aspects of being HIV-positive or HIV-negative); and informal conversations, e-mails, and seminars I have had with professionals and gay community leaders who are currently working in the fields of HIV, social services, psychological assessment and support.

This thesis will explore, in Chapter 1, the tensions in the gay community, AIDS, community reactions to the health epidemic, individual responses to HIV and AIDS and the notion of serostatus as a marker of identity. Chapter 2 will examine the issues
surrounding social movement sustainability, the development of oppositional (or at least non-complementary) social movements, and the emergence of a sub-community within a broader framework (HIV in the context of gay liberation). Chapter 3 will take this division further into the theoretical realm, and examine how the fears of contagion and intimacy have served to fracture community solidarity, and the manner by which social deviance has become a social and psychological tool employed within and outside of the gay community to build barriers that prohibit communication and coalition building. Chapter 4 will examine, in greater detail, how this community can go about rebuilding itself, and the probable consequences of that restructuring. Last, chapter 5 will touch on how the issues raised in this thesis may influence both the gay and mainstream communities, and the potential consequences of restructuring how we ascribe meaning to being gay and being HIV-positive or HIV-negative. The thesis will close with a section on “Breaking the Separatist Pattern,” and examine a more holistic approach to community.
Chapter I. The Tensions in the Gay Community

Is There a Crisis in the Gay Liberation Movement?

The most serious problem facing the gay community today is “how to sustain the gay rights movement in the face of AIDS. AIDS has killed so many men, weakened so many others, and taken over so many gay community resources that it sometimes seems that the movement and the fight against AIDS are the same.” (Cruikshank, 1992: 181)

While this thesis refers to ‘the gay community’, and the ‘gay liberation movement’, we must view these terms with caution. The construct of ‘gay community’ may exclude many men (and women). In modern pluralistic societies, individuals rarely belong to a single community; our lives intersect a range of community organizations and social groups based on geographical, occupational, ethnocultural, age, social contact and leisure preoccupations. Gay communities are as eclectic in attitudes, political beliefs, social and sexual behaviours as the larger community. (Marchand, 1989) The people who form the gay community in Vancouver live in particular places (many in Vancouver’s West End), at a particular time, but place and time do not bound the gay community. Gay people do not have to live together to feel a sense of community - the boundaries of place and time only serve to locate some particular people; descriptions of their relationships, interaction and knowledge are specific to the group, but are not dependent on the particular group for their sense of common purpose, lifestyle or community. (Warren, 1972)

Since gay communities change with fluctuations of interests and composition due
to in-migration, the processes of socialization make research into these communities extremely complex.

In-migration to major centres has been a phenomenon common to homosexual men for decades. Gay men tend to seek the social and cultural support of their peers, 'a place where they can be gay'. Since the introduction of HIV and AIDS into the homosexual matrix, in-migration has increased in great measure due to two significant factors: 1) the inability of infected gay men to obtain requisite medical and social services in smaller communities (with or without a reasonable degree of confidentiality), and 2) a generalized increase in urban tolerance of homosexual activity as contrasted to a greater degree of homophobia in smaller centres. In addition, as more and more HIV-positive men migrate to the major urban centres, the ratio of HIV-positive to HIV-negative men increases, the demand for social and medical service support increases, and correspondingly, the ability of the overall gay population to support their HIV-positive peers (financially and socially) diminishes. The homosexual and bisexual communities consist of sub-populations whose members are often difficult to identify and locate. They often feel subject to stigma (while homosexuality is rarely embraced by the general population, the tolerance of homosexuality appears to be higher in white middle class social groups than it is in many other ethnocultural groups, most notably Asian, Latino and Black communities) and therefore mistrustful of authority and authoritative research. (Kalichman et al, 1990; New Zealand Aids Foundation, 1990) In short, there is no specific entity as 'the gay community.'
What needs, therefore, to be taken on faith is the notion that there exists a core structure of gay men who collectively compose the gay community. Faith should not be hard to come by, in this instance. Numerous social, political, activist, and other types of groups of gay men meet regularly; gay bars, baths and other social venues abound. Gay iconography is visibly displayed on bodies (tattoos, T-shirts, jewelry), storefronts, bumper stickers, apartment windows, balconies, and virtually anywhere one can display a symbol.

From this core group (which, while virtually unmeasurable, is extremely large) have historically emerged the members of the ‘gay liberation movement’—those members of the community who are most active. Margaret Cruikshank defines the ‘gay community’ as:

“the lesbians and gay men who consider themselves part of a political movement. Membership in the community is thus chosen rather than automatic. The phrase “gay culture” designates their attitudes, values, tastes, artistic and literary works, groups and organizations, common experiences, festivals, special events, rituals, and their sense of a shared history.” (Cruikshank 1992: 119)

Distinguishing between the ‘gay liberation movement’ and the ‘gay community’ as defined by Cruikshank is problematic, in that there are so many organizations devoted to gay issues and causes that one is induced to reconsider the nature of the movement. I would propose that the gay liberation movement is more akin to a social movement industry (SMI). This definitional issue is, however, not crucial to the thesis—what is significant is the fact that the collectivity of gay men who comprise the gay culture / society / movement share a commonality based on sexuality, discrimination, and opposition to compulsory heterosexuality.
The gay community of the early 1980's mobilized itself by ideological transformation to contain and resolve the social, psychological, and spiritual issues that AIDS raised. The crisis mobilized the gay and lesbian community by concentrating its focus on a single threat and by involving many people who before had not been politically active. This frame transformation brought together not only adherents and potential beneficiaries (principally PLWHIV), but also conscience adherents and constituents.

Gay organizations, becoming increasingly aware of the debilitating social implications of the AIDS syndrome, changed many of their key objectives, from social and political equality for gays and lesbians to policies and programs dedicated to understanding the disease, seeking ways of preventing its spread, and advocating for decent health and social care for the infected.

"AIDS has had an enormous impact on the survivors of these [dedicated and talented gay organizers of the 1970s] men, especially lovers and friends. Many made great sacrifices of time, money, and careers to care for the dying and often they had no energy left for the gay or lesbian political work that would have engaged them in normal times. Thus gay organizations lost workers and supporters at the same time that their resources were drained by the AIDS crisis." (Cruikshank 1992: 182)

We will explore this issue in greater depth in later chapters. The important point, for now, is that the gay community, or the crisis of gay activism, has been impacted by the advent of AIDS Service Organizations.

As news of the 'gay plague', or as scientists originally called it - *Gay Related Immuno Deficiency* (GRID) - spread, one of the first psychosocial manifestations of AIDS was the negative reaction of the gay community to sex. "The very free, open, exuberant, and celebratory attitudes toward gay sex in the 1970's changed in the 1980's as gay men,
especially those in large cities, struggled against sex-negative attitudes in themselves and in the often hostile heterosexual world.” (Cruikshank 1992: 38) Prominent gay writers, most notably Larry Kramer (New York) and Randy Shilts (Los Angeles) actively campaigned for the closure of all gay bathhouses.

“From a purely medical standpoint, however, the bathhouses were a horrible breeding ground for disease. People who went to bathhouses simply were more likely to be infected with a disease - and infect others - than a typical homosexual on the street. A Seattle study of gay men suffering from shigellosis\(^3\), for example, discovered that 69 percent culled their sexual partners from bathhouses. A Denver study found that an average bathhouse patron having his typical 2.7 sexual contacts a night risked a 33 percent chance of walking out of the tubs with syphilis or gonorrhoea, because about one in eight of those wandering the hallways had asymptomatic cases of these diseases. (Shilts 1987: 19)

One of the first groups to recognize that sexual contact spread AIDS (well before the Centre for Disease Control - Atlanta issued warning bulletins to doctors) were an ad hoc group - the ‘Sisters of Perpetual Indulgence’. The ‘Sisters’ were (and still are) gay men in nuns’ habits, often on roller skates who “blitzed” bars, baths and social events with condoms and a ‘safe sex message’. Today, most major centres have outreach volunteers (Man 2 Man in Vancouver) who do essentially the same thing, but without the nun’s habits. The point of this grassroots campaign was, and still is, to combat the negative view of gay sex, in part so as not to play into the hand of the right wing moralist position that gay sex was “bad.” “The basis for the attack on gay sex is a religious belief that sex exists only for procreation.” (Cruikshank 1992: 49)

Parents raise most children in a heterosexist environment. As such, when they are young and most impressionable, they generally teach them that sex is something that men
and women do together, after they are married in order to have babies. As children mature, and establish their own identities, this simplistic idea of sex as purely a procreative act is usually moderated by other values - values obtained in the school, among peers, in the media, and through a host of other sites of information. However, for a gay person, not only must the issue of procreative sex be overcome, we must surmount the double bind of same-gender sex as well. Carol Warren writes that “the gay world has two distinctions: it is almost universally stigmatized, and no one is socialized within or toward it as a child.” (Warren 1974: 4) Not only is identity constructed, but for the gay person, identity is reconstructed. In the age of AIDS, for many people, identity has yet again had to be reconstructed - this time as either a person with HIV or AIDS, or someone who is not infected (some would add “yet”).

The advent of the new message, “Sex Kills,” has created a climate of fear and loathing among many gay men. This moralistic anachronism has permeated the gay community, and has inhibited the sexual freedom that was the hallmark of the gay liberation movement.

Cruikshank specifies five agendas that, to her, signified the ideological base of the gay liberation movement: (1) an end to all forms of social control over homosexuals; (2) civil rights legislation to prevent housing and job discrimination; (3) repeal of sodomy laws; (4) acceptance of lesbian and gay relationships; and (5) an accurate portrayal of gays and lesbians in the media. (Cruikshank 1992: 9) However, AIDS has, more effectively than any other coercive agent, created a social control over gay men, by virtue of creating
a new social category - "the infected."

A sexually transmitted disease creates a special fear, different from the fear circumscribing other infectious afflictions. This is most assuredly characteristic of AIDS because the utterly unrestrained sexual freedom once presumed to be the crux of gay male liberation abruptly became life-threatening. Beyond the traumatizing effect of sex as a potential harbinger of death, the creation of the oppositional category of 'infected' has redefined personal identities within the gay community along medical margins of wellness and illness.

As Dynes notes, disasters often create organizational solidarity rather than promote bedlam. A variety of new helping groups may appear, and one may form new bonds between existing organizations, which redefine activities following emergent needs. (1970: 84-102) This was precisely the case in the early days of the AIDS crisis. To some extent, social organization coalitions, occasionally, continue to exist.

However, a new dynamic has emerged which seriously threatens the fragile webs among gay organizations (GSOs) and AIDS service organizations (ASOs). The very fact that many ASOs have emerged to satisfy the needs of HIV-positive members who are, among other things, infected, gendered, and/or people of colour, signifies what may be a lack of inclusion of many gays and lesbians in gay community life.

There is a body of evidence that suggests that not only do people who are seropositive choose to associate mainly (or sometimes exclusively) with other seropositive gays, but that the same exclusionary dynamic is present in the seronegative community.
The current crisis in the gay community is not one of mobilization, but of identity and of fragmentation. There is an argument as to the very existence of a 'gay community' sui generis. This debate centres around the question of sexuality. Does sexual identity form a sufficiently strong basis for the emergence and sustainability of a liberation movement? My contention is that since radical social change implies change at the roots or foundations of society, and since gay liberation demands a reconceptualization of the constructs of sex, sexuality, sex roles, gender, the regulation of sex, and freedom of expression, gay and lesbian liberation is a radical social movement, although it may borrow reformist methodologies.

Cruikshank (1992) argues that the sexual identity claim is a sufficient basis for movement development and sustainability for two reasons: 1) the sexual identity is that of a minority which is censured or obstructed by the dominant heterosexual majority, and in this manner may be likened to racial or ethnic identity stigmatization; and 2) the coming out, and being out processes involve many people, who generally identify with the ideology of the Gay and Lesbian Movement when they march and demonstrate. (Cruikshank, 1992: 9).

This fragmentation is evident not only among people who are HIV-positive, symptomatic or asymptomatic, but also between those people who are HIV-positive and those who are HIV-negative.

HIV-negative is generally considered to be a misnomer. The only time one can be relatively certain that one is HIV-negative is three to six months prior to being tested for
the HIV antibodies. The window period, between the time that a person may be infected, and the time that the anti-bodies become evident (through testing) in the bloodstream is fairly long (anywhere between 2 weeks and six months). In addition, any behaviour subsequent to being tested which may potentially cause HIV infection would negate one's HIV-negative status. In general, one can be only certain of two serostates: HIV-positive or HIV unknown.

For the sake of simplicity, I will refer to HIV-positive and HIV-negative (or seropositive and seronegative) in this thesis. However, the reader is cautioned that true HIV negativity is not the thrust of this thesis - HIV unknown is.

The emergence of AIDS in the gay community in the early 1980's resulted in a North American health crisis of momentous importance. "More than 80 percent of the people who have been diagnosed with AIDS in Canada are men who have sex with men." (Myers, et al 1993: ix) It is estimated that, by the year 2000, over half of all gay and bisexual men in North America will be HIV positive. (This information, while obviously not empirically testable, is based on the fact that seroconversion rates have begun to increase after four years of relative stability, and the average lifespan of a gay 21 year old currently living in San Francisco is 32 years. (Source: AIDS Project Los Angeles, private correspondence).)

As of October 1992, 6889 cases of AIDS had been reported (Health and Welfare Canada, 1992). At that time, 94.0% of the cases were male, and of this percentage, 86.0% self identified as gay or bisexual. As far back as 1992, more than 5500 gay and bisexual men
in Canada were living with full-blown AIDS.

By the late 1980s the death toll from AIDS in the United States was higher than the number of soldiers killed in Viet Nam. By mid 1991, nearly 100,000 had died. (Cruikshank 1992: 181) In Canada, as at January 1994 (the last date for which official national statistics are available), there were 7183 confirmed cases of AIDS, plus 7111 confirmed deaths from AIDS related causes. (Health and Welfare Canada, 1994). These numbers are highly understated, however. As of June 1995, for example, the Vancouver PWA Society had more than 3000 members (which means that at the very least 3000 men in Vancouver alone are HIV-positive). Women with HIV, if they are members of an ASO are members of PWN - Positive Womens’ Network, not PWA.

Perri Fong (a Vancouver journalist on the “AIDS beat”) relates that “it’s estimated about 6000 people in BC are infected with HIV, the majority living in the Lower Mainland . . . recent studies . . . estimate that the total number of people infected to the end of 1994 in the country at between 42,500 and 45,000.” (Vancouver Sun, June 12, 1995)

Reported cases of AIDS fail to reflect the status of all HIV infection, and reliable estimates of the presence of HIV infection in Canada are impossible simply because statisticians have not conducted seroprevalence studies in the broad population. Those studies that do exist are limited to a few select populations. “Gay and bisexual men have not been considered for such studies for a number of reasons, for example disagreement about the impact the results would have on attitudes among the population.” (Myers, et al. 1993: 9)
Dedicated and concerned volunteers formed the first community-based AIDS organization in Canada, ‘AIDS Vancouver’, in January 1983. Shortly after that, the ‘AIDS Committee of Toronto’ (ACT) and ‘Comite sida aide Montreal’ (CSAM) opened their doors. From then on, many more community-based AIDS organizations appeared in smaller cities across the country. The majority of community-based AIDS organizations provide services and activities in three general areas: prevention education, support to people affected by HIV and AIDS, and advocacy. Education services primarily target specific communities - generally gay men. ASOs provide support services to people living with HIV. Advocacy, perhaps the most variegated component among community-based organizations, includes issues management and lobbying activities through briefs, press conferences and public demonstrations. (Canadian AIDS Society, 1991)

Before the inception of AIDS specific organizations, grassroots gay organizations recognized the need for social and other support for people living with HIV and AIDS. One example is Vancouver’s Gay and Lesbian Centre (the GLC - officially P.F.A.M.E.). The GLC was the inspiration for, and the first home of both AIDS Vancouver and PWA (Persons With AIDS Society). In the early days of the epidemic, the GLC provided space, funding and other resources for these self-help groups to meet, strategize, and provide such support as they could to PLWHIV. The initial focus was on drug treatment information (mainly information from the USA), liaison with American AIDS organizations (principally the GMHC - Gay Mens’ Health Crisis, New York), and organizational issues. Whether the organizers realized it or not, what they were
assembling was the largest volunteer cadre that Vancouver, and indeed Canada, had ever seen. Volunteerism, especially in light of government inaction and disinterest, became the most indispensable and credible reaction to the political obstacles motivated by AIDS.

The Emergence of AIDS Activism- ACT-UP versus ASOs.

By the mid to late 1980's, as hopes for a speedily discovered cure faded, specialty organizations began to emerge. AIDS Service organizations, such as the GMHC (Gay Men’s Health Crisis - New York) took on the role of caring and nurturing for PWAs, while more social activist groups, such as ACT-UP (AIDS Coalition To Unleash Power. ACT-UP identifies itself as a diverse, non-partisan group united in anger and commitment to direct action to end the global AIDS epidemic. (Bordowitz, 1988)) emerged as socio/political operations dedicated to changing the medical/scientific/political climate surrounding the development of treatment protocols, drug testing and interminable FDA delays.

AIDS is a disease of minority people. The infected, and as I will argue, the affected as well, are disinherited, marginalized and stigmatized. Two indisputable social facts inform the ideology of ASOs: homophobic disinterest on the part of the general community and governments in the plight of sick and dying gay men, and in sharp contrast, the particularly strong North American model of volunteerism enacted by social movement constituents and conscience constituents. Peer-centered activism (as opposed to
professional lobby groups) was the engine that drove the machinery of change (however slow that change was initially). The gay men and women who volunteered to be ‘care-partners’ to the sick and dying gave of their free time to preach the gospel of latex. The gay community was the first group to suspect and articulate that the primary mode of transmission of HIV was through semen. As such, it was the gay community that started distributing free condoms to patrons of gay bars, baths and other venues, along with the safe sex message. It was these pioneers who pressured the CDC and other regulatory bodies for both a definition of the virus and sufficient funding to develop a cure (one of the early slogans was “Be Around for the Cure”).

**ACT-UP**

The emergence of the radical group ACT-UP on both the east and west coasts of the United States permitted other ASOs to concentrate on the epidemiological and treatment aspects of AIDS. ACT-UP effectively co-opted the political arena, and through its radical and often spectacular tactics, gained the attention of the media, and thus, the nation.

In the emergent years of AIDS (and of ACT-UP), media coverage created the impression that the heterosexual population was “a morally protected fortress” (Kayal, 1993:47) The popular impression generated was that AIDS was a manifestation of particular social groups (principally gays, Haitians, Blacks, and IDUs). Therefore, the general population had little with which to concern themselves. The media disregarded
gay fears about AIDS, testing, treatments and so on until ACT-UP obliged them to pay attention. ACT-UP took an unequivocally contentious demeanor to safeguard gay interests and keep these interests unconstrained from government entanglements in case community leaders and representatives of the more compliant (IE: government funded) ASOs became too self-satisfied or were co-opted by their funders.

ACT-UP was informed by a different, although more traditional radical perspective of mobilization. Their agenda was based on an ideology separate from economics in the broader collective or societal sense. Their tactics of confrontation, disruption and “media spectacles” were diametrically opposed to the strategies of the larger ASOs, who sought to work with government, the scientific / medical communities, and the media. ACT-UP was highly effective within an oppositional and discriminatory system (such as double blind drug trials⁵ in a way that disrupted rather than replaced sexist, racist, and class biases in health delivery, medical research, and other similar areas of concern. ACT-UP was not framed to challenge the fundamental inequalities inherent in the for-profit scientific and health care systems directly. It was seeking citizen entitlements from an elitist system using voluntarily restricted resources. ACT-UP’s singular message was why, after over a decade of research into the epidemiology of AIDS had only one toxic drug (AZT) been approved for treatment? Kayal dismisses ACT-UP’s strategic plan by stating that

“Given the prevailing moral meaning of AIDS (and its deeper meaning for gays), to force an interior change of attitudes and feelings about the self and the community is the ultimate political statement, not angry street demonstrations directed at institutions.” (Kayal, 1993:91)
The AIDS activist movement appears to exhibit most of the basic characteristics of "new social movements": a) a primarily middle class membership; and b) a mix of instrumental, expressive and identity-oriented activities. (Larana, Johnson and Gusfield, 1994) ACT-UP uses and targets cultural resources as well as orienting itself toward material distribution. The question one needs to ask is how does ACT-UP contribute to an understanding of the nature of the social world in which they function?

In the first place, as earlier indicated, the membership of ACT-UP is relatively homogeneous. The membership is typically professional and semi-professional, legal and health care providers, writers, political organizers, students, and artists. (Green, 1989) Their overall goal is to obtain greater access to treatment and drugs for AIDS-related diseases; culturally sensitive, widely available, and explicit safe sex education, and well-funded research that is publicly accountable to the community (ACT-UP, 1988) The principal objective is to change the distribution of resources and decision making power; the guiding actions are strategic, aimed at affecting policy change.

Their focus is inward on building a unified community (the gay and lesbian community, and increasingly, a sub-community of PWAs and PLWHIV). "They organize at times around actions in which AIDS is not the central issue or in which AIDS activism is incorporated into the project of 'recreating a movement for gay and lesbian liberation'. This orientation toward identity and expression, while not excluding older-style strategic action, is one key characteristic cited by students of post-60' social movements." (Gamson, 1989:355)
ACT-UP's action principle is mainly via theatrical spectacle. They stage events and meticulously construct and publicize symbols. This strategy assaults the dominant representation of AIDS and PWAs and attempts to supplant them with alternative representations. "At times, ACT-UP attacks the representations alone; at times the attack is combined with a direct one on cultural producers and the process of AIDS-image production." (IBID.)

Boundary crossing⁶, along with theatrics and symbolic gestures, makes it clear that ACT-UP operates largely on the cultural terrain where theory situates new social movements.

The problem with ACT-UP, as they affect the more traditionally structured ASOs, is threefold. First, ACT-UP's orientation toward the spectacle denotes a distinction between actor and spectator, yet they have frequently planned and executed actions without an articulation of whom their actions are ultimately meant to influence. The transmogrification of symbolic actions requires that the spectator must first understand what the original symbol represents, and further, that the substituted meaning is also clear. For example, when ACT-UP infiltrated a Republican women's cocktail party, and unfurled a banner proclaiming "Lesbians for Bush," the Republican women met them with a response that was antithetical to ACT-UP's disruptive agenda - the women simply stood and sang "God Bless America." This rendered the demonstrators both performer and audience, subject and object. In effect, ACT-UP performed a spectacle without having any assurance that the theatrics would (or could) accomplish any specific goal, other than
disruption -- the meaning of their action was forfeited by the response of the Republican women.

Much of the confusion about what is being done, for whom, by whom and to whom is the result of ACT-UP’s loose organizational structure and consensual decision making composition which, in turn, exacerbates the lack of vision and leadership.

A second problem relates to the diffusion of activity that ACT-UP professes, yet has great difficulty in achieving. While attempting to represent “a diverse, nonpartisan group united in anger and commitment to direct action to end the global AIDS epidemic” (Bordowitz, 1988), there are few signs that ACT-UP represents matters of interest to intravenous drug users, people of colour, those who lack access to adequate health care, or non-gay PWAs. Despite the target of inclusiveness, ACT-UP persists in drawing largely from the white, middle-class, gay and lesbian community.

By far the most severe problem, and the basic argument of this thesis, is the fact that “AIDS politics and gay politics stand in tension, simultaneously associated and disassociated. . . . AIDS activists find themselves simultaneously attempting to dispel the notion that AIDS is a gay disease (which it is not) while, through their activity and leadership, treating AIDS as a gay problem (which, among other things, it is).” (Gamson, 1989:356)

While ACT-UP has gained notoriety in the press, we must note that as a whole, ACT-UP is not representative of the mainstream gay community, nor are its members even numerically significant wherever they form a chapter. The following table shows the
relative strength and/or weakness of various chapters.

What can be seen from the table is while there may be numerous ACT-UP chapters throughout the United States, their active membership is fairly limited, even in centres where there is a large gay population. Their strength is not in numbers activist members, but in the human resources they are able to mobilize in times of need, and in their ability to signify and symbolize the face of AIDS in a political and cultural context. In the process of so doing, many would argue that they have hijacked and diverted the gay liberation movement.

**ACT-UP Chapters and their Notable Actions**

<table>
<thead>
<tr>
<th>CITY</th>
<th>ESTABLISHED</th>
<th>MEMBERSHIP</th>
<th>FAVOURITE ACTION</th>
<th>MOST EFFECTIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland</td>
<td>1993</td>
<td>25</td>
<td>Defaced a homophobic billboard</td>
<td>Die-in at the Gay Pride March</td>
</tr>
<tr>
<td>Dallas</td>
<td>1988</td>
<td>core: 20, up to 30-40 at actions</td>
<td>Demo against religious National Round table August 1992, drew 200 people</td>
<td>25 high schoolers protested lack of AIDS curriculum. School board had to put it to a vote.</td>
</tr>
<tr>
<td>Milwaukee</td>
<td>1988</td>
<td>200-250 on mailing list</td>
<td>Zapped Governor’s meeting discussing whether state would build more prisons. Urged compassionate</td>
<td>release for PWAs, so that there would be no further need for more prisons.</td>
</tr>
<tr>
<td>Location</td>
<td>Year</td>
<td>Actions</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>San Francisco</td>
<td>1988</td>
<td>25 at meetings</td>
<td>Secured an AIDS hospice at Vacaville prison medical facility, pushed for compassionate release of HIV-positive prisoners.</td>
<td></td>
</tr>
<tr>
<td>St. Louis</td>
<td>1990</td>
<td>30 active, 100 on phone tree</td>
<td>Urged anonymous testing through State AIDS education (1991) which had emphasized contact tracing. Operation successful.</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>1993</td>
<td>core 20; mailing list = 300</td>
<td>Protested outside Rose Garden when Gebbie’s appointment was announced. Media coverage in Washington Post and wire services.</td>
<td></td>
</tr>
</tbody>
</table>

Table 1. (From “OUT” magazine, November 1993, : 74-75)
So far, few of ACT-UP’s seventy-nine chapters in the USA and Canada have succumbed to the professionalization and corporatization that generally characterize more mature SMOs and ASOs. The groups have usually succeeded in tailoring its civil disobedience methods to the target group’s greatest weaknesses. However, even ACT-UP’s New York director, Esther Kaplan concedes that “People in power have learned to give a certain kind of lip service. How do you get that verbal response and then call people on it? That has to be over a period of time, not a fireworks display”. (IBID.:131)

This is a pragmatic position, born of necessity. The large scale pickets and disturbances that marked the early years of ACT-UP’s modus operandi are now more difficult to mobilize and sustain. The AIDS industry has absorbed some of the people and dulled much of the rage. Clinton’s victory in Washington, and some meager gains in gay rights legislation and AIDS funding has lessened the intensity and urgency that the ACT-UP pioneers felt. “It’s harder than it used to be to rile the masses.” (IBID.)

Despite one’s personal position concerning radical tactics and post-materialistic values, ACT-UP could not fail, therefore, also to attract the attention of hundreds of thousands of both out and closeted gay men throughout North America. While many gays privately agreed with the fundamental objectives of ACT-UP, many more shunned the radical politics and anti-establishment antics by which the organization operationalized those objectives. The result of this dichotomous view of how to get things done marked the beginning of both a modus operandi or model for AIDS activism, and simultaneously
the inception of a rift between radical activists and social assimilationists in the gay movement.

**Other AIDS Service Organizations**

Mathilde Krim, the executive director of AmFAR (American Foundation for AIDS Research) states in the same article that there is “a lot of disrespect for grass-roots activism and an interest in presenting sanitized versions of gay political demands and moving away from something as depressing and seemingly unwinnable as AIDS. What we’re left with is a denial of the fact that AIDS has been the defining experience for the gay community. Emotionally as well as politically.” (“OUT” magazine, November 1993, :133) Herein lies the crux of the social movement sustainability issue - the ideological and methodological conflicts between AIDS service organizations and gay service organizations. While the former views the “defining gay identity” as inextricably bound up with AIDS and AIDS issues, the latter views the identity question on a broader plane.

AIDS activists are not interested in the campaign to lift the ban on gays in the military, marriage and adoption rights for same sex couples, sexual and identity harassment in the workplace, spousal benefits for same sex couples, tax and housing discrimination and the myriad of other ‘civil rights’ issues promulgated by queer activists. AIDS activists are focussed on AIDS issues, and are both encouraged and supported by ASOs in that unidirectional endeavour. While most ASO’s reject the tactics of ACT-UP, they none-the-less endorse the goals and objectives that ACT-UP proposes. They are, in sociological
terms, free riders.

Most ASOs (both emergent and established) shun the confrontational methodology as exemplified by ACT-UP in favour of offering programs that are both fundable and politically neutralizing.

While funding has always been a critical issue with ASOs, the most efficacious route to obtaining federal, state (or provincial) and municipal funding had been to develop programs which de-emphasised AIDS as a gay disease, and sought to inform the general public as to the risk behaviours regarding infection, the manner by which corporations could fairly and effectively deal with AIDS in the workplace, develop and maintain outreach programs to schools and prisons, and operate anonymous telephone ‘help-lines’ for information seekers. Within the overall funding programme, it then became possible to insert a small, but nonetheless vital element designed to provide counselling, advocacy and other services to PLWHIV.

Such programs are easily measurable (which funders require), and if not really manageable, at least understandable. They also form a closer fit with the experiences and ideologies of safer-sex planners, the cadre which makes up the bulk of the professionalized ASO.

Problems between ACT-UP and the GMHC exemplify the rift among AIDS organizations. ACT-UP sees its role as watchdog of the AIDS industry, GMHC, in turn, finds that ACT-UP frequently rocks the wrong boat. One of the most contentious issues revolved around the director of GMHC’s (Tim Sweeney, 1989) diatribe against ACT-UP’s
campaign to scold city health commissioner Steven Joseph for reducing estimates of the number of New Yorkers exposed to HIV, thereby cutting the city's eligibility for AIDS funds. ACT-UP dogged Joseph in person, protested outside his home and mounted a telephone calling blitz to disrupt his family life. Joseph refused to budge. Relations between the New York Health Department and the various AIDS service organizations have yet to return to the pre-ACT-UP days of cooperation as opposed to confrontation. (See OUT Magazine, November 1993; Kayal, 1993)

Another of the problems, and therefore another contributing factor to the rift in the gay community, is that government supported AIDS education/prevention programs (either through ASOs or through Health Departments) usually advocate against depersonalized sexual behaviour. In government supported programs, homosexuals (unlike heterosexuals) continue to be primarily defined by dysfunctional sexual activities. “By influencing the subjective sexual activity of individuals, these projects, unawares, reveal homophobic conceptions of gayness. They reinforce gay stereotypes and celebrate a noncontextual gay eros that, in the long run, is destructive of community.” (Kayal, 1993, : 93) What matters to the community, and what will sustain the community over time, is the quality and meaning of gay relations, not the frequency or manner of expression. Ultimately, behaviour is only maladaptive, hazardous and dysfunctional when it reifies self-rejection and communal annihilation. Socially, gay men have become habituated to a form of life unimaginable only a decade ago. Currently, we are experiencing a 50 percent overall infection rate in some gay communities (e.g., San Francisco), ten to 40 percent
infection rates among segments of the young gay community, and 70 percent rate among older groups . . . To date, more San Franciscans (90% of them gay men) have died of AIDS than died in the four wars of the 20th century, combined and quadrupled. (Odets, 1994:1) The following table illustrates the median age at which people (all categories) are first diagnosed with HIV:

### Median Age of First Diagnosis

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MEDIAN AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>pre 1982</td>
<td>32 years</td>
</tr>
<tr>
<td>1983 - 1984</td>
<td>27 years</td>
</tr>
<tr>
<td>1985 - 1990</td>
<td>23 years</td>
</tr>
</tbody>
</table>

Table 2. (Source: Health Canada)

ASO educators must account for who gay people are now - the AIDS affected, grief affected, fatally changed identity, “when speaking to them about intimacy and “dangerous” behaviours. Many gay men are now often rethinking the purposes and meanings of their lives, and feelings about everything - sexuality, human relations, and death not least of all - may be open for surprising revisions.” (IBID.) Despite the failing efficacy of the ‘safe sex’ message, most AIDS educators continued to deny relapse evidence to protect the reputation of the gay community and its ability to procure funding. They also wanted to believe that their own work was on the road to ending the epidemic.
It was not until 1992 that AIDS educators "went public" with relapse information. It was not by choice but by necessity. The evidence of relapses away from safer sex behaviour had become overwhelming - and financial necessity forced the 'dirty little secret' out of the closet.

In California, for example, "about ten percent of state prevention money was being spent on the group that still comprised 80 percent of the epidemic. Thus, it was necessary to acknowledge 'newly' increasing sero-conversion levels among gay men to regain funding lost to claims of almost complete success in this heretofore thought 'model' community." (IBID.:2) Many educators, not doubting the appropriateness of their original safe sex message, just stepped up the frequency of message dissemination. The common conception, as told to me by a San Francisco AIDS educator at a Gay and Lesbian AIDS Conference in Houston in July 1993 was "I guess we're just going to have to scare the shit out of gay men again."

The American educational model differs from the Canadian one in several respects. For one thing, the Canadian definitions of 'risk' behaviour are far more liberal than the American (read Federal Drug Administration and Department of Health) definitions. In Canada, fellatio is considered a "theoretical risk," while in the United States, it is considered 'high risk' (see note # 3, Chapter 3 for a definition of Canadian risks). The essential point, however, is not one of risk taking, but of the psychological and social implications of definitions of risk. Declaring that community norms underscore safer sex all of the time, when in fact all research points to the fact that this is not so, simply
reinforces the further stigmatization of those people who do not practice safe sex all of the time. “Scaring the shit” out of people has not worked, and will not work.

The ASO’s who perpetuate this communal myth (and most do) simply continue to persecute a social minority whose core identity is tethered to sexuality. In an attempt to enact behavioural change, ASOs have exploited the “good fag / bad fag” dialectic, which is a reification of the mainstream concept of homosexuality; have lied to their constituents by suggesting that safe(r) sex is the community norm; have moralized to gay men that some sexual activities are O.K. but others are not; have failed to acknowledge the social realities of the epidemic; and have utterly failed to pay attention to the specific psychological problems that arise when illness and death are decimating a community. For example, use of the condom made excellent sense in 1983 when the transmission routes of HIV were first discovered. It was to be a stopgap measure until better answers to AIDS prevention were devised. “As a permanent, lifelong component of sexuality, however, it has proven as problematic for gay men as it always has been for all men. The idea that gay men would readily adapt to condoms, ignore or fail to recognize their limitations - indeed, according to many educators, have fun with them - and feel shame and guilt for not using them is rooted in homophobia. Homophobia lies in the feelings, often unconscious or unspoken, that gay sexuality is not “real” sexuality, that it is not humanly important, and, not uncommonly, that it probably should not be going on anyway.” (IBID. : 3)

I began this section on AIDS activism and service organizations by suggesting that
the infected as well as the affected are disinherited, marginalized and stigmatized. In great measure the very organizations that have sought to de-stigmatize gays in general and AIDS in particular have been the stigmatizers. Whether it has been the antics of radical groups such as ACT-UP or the more sedate educational efforts of GMHC, AIDS Vancouver and other ASOs, the cumulative effects of the media coverage of AIDS and gays, or internalized fear, grief and anger over the plight of the infected, affected and legions of dead, the spread of HIV has clearly had a profound impact on the development of alternative (or new) social movements, and additionally, an impact on the lens through which we view the more established gay liberation movement. In the next section, I will narrow the focal point of the lens significantly - I will consider serostatus as a marker of gayness, and the marginalization of those people whose serostatus is essentially unknown.

**Discrimination Based on Serostatus**

“The sin of homosexuality, the social science treatment of gays as deviants, the fact that AIDS is sexually transmitted (especially through anal intercourse), and the social status of gays, explains why AIDS-homophobia [or aidsphobia, for short] exists, and why people with AIDS are feared and hated so much.” (Kayal, 1993:6) This fear and hatred do not solely manifest themselves in the non-gay community; elements of aidsphobia exist both within the gay community itself, and on a more micro level, within the individual (whether HIV-positive or HIV-negative) as a particularly virulent strain of internalized homophobia. Social organizations, purportedly existing for the benefit of gays and
lesbians regardless of race, ethnicity, social status, or serostatus also exhibit systemic aidsphobia.

Aidsphobia is manifest in a variety of ways: on the most basic level, some people have a fear of coming into contact with PWAs, assuming that the PWA is somehow able to transmit the virus by casual contact. This is frequently due to ignorance of HIV transmission. An example of aidsphobia can often be found within families, where family members fail to include a PWA in family events “just in case” they infect the children or other family members, or insist that the PWA use separate dishes and cutlery. In one instance, a number of people traveling to a conference on HIV and AIDS in the gay community arrived in Houston to find that their luggage had all been shrink-wrapped at the departure point airport.

The irony is that a PWA is far more likely to be infected by family members himself than the other way around. Children have strong immune systems, and are able to tolerate multiple virological and bacteriological assaults. PWAs, with compromised immune systems, are more vulnerable to catching virus’ which, in a healthy body would be fought off by natural means, but in someone who is a PLWHIV, may result in serious illness (eg: the flu frequently leads, in PWAs to pneumocystis pneumonia - PCP).

Aidsphobia may also be revealed in differential treatment for PWAs by gay and lesbian organizations, whose actions may provoke unintended (or intended but unarticulated) consequences for PWAs. For example, the giardia virus (“beaver fever”) is common in most tap water. For most people, there is not a sufficient concentration of
giardia to create a problem, but for someone with a compromised immune system, a small concentration is sufficient to induce gastro-intestinal problems. (PWAs are routinely advised to drink purified water, or to boil their drinking water for at least one minute.) Many GSOs (and up until recently many ASOs) have not provided bottled or purified water facilities, putting PLWHIV at risk, or denying them safe drinking water. An other example of social organization aidsphobia is the lack of elevators in many GSOs and ASOs. In the advanced stages of the disease, many PWAs are unable to climb stairs, and some are wheel-chair bound. The Vancouver Gay and Lesbian Centre has no elevator, AIDS Vancouver just completed their installation of a wheelchair lift (three years after taking occupancy of their building). If face-to-face service to PWAs was as high a priority as these organizations purport it is, it would not have taken so long to provide this most basic service.

One can therefore suspect that the underlying (and perhaps unintentional) organizational philosophy has been to provide service to the most severely affected PWAs at arms-length.

There is a slow but steady historical momentum away from violence as a technique of power toward a model of domination in which power is maintained though a normalizing process by which “the whole indefinite domain of the non-conforming is punishable” (Foucault, 1979:178) By labeling (a topic which I will cover more thoroughly in chapter 3), or outright stigmatization, some social groups are constructed as abnormal. Individuals are differentiated ...
"In terms of the following overall rule: that the rule be made to function as a minimum threshold, as an average to be respected or as an optimum towards which one must move. It . . . hierarchizes in terms of values the abilities, the level, the "nature" of individuals. It introduces, through this "value-giving" measure, the constraint of a conformity that must be achieved. Lastly, it traces the limit that will define difference in relation to all other differences, the external frontier of the abnormal."  (Foucault, 1979:183)

What Foucault is saying is that the hierarchization of the 'nature' of individuals intensifies the notion of a disciplinary society, whether that discipline is imposed by external sources, or is internalized through socialization or other means. The emergent technologies of HIV antibody testing, and the subsequent disclosures or concealing of the results invites a new and penetrating level of surveillance. The powers of domination, generally ascribed to the state and state controlled institutions, are readily transferred, or more appropriately shared, by individuals.

In actuality, people usually dominate themselves; rather than waiting to be confronted with punishment as a mechanism of control, they challenge themselves with the threat of being devalued as abnormal. (Gamson, 1989:357) The theoretical examinations of deviance and stigmatization (Lemert, 1967; Goffman, 1963) fail to explain the organization of the stigmatized into social movements. However, identity strategies are especially salient and coercive within this domination form. When power is exerted through the construction of categories, identity is often built on the very categories it attempts to resist. Thus, the medicalization of homosexuality in the late 1800's created a category of deviant which previously had not existed, notwithstanding the existence of same-sex pairing from at least the beginning of recorded history, it created an
oppositionality which previously did not exist. The resistance to being categorized as ‘deviant’ is, in other words, as powerful a social motivator as the initial categorization itself, and may lead to the creation of previously unarticulated social groups which in turn may develop into social movements. This phenomenon has been observed by others as the genesis of the Prostitutes’ Rights Movement (Jenness, Making It Work, 1993), the origins of the SDS (Students for a Democratic Society) (Gitlin, The Whole World is Watching, 1980) and in the attempts to organize people living in poverty (Pivin and Cloward, Poor People’s Movements, 1977).

This partly explains why ACT-UP’s vivid actions are part of an ongoing process of operationalizing an identity by gay people while simultaneously challenging the process through which it is formed for gay people in an era when some people have linked the stigma of disease with the stigma of deviant sexuality. Perhaps in a simpler time, when identity was less mutable (at least for out gays), one could view the labels as instruments for self-understanding. However, in the age of AIDS, the representation of the self as abnormal “now has become a tool for disrupting the categorization process; the labels on which the group identity is built are used, in a sense, against themselves.” (Gamson, 1989:358)

It is this disruptive labeling process that has enabled both the gay and non-gay communities to accept, almost without question, the rise of surveillance techniques and the construction of the subject by so-called experts and scientific discourse. For example, insurance companies require HIV tests before issuing life insurance - they do not,
however, request chest x-rays, even though cigarettes kill far more people than AIDS.

The concept of HIV testing is technically a misnomer. The two current tests - ELISA and Western Blot do not test for HIV. They test the blood serum for the presence of anti-bodies to HIV, which indicate that the immune system is attempting to fight off the virus. If the antibodies are present, the scientific conclusion is that this demonstrates the presence of the virus. However, rather than using the technically correct, but literaraly awkward phrase “HIV Anti-body Presence Analysis”, I will use the term HIV test, which is most commonly applied.

Before HIV testing, the absence of discrimination by HIV status created a sort of solidarity in the gay community: we were all endangered by HIV equally. The ‘universal precautions’ strategy to safer sex generated at this time reinforced this unity. The same threats, and therefore the same rules applied to everyone. There were no differences in the actions that the uninfected and the infected should take regarding sex. This unity was shattered when HIV testing became both available on a mass basis, and desired by many gay men.

In part, the reluctance to acknowledge a division or difference within the gay community was politically motivated. Already labeled deviant by mainstream society, the additional burden of being stamped with an extra deviance would contest the reasonableness of socialization of gays into mainstream society, and potentially further splinter the gay community.

The gay community has been struggling with issues of racism, ableism, sexism, as
much as mainstream communities. The cultural differences between middle class white gays and gay Blacks, Latinos and Asians, for example, have plagued the community. The focus on ‘the body beautiful’ has been a significant barrier to inclusion of those people who are either not young, not muscular, or not good looking. Also, there has been considerable difficulty in integrating gays and lesbians into the overall queer community - the issues are different, and the prevailing attitudes inimical to coalition building.

It was specifically this aspiration for fellowship within the gay community that constrained politically aware gay men from being tested. Subsequently, this desire for unity made it troublesome for gay men who were HIV-negative to acknowledge that they had distinctive mental health requirements that had yet to be addressed if they were to survive the epidemic intact. This aspect will be considered more fully in the next section.

HIV positive gay men have the additional stress of dealing with a fatal illness in the face of public fears of contagion, avoidance by friends and family, stigmatization and blame. (Douglas, Kalman, & Kalman, 1985; Mathews, Booth, Turner & Kessler, 1986; Morin, Charles, & Maylon, 1984; Siminoff, Erlen, & Lidz, 1991)

The notion of serostatus is a value laden construction. A status infers a hierarchical order. Mainstream and gay societies view a positive HIV status as a negative attribution, and a negative HIV status as a positive one. The inference is that there is a “victimization” of people with a positive serostatus, and the nature of that victimization varies dependent on their presupposed method of acquiring the virus. While most cases of HIV in North America have been acquired through gay sexual contact, there is a rapidly
growing population of HIV-positive intravenous drug users. These two "risk groups" are singled out as deviant by the nature of their behaviour, while, for example, hemophiliacs and children are considered to be 'innocent' victims. In other words, if there are "innocent victims" of HIV and AIDS, therefore by necessity, there must be "guilty victims" as well.

AIDS has been, from the beginning, stigmatized - "an illness constructed as a marker of homosexuality, drug abuse, moral deficiencies - stigmas added to those of sexual transmission, terminal disease, and for many, skin colour." (Gamson, 1989, : 359)

The activist response of Black communities to AIDS has, though, differed greatly from that of gay communities. An analysis of the meanings of minority reactions to AIDS and HIV calls for careful examination in a separate study. The lag in Black and Hispanic activism has been attributed by one observer to a combination of lack of material and political resources (minority PWAs are disproportionately lower class or underclass) and 'denial' on the part of minority leadership (because of the dangers posed by feeding racism with the stigma of disease, and because of strong anti-gay sentiments in Black and Hispanic cultures). (see Goldstein, 1987)

Ken Plummer has expressed this dynamic eloquently. AIDS has

"come to assume all the features of a traditional morality play: images of cancer and death, of blood and semen, of sex and drugs, of morality and retribution. A whole gallery of folk devils have been introduced - the sex crazed gay, the dirty drug abuser, the filthy whore, the blood drinking voodoo-driven Black -- side by side with a gallery of "innocents" -- the hemophiliacs, the blood transfusion "victim," the new born child, even the "heterosexual." (Plummer, 1988:45)

The construction and reconstruction of boundaries have been, then, an integral feature of the parable of AIDS. The innocent victim is bounded off from the guilty one,
chaste blood from polluted, the normal population from the AIDS population, risk groups from those not at risk, and now, risk behaviour and non-risk behaviour.

An important and distinctive argument to be made in this thesis is that there exists boundaries within the gay community which demarcate a reverse hierarchy, by which someone with a positive serostatus is viewed as a full-fledged member of the gay community, and a person of negative serostatus is viewed as inferior and marginalized.

“As frightening as AIDS can be, I think there’s an element of the population that think they need to belong. They need a sense of belonging to a part of the gay community, and to really belong they need to become HIV-positive. I think it’s fairly rare, but I think there are people who actively go out and have unsafe sex to become HIV-positive. There could be a feeling of isolation there. They may look at the HIV community as more of a community than the gay community. In order to belong you have to join this group that is HIV-positive. It’s frightening, just thinking of somebody who gets infected so that they can belong.” (Dupont, 1995:86)

Gay men frequently assume that they will be encouraged and happy if they learn, through HIV antibody testing that they are uninfected. Many expect that testing negative will magically resolve all their issues. Yet, this is not often the case. The individual who tests HIV-negative must persevere in a world where the threat of infection continues to exist, and where more gay men are infected on a daily basis. He must confront the fear of seroconverting and simultaneously cope with the illness and death of others. Other psychological reactions may also manifest - survivors’ guilt⁹, reluctance to disclose negative results, isolation, depression, disappointment, despair, suicidal tendencies, and not the least important - internal and external acceptance of one’s seronegativity by oneself, the gay community, and the general population without losing one’s sense (or pride) of being gay. (Johnson, 1995:90).
Another liability of euphoria in response to a negative test result is all too common - license. A number of men have reported going out and having unsafe sex after they learned that they were HIV-negative. An obvious justification for this behaviour was that they did not have to cope with the fear of infecting someone else. Unfortunately, this is an example of living in a state of false consciousness. While the HIV tests currently in use are significantly accurate in testing for the presence of the antibodies, they do not test for the presence of HIV itself. Therefore, one could be infected (either pre- or post testing), and have not yet developed the antibodies to HIV. In other words, one can be a carrier of HIV without knowing it.

(On this same subject, a Belgian company has developed a new test which checks specifically for HIV. According to Professor Jose Remacle of Namur University in Belgium “We can detect the virus a day or so later.” The use of the test virtually eliminates the so-called window period of time between possible exposure to HIV and when it can be determined that one is actually infected. (From: POZ Magazine, June / July 1995, page 22))

Perhaps, however, this behaviour suggests a more complex psychological response to being HIV-negative.

On the other hand, gay men who have seroconverted report either that they prefer to have sex (and ultimately relationships) with other HIV-positive men, or that they conceal their HIV status, for a variety of reasons. Scott O’Hara, former porn star and now the publisher of Steam, one of the most irreverent gay sex publications states:
“I’m turned on by people with AIDS far more than by HIV negatives. I’m sure that’s politically incorrect, but it frees my inhibitions to know that I don’t have to worry about the possibility of infecting someone else. The sex can be so much hotter.” (Provenzano, 1995:41)

Nowhere in urban America do the gay and HIV positive lifestyles intersect more profoundly than in South Beach, Miami, FL. As Glenn Albin writes: “HIV positive gay men are heading to South Florida in search of a place to party as long and as hard as they can.” (Albin, 1995:73) Albin cites an interview with Ron Sanzaro who learned that he was HIV-positive in 1986 at the age of 24. Sanzaro settled in South Beach in 1993, and has secured employment, a health care plan, and lots of free time to enjoy the delights of the South Florida weather. However, despite the estimate that more than 75 percent of the gay residents of South Beach are HIV-positive, he states that “This is not a place where HIV-positive people can identify themselves . . . this town is just so crazy, it’s secretive and backwater.” (IBID.)

Janet Vargas, program developer and training coordinator for HAPMO (HIV/AIDS Planning and Management Organization) offers a more professional assessment of the divisiveness between HIV-positive men and their gay community: “Details published an article in 1993 that captured the ‘70’s hedonism perfectly, but they didn’t mention how widespread AIDS is down here as a result. And they didn’t write that though we have a tremendous gay population, there is no sense of community. The guys with HIV are afraid of losing their status, whether it means their job or gym crowd.” (IBID.:76)

Health Crisis Network coordinator Keith Kinder suggests that the anonymity of
moving to a new environment has a lot to do with the propensity to deny responsibility for one’s actions concerning HIV management and the possible infection of other people. Living in South Beach permits some of the ‘transplants’ to live out their sexual addictions and fantasies. He states “These are the ones who come down here to live it up until they go.” (IBID.:127)

Part of the problem may be located in a particular node of self-esteem. If someone is newly diagnosed with HIV, one of the problems of ‘coming out’ is what to say to people with whom one has had sex in the past six months or so. One is either admitting that one has placed the other person at risk for a deadly virus, or worse yet, admitting that one has chosen to be indifferent to the potential risk in favour of ‘hot sex’. It is a no-win situation. From the self-preservation perspective, saying nothing is the most efficacious strategy.

Michelangelo Signorile, in an article entitled Negative Pride writes about why he does not want to know his serostatus. He cites several reasons: a) a cure is nowhere in sight; b) he is concerned that his HIV-negative friends would react badly to his seroconversion; c) as he matures, he realizes that he has more to lose if he were to die prematurely; d) he already lives a ‘healthy’ lifestyle; e) friends who are aware of their positive serostatus find that the psychological damage has been “far worse than any of the health benefits”; and finally f) not trusting himself to remain responsible and aware of what he is doing with regard to practicing safer sex should he know his serostatus. (Signorile, 1995:24)
Critiquing Signorile’s article, Kiki Mason writes:

“Not only do I have to worry about the lack of adequate treatment that I receive in a medical system collapsing under the Republican budget cuts, but now I have to contend with people who were supposed to be on my side vilifying me as someone who would knowingly give another human being the pain and shit and misery that I have endured for more than five years. Signorile admits his own responsibility - or lack thereof - yet ignores the many aspects of human behaviour that cause transmission in the real world, glossing over the real issues, such as the difficulties facing serodiscordant couples and the psychology of sexual intimacy itself, which cause many people, not just gay men, to forego condoms.” (Mason, 1995:116)

The overarching psychosocial dynamic of serostatus is correlated with self-esteem and community involvement. In one study of gay men with AIDS, researchers found that they related more positive attitudes toward gay sexual orientation to less total mood disturbance and fewer life concerns. (Wolcott et al, 1986) Another study by Nicholson & Long (1990) confirmed that those HIV-positive men with positive attitudes toward their sexual orientation had better self-esteem, less mood disturbance, and less avoidance coping.

Leserman, DiSantostefano, Perkins and Evans conducted a seminal research project which was published in 1994. Their hypothesis was that “better psychological health would be related to gay self-acceptance, participating in gay organizations and groups, socializing with other gay men, and parental disclosure and acceptance of the child’s sexual orientation.” (Leserman et al, 1994, : 2195) This work is one of the first to provide cross tabulations by serostatus as well as by gay identification variables.

Their findings are crucial in understanding the differing psychology of HIV-positive
and HIV-negative men and their relationship to community. They are reproduced (at some
length) here:

“We found strong and consistent relationships of the gay identification measures
with psychological variables, explaining up to one fifth of the variance in the
current level of mood and self-esteem. We found a different pattern of
relationships between gay identification and psychological health in the HIV-
positive and the HIV-negative men.

Among the HIV-positive subjects, participating in gay organizations and groups
and having parents who accept their sexual orientation were important correlates
of a less dysphoric mood and better self-efficacy and self esteem. This was not
true for the HIV-negative men. Since significantly fewer HIV-positive men
participate in gay groups and organizations, perhaps those that do are maintaining
a more positive attitude and better self esteem. Among the HIV-negative subjects,
disclosing sexual orientation to parents was associated with better psychological
adjustment. For the HIV-positive subjects, just disclosing sexual orientation to
parents was not sufficient to indicate improved mood. Given the stress of being
HIV-positive, perhaps actual acceptance by parents of the child being gay is
fundamental to the psychological well-being of these men. With over one third of
the subjects indicating parental rejection of their sexual orientation, this may have
a negative impact on the psychological health of men facing the threat of AIDS.

. . . We also found that participation in gay groups and organizations (e.g.,
volunteer groups and support groups) was associated with better gay self
acceptance. Despite this, over two-thirds of the HIV-positive men and 44% of the
HIV-negative men were not in any gay oriented groups.” (Leserman, et al, 2205-
2206)

HIV testing exposes an objective discord among gay men: it divides them into
those who are infected and those who are not. This objective difference, however, is
layered with many subjective meanings that magnify the divisions gay men experience
based on serostatus. We can summarize them as follows:
Subjective Meanings Associated with Serostatus

<table>
<thead>
<tr>
<th>HIV Positive</th>
<th>HIV Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>infected</td>
<td>uninfected</td>
</tr>
<tr>
<td>infectious</td>
<td>susceptible</td>
</tr>
<tr>
<td>sick</td>
<td>healthy</td>
</tr>
<tr>
<td>dangerous</td>
<td>vulnerable</td>
</tr>
<tr>
<td>unlucky</td>
<td>lucky</td>
</tr>
<tr>
<td>victim</td>
<td>survivor</td>
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<tr>
<td>guilty</td>
<td>innocent</td>
</tr>
<tr>
<td>punished</td>
<td>spared</td>
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<tr>
<td>tainted</td>
<td>pure</td>
</tr>
<tr>
<td>marked</td>
<td>unmarked</td>
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<tr>
<td>dirty</td>
<td>clean</td>
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<tr>
<td>promiscuous</td>
<td>chaste</td>
</tr>
<tr>
<td>slut</td>
<td>virgin</td>
</tr>
<tr>
<td>reckless</td>
<td>cautious</td>
</tr>
<tr>
<td>unsafe</td>
<td>safe</td>
</tr>
</tbody>
</table>

Table 3  (From: Johnston, 1995:119-129)

These binary descriptives are indicative of the hierarchical structure of the serodiscriminatory nature of AIDS. "The word 'status' infers a state of being that is mutable, like a status report. When HIV-negative gay men think about the possibility of becoming HIV-positive, they realize their HIV status is something that could change, that is precarious . . . " (Johnston, 1995:120)

As much as many HIV-positive people prefer to associate with and have sex with members of their own "caste," the same holds true for those with negative serostatuses.
Doug, a 37-year-old computer programmer from San Diego, indicates how he avoids having sex with people who are HIV-positive:

"My friends are all HIV-negative, I believe. I also have tended to stay with certain people longer than risk what someone new just might bring. Further, the folks who I used to play with I avoid because of where they live: San Francisco, L.A., Berkeley, Boston. And finally, I find myself with much younger guys, ones that have had no previous experience." (Johnston, 1995:122)

Doug's comment exhibits several aspects of AIDS discrimination: risk avoidance, serial monogamy, geographical discrimination, ageism. None of these strategies are uncommon.

Although fear of infection is probably the greatest motivation for discrimination, there are also other reasons: one such justification is the view that serodiscordant relationships do not seem to offer permanence. Another is the fear of having to face death with a loved one, and the aftermath of grief, guilt, and abandonment. In addition, there is a fear of dependency or worse - co-dependency.

A review of one edition of a local (Los Angeles) gay magazine that contains personal ads, reveals the codes that people employ to indicate that they are seeking a partner (long or short term) who is HIV-negative. Buzz words such as "healthy" and "clean" are used so as not to offend those who might not qualify as a bedmate. However, since everyone knows the code, the effect is segregationist, none the less. The following graph illustrates the relative intensity of the discriminatory language used in this mode: (paid sex workers excluded):
Apart from the intense psychological and social discrimination engendered by serostatus, one can also consider the economic, structural and political divisiveness that accompanies differentiated serostatus. While most seropositive gay men can access considerable federal and provincial financial assistance programs as well as those financial supports provided by (or through) the ASO with which they deal, impoverished gay men who do not qualify for ASO benefits may access welfare (as a single person - regardless of whether or not they are in a relationship), but relatively little else. The myth that all gays have high disposable incomes, and can take care of themselves financially is simply that - a myth.

Welfare payments are provided to PLWHIV. In addition, many (if not most)
qualify for disability pensions, income assistance, food vouchers, emergency travel funds, free medical insurance, and non-deductible Pharmacare drug payments (the current deductible for people under 55 years old is $600.00 per year). Those who have been working are also eligible for UIC payments.

ASOs generally provide free bus passes, regular food hampers, frozen pre-cooked meals and microwaves, emergency housing funds, clothing and household goods (donated), legal fees, free hot lunches, social events, free tickets to concerts and gay-oriented fundraisers (also donated), emergency travel funds, social workers to "manage" the PLWHIV's case, free transportation to and from medical appointments, taxi vouchers (for those who cannot use the public transit system), free haircuts, massages, and housing in hospices for those who cannot take care of themselves.

"The most frequent reason cited for gay men to visit the GLC (Gay and Lesbian Centre) is poverty." (Ken Stefenson - Executive Director) They wish to know how they can access cheap housing, where they can get free food, what about winter clothing, etc.

Governments are more than willing to fund ASOs (to the best of their political ability) because it removes the onus from them to provide for sick and dying gay men (not a popular political cause), but are equally loath to fund non-AIDS related anti-poverty projects. For example, for fiscal year 1995, AIDS Vancouver's Man 2 Man project received approximately $180,000 from the provincial ministry of health while the GLC received $20,000 from the Provincial government. Friends for Life Society received $45,000 to build an elevator (for their $1.00 per year rental in a government owned
building - Weeks House) from the Province, and the VLC (Vancouver Lesbian Connection) received a yearly operating grant of $5000.

It is little wonder that there is considerable resentment on the part of uninfected (and often impoverished) gays directed at the HIV-positive community. In their eyes, the HIV-positive community receives very special consideration. Many former convicts long to return to prison in order to be provided with a structured life, a roof over their heads, three meals a day, and companionship. Equally, many HIV-negative gays feel that to be HIV-positive, in terms of lifestyle and daily financial obligations, is less complicated than it is to be HIV-negative.

In summary, HIV-negative men are not solely responsible for divisions among gay men based on serostatus. Positive gay men too sometimes discriminate against HIV-negative gay men, seeking relationships (sexual and otherwise) only with other HIV-positive men.

**HIV-Negative Gay Men**

In 1991, Charles Barber, of the now defunct *NYQ* was the first person to use the term "AIDS Apartheid":

“In gay male communities, walls have gone up, and lines have been drawn; some of us are in and some of us are out . . . Prospective sexual partners are screened for their HIV status . . . Many HIV-positive men report blanket rejection. Many couples in which one partner is HIV-positive and the other is HIV-negative have completely shut down their sexual lives . . .

. . . Have people with HIV and PWAs withdrawn into lonely spaces, seeing
themselves as poisonous and therefore to be kept apart (apartheid literally means “apartness”)? Do HIV-negative people have a right, in pursuit of ‘risk reduction’ to discriminate in their choice of sex partners . . . ?” (Barber, 1991:42)

Several misleading connotations are surrounding the term “apartheid” as used in this context. It resonates with racial segregation previously in place in South Africa; although it may be rooted in prejudice, comparing state-imposed segregation to individuals’ acts of discrimination is unfair. Discrimination based on serostatus is neither compulsory nor omnipresent. Second, sexual apartheid is not endorsed solely by one group at the cost of another (as was the disenfranchisement of nonwhites in South Africa). Third, sexual apartheid is dependent on the active participation of HIV-positive men in order to function. To disrupt it, HIV-positive men need merely refuse to disclose their status. This was, obviously, not so with most South Africans.

“In one important respect, the term “apartheid” fails to illuminate one of the most painful aspects of discrimination based on HIV status: that it occurs voluntarily among men within a community, rather than being legislated by one community against another. Early in the epidemic, gay men fought against those who suggested that people with AIDS should be sequestered or quarantined . . . That the HIV-negative might themselves seek distance from the HIV-positive is disturbing because it suggests hypocrisy: although we denounce discrimination, we may ourselves be practicing it in our most intimate relationships. Not only do we betray HIV-positive gay men by abandoning them, but we betray the gay community by abandoning its commitment to nondiscrimination.” (Johnston, 1995:128)

Johnston believes that apartheid is an inappropriate term to describe the social dynamic that is occurring in the gay community. According to Johnston, it would appear that what many would call apartheid is simply a manifestation of gays representing their exhaustion with the epidemic, now in its thirteenth year, and the longing to bypass those with HIV may be simply a way of signifying a yearning to return to a time when there was
no AIDS, to exist on a planet without AIDS. As Johnston asks: “Is there anything wrong with that, aside from its impossibility?” (Johnston, 1995:130)

This does not suggest that discrimination is non-existent. What Johnston offers is an alternate explanation of discrimination based on something differentiatiated from ‘otherness’. While his explanation for the existence of discrimination is perhaps more palatable than overt aidsphobia, it does not lessen the reality that discrimination exists.

Men who test HIV-negative live in a fragile world of uncertainty, an anomic existence in which the psyche cannot rationalize this state of disorder and meaninglessness. The structure of gay society has been unalterably changed. Robert Merton’s well-known explanation of anomie seems to describe the situation most aptly. Social structures and cultural values exert definite pressures to conform (in this case to nondiscriminatory behaviour), yet there are disjunctions and contradictions that make deviance (discrimination) a necessary outcome. (Merton, 1957)

HIV-negative men often think of themselves as positive. That is, they identify with potential seropositivity. This is primarily because, for the past decade, we have heard and believed that being gay equals having AIDS. There are several possible explanations for this social ‘misunderstanding’: many gay men go through stages of denial and disbelief (not unlike the stages of grief as depicted by Elizabeth Kubler-Ross). The self regulated identity of gay men has moved from a period in which many HIV-negative men felt that they hadn’t been exposed to the virus because they “hadn’t been around,” or hadn’t been promiscuous; after a time, this identity development tended to shift to “I’ve been lucky,
so far” - having had risky behaviour with a person who one believed was possibly infected. As an AIDS educator, there is a kind of guilt (which I do believe is shared by many HIV-negative men) which relates to my own credibility as a gay man. When I am working with HIV-positive people, and doing AIDS work in general, I somehow come to believe that their experiences and meanings are more tenable than my own. Given their experiences, mine seem less legitimate.

Older gay men are now becoming infected at an increasing rate. The following chart depicts the “listed” AIDS cases by age:

![Age of Currently Infected](image)

**Figure 2.** (From Health and Welfare Canada - January 1994)

Many older gay men live a life alone, most of their cohorts have died, and life holds little meaning for them. “They have unprotected intercourse because they want to enjoy
themselves, and because they want to give up.” (Willet, 1995, : 162) When the issue is translated into the example of HIV in communities of colour, it becomes abundantly clear that it is a question of relative risk. How is it possible to discuss a disease which may kill people 5 to 15 years hence, when one has to worry about walking home from the bus and being shot? Likewise, one must also consider the violence that gay people experience. If one has gone through life feeling violated for being gay, the risk of dying ten years from now does not seem so horrible. It is easier to pretend that a cure will be found before one’s time is up.

There is a positive side (apart from the medical one) to being HIV-negative. HIV-negative people bring a longevity to the work against the epidemic. We provide continuity for the community of the future. However, HIV has so permeated the identity of gay men that it has a tacit presence even in the lives of uninfected people.

For negative-negative couples, virtual HIV can be an unwelcome third party. It influences the sexual behaviour and mental health of couples even if neither is infected. Virtual HIV can be likened to ‘Virtual Reality’ -- a simulation of reality wherein the subject feels that they are experiencing a realistic environment that is, in fact, computer generated. Virtual HIV refers to experiencing the psychological and often physical manifestations of HIV without actually being infected with HIV. (An analogy can be made concerning men who experience imitative symptoms -- swelling, cramps, mood swings -- when their wives are pregnant.)

In the first instance, many gay male couples are not exclusively monogamous.
Either consensually or otherwise, one or both of the partners may be seeking sex “on the side.” However, within their own relationship, dependent on the level of trust, the knowledge that one or both partners may be exposed to the virus inhibits their sexual activity. Despite this dynamic, condoms are rarely used.

“As might be expected, more men who were in a monogamous relationship (17.8%) reported intercourse that was always unprotected, compared to 5.4% of men who were not in a relationship. Only 33.1% of men in a monogamous relationship reported anal intercourse that was always protected, compared to 39.0% of men who were not in a relationship or who were in a relationship that was not monogamous.” (Myers, et al, 1993:47)

By extension then, 65.9% of men in a monogamous relationship have unprotected anal sex.

“To have unprotected sex within a negative-negative couple is an expression of (such) trust, and the difficulty some men have with such intimacy reflects their difficulty in trusting other gay men. That gay men feel that they cannot trust each other shows how profoundly HIV has undermined their mental, emotional and spiritual health even when it is not present in their bodies.” (Johnston, 1995:177)

Social norms and conditioning have significantly influenced the way HIV-negative gays view both themselves and PLWHIV. Many gay men have had to create a “new life” for themselves apart from family and old friends (pre-coming out). The redevelopment of the expression of one’s identity as someone other than whom one believed one was, creates an influential personal empowerment. That empowerment spreads to other life choice areas as well, one of which is the desire to control one’s own life. Many HIV-negative men are simply not willing to relinquish control over their lives (by becoming infected) to another person.
By contrast, the insistence by some HIV-positive people (and incidentally the American Department of Health) that everyone (HIV-positive and HIV-negative) use condoms may simply be self-serving. If everyone used condoms with every partner, then there would be no moral obligation to disclose one’s HIV-positive status and potentially suffer rejection as a result. Then again, an altruistic desire may motivate insistence by the HIV-positive community that no one else becomes infected. This dynamic may be partially explained by psychology.

"Attribution theory," a psychological construct, describes how people evaluate their own and others' actions. One finding of attribution theory is the "fundamental attribution error" by which we attribute others' behaviour largely to personality factors and our own behaviour largely to situational factors to which we respond." (Dawes, 1988 : 29)

Those HIV-negative gays who consider serostatus as a marker of differentiation (other than medical) may very well be judging unsafe sex as practiced by others as a character flaw - recklessness, imprudence, sexual promiscuousness, low self-esteem, self destructiveness - but at the same time, judge their own unsafe sex behaviours as largely controlled by situations - compelled sex, inebriation, drug use, the sway of intimate relationships, age or power differentials, or "hot" partners.

Internalized homophobia is a contributing factor to the plight of HIV-negative gay men. As children, society raises us to be ashamed, embarrassed, afraid and guilty about the feelings that we had and continue to have for other men. AIDS education for gay men often relies on making gays feel ashamed, embarrassed, afraid and guilty if we do not have
safe sex. It reinforces something that does not need reinforcement. What is distressing is that many people do practice safer sex, and yet continue to psychologically torture themselves. What has informed, and continues to reinforce these feelings of guilt was done to us from the time we were young boys. Internalized homophobia has not resolved itself in adulthood. AIDS has exacerbated the construct of internalized homophobia.

For younger gay men, men who have never known a world without AIDS, there is another even more insidious interplay between HIV and safer sex. We live in a world that devalues youth overall, and gay youth in particular. There is an expression used in AIDS prevention work - “passive suicide” - which refers to youth growing up in a homophobic, hateful society who put themselves at risk for AIDS in a way to kill themselves passively. This is especially true of younger people who because of circumstances need to live at home in a household that not only devalues them as people, but also denies or despises their homosexuality. This also holds true for administratively condoned sectors of educational institutions (high school and university) that inhibit expression of non-heterosexual sexuality.

Younger gay men probably have a higher seroconversion rate than older gay men. Mathematical models can take this into account my multiplying of the form $(1-r)^x$ using different rates for different ranges of years. The estimate in the Hoover study is that only half of a group of uninfected 20-year olds is likely to remain uninfected by age 55, and is supported as follows:

$$(1 - 0.044)^5 (1 - 0.025)^5 (1-0.015)^5 (1-0.010)^5 = 0.507$$
Realistic goals for seroconversion rates will have to acknowledge that rates are likely to be different for different age groups. (Hoover, et al, 1991: 1190-1205)

Another rational for gay men to seroconvert is that:

"being HIV-positive appears fundamentally linked to gay identity. Some people feel they are not ‘gay enough’ unless they are infected. They feel that they are not heard or acknowledged if they are HIV-negative, that they are taken more seriously if they are infected - especially if they are involved in AIDS activism or the AIDS service industry.” (Johnston, 1995:227)

Nathaniel McNaughton echos the same sentiments in a personally eloquent manner:

“People want desperately to be a part of the gay community, and the gay community is so intertwined with HIV infection that they want to either be HIV-positive or believe themselves to be at risk for it. It’s hard to say, “I am uninfected and I’m going to live my life.” You can’t possibly do that, because HIV is so overwhelmingly a part of our culture. How many people do we know who walk around with a sense of pride that they’re HIV-negative? That’s very rare. Nobody wants to be seen that way. That has a swaggering quality that’s anathema to many gay men.” (McNaughton, 1995:235)

Ultimately, a person becoming infected with HIV is not the paramount tragedy. Many things are more serious losses than one’s antibody status - one’s integrity, one’s sense of compassion, one’s sense of community. HIV should be kept in perspective. There is, as one person put it, a Faustian bargain, “where you bargain that you’ll never get HIV, but you lose your soul in the process.” (Douglas, 1995:269)

An Italian AIDS brochure emphasizes the vital link between the gay movement and AIDS:

“The modern gay movement has certainly not fought for sexual liberty in the past two decades in order that gays might use that liberty to commit a collective suicide . . . Choosing safer sex is thus not only a question of individual survival, but for gay men also a question of the collective survival of the gay community and its accomplishments . . .
In the era of the menace of AIDS, to “play risky” - to refuse to take care of oneself and others - is a new form of gay self-oppression. Its destructive character includes the unexpressed message that gay men don’t deserve a future, and that the struggles of the forces of gay liberation in the past two decades aren’t worth preserving, defending and enjoying.” (Morretta, 1981:11-12)

Summary

I began this chapter with the statement that “the most serious problem facing the gay community today is how to sustain the gay rights movement in the face of AIDS”. We have identified the mutability and imprecision of defining a ‘gay community’, and the attendant problems of empirically examining community structure, movement and behaviour.

The advent of AIDS in the gay community has fostered a new paradigm of gay education — AIDS education — and has to a great extent, displaced the concepts originally envisaged as part of the ‘gay liberation movement’.

As seroconversion rates increased, AIDS service organizations became more and more specialized, and began to focus specifically on the needs of HIV-positive men, to the exclusion of those men who remained HIV-negative. Lack of funding, motivation, and adherents has concurrently lessened the power base of the gay service organizations. In part, this is due to HIV-negative men deferring to their seropositive peers, in the face of this overwhelmingly devastating plague.

Whether following or leading, governments have, by virtue of their funding priorities, reinforced the distinctions between seropositive and seronegative gay men,
focussing their (some would argue minimal) efforts primarily on the seropositive communities.

ASOs (especially in the United States) have unintentionally exploited internalized homophobia by defining safe(r) sex as oral and anal intercourse which occurs only with the use of condoms, and have therefore vilified those men who do not use condoms all of the time, creating a binaristic impression of AIDS as a social phenomenon (positive or negative identities). This creation of a new form of deviance has, in turn, served to widen the social gap between HIV-positive and HIV-negative men. Ironically, the deviance is bimodal -- in some instances seropositivity is seen as the result of aberrant and unsafe behaviour, in other instances, seronegativity is viewed as being 'out of the loop'.

Gay identification has been seen to be correlated with self esteem, and that self esteem is bound up in serostatus. For some, being HIV-positive is a devastating blow (medically and psychologically) to one's identity, for others it is an entree into the mainstream of gay culture -- an identity affirming state.

The underlying argument expressed in this chapter, an argument that will be more fully developed in the ensuing chapters, is that there exists more than one gay community, and each may be likened to a social movement. What we will find is that these two social movements are frequently poised in oppositionality -- the contradictions between the two movements are rooted in AIDS but extend beyond the medical expression of the disease into the realm of the social.
Chapter 2. The Issue of Social Movement Sustainability

Defining a Social Movement

Many definitions of social movements can be found in the literature. These definitions range from the general to the specific, and encompass a wide range of possible interpretations. A broad definition suggests that a social movement can be simply a set of opinions and beliefs symbolizing a desire for change. A more restrictive perspective suggests that a social movement embodies various forms of collective action directed toward social reorganization. A narrower interpretation stipulates that many people need to be involved before a social movement can exist.

Marx and McAdam (1994) define a social movement as:

"... organized efforts to promote or resist change in society that rely, at least in part, on non-institutionalized forms of political action." (p: 73)

The implication is that a social movement must be, to some extent, reformist, if not actually revolutionary, and furthermore, must have a degree of consistency and order that may be lacking in the early days of collective activity. Initially, social movements are generally ill defined and at best, poorly organized. Occasionally, as has been shown with the discussion concerning ACT-UP, the preferred organizational posture was, and remains consensual, rather than structured and focused. What is consonant in the definition is that
a social movement is oppositional to at least a part of a hegemonic project. Cultural direction is found in whatever structuring the initial collective action espouses. There is “a heavy normative component to emerging movements” (IBID. : 76) By this the authors are suggesting that the culture of the participants of the emergent social movement will inform the structure of the movement itself - their self-interests and previous behaviour patterns will form the nucleus of the manner by which protest will take place, over a period of time. (Obviously, this excludes other forms of collective action, such as riots, highly emotion-charged demonstrations, and the like.)

A second definition of a mass social movement suggests that the problematic - structure - is important, but not as essential as Marx and McAdam imply:

“The term ‘social movement’ refers to a recurrent pattern of partially institutionalized collective activity which is anti-systematic in its value-orientation, form and symbolism.” (Pakulski, 1991:32)

Four elements are distinguishable in Pakulski’s broader definition of social movements: structure and social events; a partial degree of institutionalization that includes openness and inclusivity; value orientations and value commitments. They manifest an anti-systemic character by both challenging the legitimacy of conventional political and/or social institutions, and by criticizing the distinct disjunction between institutional standards and practices, and dominant social values and moral principles. (IBID: 33-36) In other words, Pakulski suggests that a social movement must stand against hegemonic norms of society as they relate to organizations, values or morals (or any combination of these elements).

Interestingly, Alan Scott (1990:6) also considers social identity as a significant
factor in social movement definition, but adds an engaging twist to the concept of Pakulski's 'collective activity':

“A social movement is a collective actor constituted by individuals who understand themselves to have common interests and, for at least some significant part of their social existence, a common identity. Social movements are distinguished from other collective actors, such as political parties and pressure groups, in that they have mass mobilization, or the threat of mobilization, as their prime source of social sanction, and hence or power.” (Italics mine)

The concept of the threat of mobilization is an important concept, since it means that, among other things, the size of the collectivity need not be large -only that it has a broad base of adherents or potential beneficiaries whom they may mobilize, if the issue reaches crisis proportions.

Tarrow (1994:3) argues that movements “are better defined as collective challenges by people with common purposes and solidarity in sustained interaction with elite opponents and authorities.” In this statement, Tarrow introduces the concepts of sustainability and hegemony - the elements which distinguish social movements from collective action. However, he retains the notion of collectivity evident in both Pakulski and in Marx and McAdam. Tarrow comments on the notion of sustaining collective action: “It is only by sustaining collective action against antagonists that a continuous episode becomes a social movement” (IBID.: 5)

Gamson (1975:14-16) illustrates the nature of a challenging group by identifying three targets: 1) the target of influence - the set of individuals, groups or social institutions that must transform their decisions or policies so that they meet the challenging group’s
needs; 2) the target of mobilization - essentially the constituency of the challenging group - those people and organizations that provide the resources upon which the group relies to actuate its protest; and 3) the target of benefits - the individuals or groups who would be the primary beneficiaries of the changes sought - generally the challenging group, but not necessarily so (e.g.: Save the Animals Movement).

Finally, Eyerman and Jamison have offered a somewhat different approach to social movement meaning (1991:2-4). They take a particularly cognitive approach to social movements, and suggest that social movements are processes in formation. They suggest that social movements are "forms of activity by which individuals create new kinds of social identities. All social life can be seen as a combination of action and construction, forms of practical activity that are informed by some underlying project . . . social action is conditioned by the actors' own 'frames of reference' in constant interaction with the social environment or context." (IBID.:2-3) The authors view social movements in a political - historical context, as a transformation of individual social identity (dimensions of cognitive praxis) which relate the individual to knowledge production and cognitive identity as provided by, and shaped through the social movement itself.

From these many layered definitions of social movements, what is of particular relevance are their commonalities. These commonalities will constitute the argument that social movement sustainability is not possible in their absence, and by extension, the gay (and lesbian) social movement is on the precipice because of the breakdown of these necessary preconditions for movement sustainability.
To review, some of the most salient commonalities are:

**Commonalities in Social Movement Definitions**

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>MARX &amp; McADAM</th>
<th>PAKULSKI</th>
<th>TARROW</th>
<th>EYERMAN &amp; JAMISON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>organized efforts</td>
<td>collective actor</td>
<td>collective challenges</td>
<td>forms of activity</td>
</tr>
<tr>
<td>Identity</td>
<td>cultural direction,</td>
<td>common interests,</td>
<td>common purpose and</td>
<td>new kinds of social</td>
</tr>
<tr>
<td></td>
<td>consistency and order</td>
<td>common identity</td>
<td>solidarity</td>
<td>identity</td>
</tr>
<tr>
<td>Anti-systemic</td>
<td>promote or resist</td>
<td>mobilization, or threat</td>
<td>sustained interaction</td>
<td>cognitive praxis</td>
</tr>
<tr>
<td></td>
<td>change, reformist</td>
<td>of mobilization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.

In so far as the gay and lesbian liberation movement (pre-AIDS, and post-AIDS) is concerned, we have demonstrated a fundamental shift in ideology which has occasioned a divergence of community resources from ‘liberation’ and equal rights to ‘AIDS activism’ and caring for the sick and dying. The identities of the movements (and many of the adherents) have changed, and as a result, the reformist objectives have also mutated. This departure from the original intent of the gay movement has come at the expense of solidarity and coalition building, and with it, noticeable divisiveness has occurred.

The earlier politics of the gay liberation movement specified several reformist objectives. In *toto* they reflect both the international flavour of the movement, and the
macro - micro elements of true liberatory democracy.

On the macro level, in 1979 a French gay rights group called for the following:

- deletion of homosexuality from the World Health Organization classification of mental illness;
- compensation for gay victims of Nazism;
- right of asylum to persons persecuted in other countries because of their homosexuality;
- international recognition of the problem of anti-gay violence. (From Adam, 1987: 123)

With these global aims, the same group catalogued reforms within individual nations:

- an end to housing and job discrimination;
- addition of sexual preference to civil rights laws;
- custody, visitation and adoption rights;
- recognition of the rights of same-sex couples;
- destruction of police files on lesbian and gay men.

(IBID.)

These, and other gay rights goals are clearly suggesting two essentially different paradigms. Two core framing tasks can represent the goals: 1) the abolition of all legislation and procedures that discriminate against gays (and lesbians), and 2) absolute approbation of their sexuality.

The first is reformist in nature, and as experience has shown, extremely difficult to achieve. Since they wrote the ‘manifesto’ fourteen years ago, some modicum of change has been wrought in a few provincial or state (but not national) jurisdictions (with the notable exception of the Scandinavian countries), and the movement has accomplished virtually nothing (with the exception of the WHO declassification of homosexuality as a mental illness) on a global scale.
The latter frame transformation is the more difficult to achieve; it requires a change in consciousness. The hegemonic group, in this case heterosexuals (and many closeted or self-denigrating homosexuals) would have to come to see the sexual minority as thoroughly equal to themselves. Albeit as nearly as unattainable as it was in 1979, "it is an essential part of gay liberation because changes in laws and customs, important as they are, cannot guarantee permanent security to homosexuals." (Cruikshank, 1992:59)

The first question, then, is as follows: Is the gay liberation movement a social movement, or is it more characteristic of another social or political phenomenon? A starting point for gay politics is the assumption that gay men are a true minority. Statistically, there can be no doubt that gays comprise somewhere between 2% and 10% of the overall population (the lower estimate is from the New Right, the higher estimate is based on gay folklore).

The second question is more difficult: Can a cluster whose constituents are indiscernible constitute a minority? Many of the most noticeable gays are prosperous white men to whom minority status seems misapplied. I believe that gay men do constitute a legitimate minority because they are discriminated against on the basis of their sexual orientation, and because their lifestyle (at least regarding sexuality) is counter hegemonic. Being defined (or labeled) in the eyes of the majority means that gays have limited civil rights, and often, are branded as criminals in the states and countries that still have sodomy laws.

One may reasonably suggest that the overarching component of the gay movement
is cultural. Altman, as quoted earlier from Cruikshank (page 9) refers to gay culture as crucial to the formation of a sense of community. Since Stonewall (1969), the gay community has become the gay movement. The collective identity has been located in a myriad of diverse cultural productions: sports, literature, music, drag parties, groups and organizations, symbolism, same-sex weddings, bars, bath houses, bookstores, resorts, hotels, certain portions of urban centres (e.g. Vancouver’s ‘West End’, or the ‘Castro’ in San Francisco), in theater, films and film festivals, photography, and in academe (especially sociology - e.g. ‘Queer Theory’).

Altman suggests that through the disaster of AIDS, the increased visibility of gays has increased the legitimation of the community, citing a study in California which indicated that despite the fear of AIDS, there was a measurable move towards increased support for gay civil rights. (Altman, 1988: 307)

“In broader terms, the essence of gay culture is self-determination. Like everybody else, lesbians and gay men are bombarded daily with messages about the primacy of heterosexuality. To follow a different path openly and wholeheartedly rather than furtively, they have created a culture in which homosexuality is the norm. That psychic space allows them more control over their emotional and sexual lives than they would have by measuring themselves against heterosexual norms.” (Cruikshank, 1992: 139)

The AIDS epidemic created a new essence of community among gay men, rooted in caring. It was distinct from past social identity in that it did not hinge on sexuality, the search for a sexual partner or the desire for broad social change. (Miller, 1989: 35) Many men however, expressed their caring by militant action, as evidenced by the emergence of
groups such as ACT-UP. Radical gay activists developed a disdain for the more politically moderate gay rights strategies (working within the legal and political system in the struggle to gain legitimacy) and developed a new identity, or cultural direction. No longer satisfied with slow but steady progress in the civil rights arenas, these more militant activists re-framed gay politics as the politics of AIDS.

I have written extensively in chapter 1 on the emergence of ACT-UP, its schemata of interpretations, and its methodology. What is of concern at this point is first the recognition of AIDS activism as a social movement unto itself, and second, the disjuncture of AIDS activism with the gay movement.

By almost any definition, we can classify AIDS activism as a social movement. In that it is reformist there can be no doubt. Its multiple mandates are to reform the medical and scientific communities, the social service sector, and the media.

Epstein, in his doctoral thesis, notes that "perhaps the most striking feature on the landscape of AIDS politics is the development of an "AIDS movement" which is more than just a "disease constituency" ... but is in fact an alternative basis of expertise." (Epstein, 1993: 11) He notes that while it is broad based, it is the first social movement in the United States to "accomplish the mass conversion of disease 'victims' into activist-experts." He credits this phenomenon to several specific prevailing conditions:

1) AIDS has affected young people, who by nature are unwilling to accept authoritative statements on face value, and do not consider themselves in "God's waiting room," as often happens with older people (eg: cancer
patients);

2) People who test HIV-positive generally have several years of outwardly normal health, which an activist standpoint would most productively serve;

3) The meaning of AIDS has been inextricably linked with cultural understandings and already constituted social groups distinguished by lifestyle and/or social location. It has therefore engendered "what Erving Goffman once called 'the management of spoiled identity'" (IBID.: 13)

4) The virus struck gay men at an economically opportunistic time. By this Epstein suggests that when the medical establishment began to understand the etiology of the virus, it was concurrent with the financial ability of many of its victims (and potential victims) to expend hundreds of thousands of dollars in community organizing, developing underground drug therapy programs, mobilizing alternative media sources and resources, and political activism and advocacy.

5) In addition, the virus infected and affected many people who had sufficient educational resources to both comprehend (or learn) the methodologies of the scientific community, the etiology of the disease (or at least the many theoretical positions which were being postulated), and the manner by which social change could be affected.

By the early 1980's, when the AIDS epidemic was being recognized for what it was - something more than a few isolated medical anomalies, the gay liberation movement was already engaged in the construction of identity politics - "the linkage of tangible political goals to the elaboration and assertion of affirmative group identity" (IBID.: 14). Since a part of the gay liberation movement's position was already contemptuous of the 'medical establishment' due to the latter's medicalization of homosexuality, it was not a foreign or frightening concept to take on the notion of medical claims-making concerning AIDS as well.

Epstein notes that while other social movements have contested truth-claims
(evolutionary theories, IQ testing, nuclear power, womens' health, fetal tissue research, recumbent DNA research to name a few), the differences by which the AIDS activists approached science were in the contestation of voice - whose experience and expertise were to be accepted as 'truth claims', and whose voice was to be privileged over all others. The dialectic between the AIDS activists and the scientific community identified the combatants in this contest. The earlier gay liberation dissidents fought the system; the AIDS activists tended to thwart and bypass the system in favour of alternative (officially unrecognized and non-sanctioned) therapies and ad hoc clinical trials. The key distinction, notes Epstein, is the site of contestation. Rather than wrangling with scientists on their own turf, these AIDS activists sought to reform science not only from the inside, but by creating sites of tension from the outside. The activists' truth claims were based on their location as experts in their own right - "as people who know about things scientific, and who can partake of this special and powerful discourse of truth" (IBID.: 16). The outcome was to corrode the 'iron cage of rationality' which surrounded the scientific establishment, to demystify the power of many binary oppositions: expert versus layperson, doctor versus patient.

In a broader cultural context, AIDS activism has encouraged adherents to defy the limits self-imposed by the gay liberation movement. The issue of sexuality, and the civil rights matters that were earlier identified based on gay sexuality were, and are, not the issue. For the AIDS activists, the issues are more focussed, and more immediate. AIDS activists are organized, have an identity as seropositive individuals and a collectivity
separate and distinct from their gay identity, and work toward the promotion of reform in the structures and systems that affect their health and welfare. By that definition, the AIDS activists form a social movement.

What then, are the distinctions between the gay movement and the AIDS movement? For one, identity formation is based on two entirely different epistemologies - sexuality and illness. Second, the incentives are incommensurable - for the former it is civil rights on a macro scale, for the latter, it is also civil rights, but in a much narrower and situational specific framework. Third, while the adherents are not mutually inclusive, they are also not mutually inclusive - while most people with HIV are gay, it is not true that most gays are HIV-positive (at least not yet). Seropositivity can be likened, demographically, to an ethny - a social (in this case medicalized) marker. So, like people of colour, or the physically challenged, or people of diverse ethnic backgrounds, PLWHIV constitute a minority group, but not simply a minority within a minority. The intersection is important, because it points to the difference between the two social movements. We can characterize the gay liberation movement as a conventional social movement while the AIDS movement is more like a “new” movement - new in the sense that it challenges the political idiom, ignoring its internal logic, rules, orientations, references, actors and forms of political articulation. (Pakulski, 1991: 40).

Pakulski provides a convenient schematic for understanding the essential differences between conventional and new politics:
Conventional and “New” Politics - Differences and Similarities

<table>
<thead>
<tr>
<th></th>
<th>Conventional Politics</th>
<th>“New” Politics</th>
</tr>
</thead>
<tbody>
<tr>
<td>actors</td>
<td>parties, interest groups, lobbies, factions, etc. Members, officials, representatives</td>
<td>movement organizations, groups, circles, networks, sympathizers, supporters, activists</td>
</tr>
<tr>
<td>mode</td>
<td>instrumental, pragmatic</td>
<td>“moralized,” value-laden</td>
</tr>
<tr>
<td>reference</td>
<td>particularistic interests, elite oriented</td>
<td>universalistic value concerns, public oriented</td>
</tr>
<tr>
<td>idiom and repertoire</td>
<td>programmes, platforms, organizational activities, policy input (lobbying)</td>
<td>slogans, symbols, icons, mass protest, mobilizations, persuasion, education</td>
</tr>
<tr>
<td>aim</td>
<td>attaining political power (influence over the state)</td>
<td>altering mass attitudes, asserting values</td>
</tr>
</tbody>
</table>

Table 5. (Pakulski, 1991: 40)

As can be seen from the above table, the typology of the two social movements is distinctly different. One of the most significant typological differences is that while the gay liberation movement is based on what they are for (see pp. 71-72), the AIDS movement is based on what they are against. While the outcomes may be similar (increased visibility, social change, and so on) there is a world of difference between advocating for something, and campaigning against something. We can liken the difference to the Anti-Abortion movement. Being against abortion is different from being in favour of reproductive rights for women, since abortion is one component of reproductive rights. The basis of ACT-UP’s, or anti-abortionists’ typology, in other words, is the negative frame of reference that
underlies many movement organizations. (Pakulski, 1991: 46)

There is some element of overlap, to be sure. The gay liberation movement has, from time to time, mixed conventional politics with new politics, as has the AIDS movement. However, the dominant methodologies, as can be seen through the lenses of ACT-UP and AIDS Project Los Angeles (APLA) are commonly focussed on one of the two epistemologies. In examining idioms, repertoires and aims, one can see that ACT-UP is highly canted toward the ‘new’ political end of the spectrum (see previous chapter for examples), while the more mainstream APLA has opted for more conventional political modi operandi. APLA, according to Allen Carrier, the director of communications, has opted for a more conventional approach to effect legislative (and subsequently social) change. APLA’s approach is consonant with the conventional politics approach suggested by Pakulski: “We have the resources and public affairs talent at APLA to create a new model. We can sit down with Republican strategists and develop a tighter agenda, one that is more understandable to a community that isn’t as familiar with the impact of HIV”.

(Gallagher, John *The Advocate*, July 25, 1995: 41)

Increasingly, gay and AIDS organizations are turning to public relations firms with Republican ties. This move suggests that” the use of PR firms, pollsters and political consultants is a long- overdue step toward professionalizing the gay and AIDS movements.” (IBID.)
Factors Affecting the Life and Death of Social Movements

If the above assertion regarding the divisiveness of the two social movements is correct, it would follow that the life span of the two movements (gay and AIDS) may also differ. The factors which determine their sustainability would be different, in many respects, and occasionally oppositional. The ‘professionalization’ of ASOs has contributed to the creation of the rift between people who are HIV-positive and HIV-negative and has thereby unintentionally generated a serious threat to the sustainability of the gay movement. On the other hand, a lack of ‘professionalization’ could conceivably toll the death knell for the gay liberation movement.

Of considerable importance is the question of what has happened to draw off potential energy, synergy, and motivation such that the gay social movement is losing both its momentum and its radical demeanor. The answers to this question will shed considerable light on why the gay movement is in peril, and will open the debate as to possible remedies.

Clearly, social movements wane and fall by the wayside when they have achieved their goals, or when they generally acknowledge that their goals were unattainable. For example, the anti-slavery movement in the United States was effectively eradicated with the victory of the North over the South in the Civil war, and the Anti-Slavery Act. On the other hand, the “Free Love Movement” of the 1960's merely evaporated as most people clearly failed to become (or even consider becoming) conscience adherents or conscience constituents.
Further, "a central aspect in the formation and sustainability of a social movement is the constitution of the Other against which it is to react." (Eyerman & Jamison, 1991:158) Without the existence of the "other," a social movement lacks a target group or groups to "win over."

A determinant of the cultural impact of a social movement is the degree to which the movement is politically successful -- the degree to which is has erased the notion of 'otherness'. It seems that cultural dominance rests, to a large extent, on a firm political and social base. In that regard, I would suggest that we can measure the cultural impact of a social movement against the substantive political and economic success it achieves. On the other end of the spectrum, movements that fail to realize any political leverage usually leave few cultural markers behind.

Gay liberation has come a long way since 1965 when ten people demonstrated for gay rights in front of the White House. "In the sixties, the spirit of defiant protest that united Blacks, opponents of the Viet Nam War and feminists also began to transform homosexuals from a people nearly universally pitied or condemned to a new political force." (Cruikshank, 1992:190) As more and more gays came out, and became active in the gay community, the political and social organizations that represented their interests proliferated, and their influence on American life, social organization, and values increased. The number of people who believed homosexual acts should be illegal fell from 60 percent in 1970 to 36 percent in 1989 (Washington Blade, October 27, 1989:23). The control of the medical profession, spiritual leaders, the judiciary and the police to interpret
homosexuality as a subordinate way of being was almost totally ousted in less than twenty years. City, state and federal legislators, while still reluctant to act expeditiously and justly with regard to gay rights, nonetheless can no longer simply ignore the gay community. A new sophistication and honesty about sex and sexuality exists today in part because of gay liberation. The arts have benefited greatly from the contributions of creative, energetic people who no longer have to conceal their sexuality to participate in the creative process. Intellectual knowledge has thrown off the shackles of dominant paradigms to seek new understandings of social relations.

Despite these signs of progress, gay liberation has a long way to go before all forms of discrimination end and gays and lesbians (and their relationships) are fully accepted. (Cruikshank, 1992:193)

To come back, then, to the question of what has happened to draw off potential energy, synergy, and motivation such that the gay social movement may be losing both its momentum and its radical demeanor, I suggest that it is the manner by which the above noted gains were actualized. The gay movement had been very successful in accessing the external resources of foundations, grants and government largesse, as well as having been extremely effective in garnering internally generated (within the gay community) funding for its many projects. Professional movement organizations have formed around such diverse issues as neighborhood improvement, the environment, alcoholism, drug-dependency, gender issues, legal and civil rights, freedom of speech and expression, the arts, housing, poverty, and a myriad of other concerns.
In order to achieve these notable successes, gay organizations had shifted their emphasis from grassroots activism to professionalization. John d’Emilio writes “the gay movement, especially its male sector, has increasingly narrowed its focus toward court cases and legislative lobbying efforts.” (d’Emilio, 1992: 192) Professionalism, once exclusively a tool of mainstream consensus movements, has been successfully adopted by marginalized groups as well. The mesomobilization of gay organizations into re-framing the structural and cultural frames has enabled these groups to take advantage of changes in the larger political environment (e.g.: the election of Bill Clinton), the accessing of resources (primarily financial), and in fact, creating political opportunities (via media access and broad coverage).

The capacity of these meso-organizations to influence society into re-framing the character of identified social problems as broader issues deserving of wider support has been accomplished by the professional presentation of the issues, the appearance of the actors, not as sandal-shod radicals, but as blue-suited, sincere, “just-like-us” folks, and the strong political patronage (or lack thereof) that these groups can muster (or at least claim to summon).

The HIV/AIDS Community as a Social Movement

By contrast, the AIDS movement has operated in an entirely different fashion. As earlier discussed, the scope of their objectives is narrower, and the urgency of their cause more severe. There is good reason for this:
An important theme in the history of medicine and in medical sociology has been that diseases are socially constructed entities, not simply biological phenomena (Rosenberg 1988; Schneider and Conrad 1983; Cowie 1976; Mechanic 1978; Brandt 1985). This perception is eminently true of AIDS; such constructs shape societal and personal responses to the illness and, therefore, the experience of people with AIDS (McKinlay, Skinner, Riley, and Zablotsky 1989; Gilman 1988). One aspect of the social construction of AIDS that affects patients' experience involves disease definitions that are, to some extent, medically arbitrary. The effect of such definitions is particularly important in a political culture in which the provision and financing of health care is particularistic rather than universal, where access to benefits and care systems depends on such specific characteristics of the individual as employment, family, disability or income status.” (Huber and Schneider, 1992: 163-164)

One of the main contentions in this thesis is that there is more than one ‘gay’ community. Notwithstanding the fact that HIV is to be found (in North America) in many diverse population subgroups - gays, non-gays, women, children, intravenous drug users, and immigrant populations (mainly from Africa and the Caribbean), the focus of this argument is on the gay movement, and therefore, on gays who do or do not have HIV.

Over the past decade, the scientific / medical (and non-traditional medical) communities have disappointingly been unable to find either a cure for HIV and AIDS, or any significant and efficacious drugs to control the course of the virus. Concurrently, governments, and in particular, their social service and health branches, have abrogated their responsibilities for HIV prevention and services to persons living with HIV to community groups. In response, AIDS service organizations have emerged to fill the void.

The movement has, as its focus, the provision of social and, to some extent, financial support to men who are HIV-positive. A secondary, but by no means lesser
objective, is personal and collective advocacy. The services provided by the ASOs are exclusively for persons who have tested positive for HIV. Membership is denied to gay men who are HIV-negative, and consequently, the services that ASOs provide are beyond the reach of many needy gay men. However, the funding for these services has come from both the gay community and government, and that share of the community funding has essentially 'tapped out' the gay community to the extent that gay organizations are suffering financially, and HIV-negative men are suffering both financially and emotionally. The HIV-positive Movement has excluded membership to HIV-negative men, and as such, has become a single utility movement. (Other examples of single utility movements would include the Prostitute's movement, the 'Save the Seals' movement, and the Clayquot Sound Preservation Society.)

Conceiving of illness as a societal condition is difficult, regardless of the number of people who might share in that particular disability. Illness, pain and death are ultimately, highly personal and private matters. However, in the early days of the virus identification, the AIDS movement developed within the gay institutional nexus, and used the gay movement to develop contacts among networks of dissidents and other HIV-positive people, employing the ideology of gay liberation. (Zald and Berger, 1978) However, the operational environment of established gay organizations failed to provide the early AIDS activists with the ability to both vent the anger that was a part of the impetus for organizing in the first place, and seriously compromised the relationships that were developing with the targets of potential social change - the government institutions.
that could provide health and social services absolutely vital to PLWHIV. In addition, the bureaucratization and specialization that were the hallmarks of the gay organizations were antithetical to the needs of those people who were HIV-positive, who felt it necessary to take more control over their lives and medical treatments, as opposed to abdicating responsibility for these affairs to an organization whose structure was non-democratic, non-user participatory, and moving more and more toward a corporate style of operation.

Internal democracy is a recurring preoccupation of the political culture of movement organizations (Rosenthal and Schwartz, 1990) At the core of the AIDS movement is an “environment(s) in which people are able to learn a new self respect, a deeper and more assertive group identity, public skills, and values of cooperation and civic virtue.” (Evans and Boyte, 1992: 17-18) Community-based movements develop their potency by engrossing people in democratic decision making as the foundation of their movements. However, between the small professional cadres at the summit of these movements and their heterogeneous sources of mobilization at the base, the problem of centre-periphery linkages requires a permanent solution that goes against the grain of the grassroots political culture of many of these movements. (Tarrow, 1994: 148)

Initially, ASOs were grassroots organizations (see Kayal, 1993, Bearing Witness), funded by community donations, and operated by concerned gay volunteers and activists.

Frequently, a person may be HIV infected for years (with or without their knowledge) without exhibiting any manifestations of AIDS. Some people have remained asymptomatic for 10 years or more; however the average time line from infection to the
first opportunistic infection is 5-7 years. It can be as short as 1-2 years. By the late 1980s the HIV infection rate, and the conversion rate from infection to AIDS were apparently increasing exponentially. Consequently, ASOs in most cities grew rapidly to adapt to their ever increasing case load. As they grew, they became more specialized, departmentalized, and bureaucratized. This means that they too became professionalized.

The argument made earlier, that HIV-positive gay men and HIV-negative gay men are in a conflict situation is no less true for their respective organizations and social movements. One of the main sources of organizational conflict revolves around the economic impact that AIDS has had on the gay community. Other conflict areas include resource mobilization and utilization, volunteerism, and cultural production.

"In most large cities, there has been a proliferation of AIDS organizations as the lack of government funds and municipal services placed responsibility for the crisis squarely on the shoulders of the communities most affected." (Huber and Schneider, 1992:35) Financially, the gay community has devoted the vast majority of its discretionary income to supporting both ASOs and individual PWAs. In larger centres, up to 50 percent of all funding is received in the form of donations. That would suggest that in Vancouver, for example, AIDS Vancouver and the PWA Society receive close to $1 million per year in donations, the bulk of which is from fundraisers, donations, donations-in-kind and bequests. All three levels of government contribute, to a greater or lesser degree, in funding AIDS service organizations and Health Units which treat people with AIDS, provide HIV testing, and, to a limited degree, provide psychological counseling. The
funding formulae are generally based on the size of the community, and a subjective
analysis of the project to be funded. For example, ACAP (AIDS Community Action
Program), a Federally funded and managed branch of the Department of Health, will only
fund research and test-projects that deal with community development surrounding issues
of HIV management and prevention. (Their current focus is on smaller communities, so
their budget for larger centres is disproportionately low.)

The provincial Department of Health will not fund research, but among other
things, provides free condoms at the various health clinics. They also provide HIV
antibody testing, and some health units also provide pre- and post test counseling.
(Botnick, 1993)

The city of Vancouver provides practically nothing to the HIV community or their
ASOs.

By contrast, gay organizations, such as the Gay / Lesbian Centre, receive $20,000
per year from the provincial government, $15,000 from the city, and nothing from the
federal government. Donations from the gay community are a paltry $20,000 (approx.).
There is simply no more community money to go around.

Fundraisers (mainly dances) that support the PWA community tend to attract
anywhere from several hundred to several thousand revelers - the last non-HIV related
dance (at the same venue as the HIV related fundraisers) attracted four people - the
organizers lost $5000 on the event. Ticket prices were the same, the D.J. was well known,
and the event was well publicized. It appears that the decision not to attend was
financially motivated.

"In order to mobilize its resources (the energies of its members in collective action) the organization must be in a position to distribute selective rewards. To appeal to the "collective interest" in groups is insufficient (or even unnecessary) since such appeals will not affect my decision to act in accordance with the collective interest." (Scott, 1990:112)

While AIDS service organizations have a plethora of rewards to offer, there are precious few incentives to belong to, or to participate in gay organizations. The dedicated few who lobby for legislative and human rights are doing so for the entire gay community. The problem of free-ridership in the gay community is acute. 4

The number of available and willing volunteers to support gay community causes (Gay Pride, Stonewall, Little Sister's Legal Defense Fund, Vancouver Police Liaison, and so on) is minimal. Out of approximately 300 members of the Gay / Lesbian Centre, about 30-40 attend the annual meeting. On the other hand, as an example, AIDS Vancouver routinely trains about 100 new people per quarter to be volunteer buddies, intake workers, and the like. Volunteer membership in AIDS Vancouver is well over 2000.

The hypothesis of macro-sociological theories grounded in individualism stresses the element of judgement involved in selecting between the indefinite long-term benefits (including self-gratification) of social change against the costs of such action, and against the short-term benefits, which are immediately discernible, calculable and gratifying. To be involved with AIDS as a volunteer satisfies both the short-term goals of gratification, and the long term objective of "making a difference." The same gratificatory sense is not
as readily demonstrable in gay activism.

Finally, the organizational culture of the two movements is decidedly oppositional. As earlier noted, gay organizations have generally wholeheartedly embraced the professionalization model; AIDS organizations, while often mired in bureaucracy, nonetheless resist corporatization, and when they do fall into that corporate culture trap (a bureaucratized, standardized, routinized methodology of the politics, policies, personnel and operations imparted to the employees or volunteers and the public), their adherents generally bring them up short.

**Summary**

The initial question posed in this chapter was one of social movement sustainability. First, we addressed the question of how we define social movements, and we identified three common denominators: social movements instigate collective action and organized efforts; members share a sense of collective identity in terms of interests, cultural direction or purpose; and social movements are anti-systemic -- that is, they promote social change.

Tracing the gay rights and AIDS movements, we have found that they are, in many respects, different. While a more conventional political agenda has generally framed the contemporary pursuit of gay rights, the AIDS movement has shown more of the characteristics of new social movements.

Furthermore, we have explained that the AIDS movement has become highly
professionalized, bureaucratized, and is beginning to suffer the lack of grassroots adherents. The gay movement, in many respects, is far less professionalized, somewhat bureaucratic, and constituted almost exclusively by adherents and potential beneficiaries. Both movements have made considerable headway, but have yet to reach their goals.

We have also noted the areas of conflict and strain between the two SMOs, especially in the areas of funding, volunteer base, and professionalization. The emphasis on AIDS services has severely sapped the strength of the gay rights movement, and those members of the gay rights movement who formed the agendas of past years have either shifted into AIDS activism, have retired from the political struggle, or have died -- in essence, the gay rights movement appears to be leaderless and severely lacking in resources.

The essential question is whether the gay movement can survive the dual threats of anti-gay liberation forces and at the same time, can or should the gay movement compete with the AIDS movement for funding, leadership, positive media attention, and ultimately, social change. In addition, can or should gay men in particular, and society in general, disconnect AIDS and gayness to the extent that each social movement can maintain its own agenda without intruding on the efforts of the other, and suffering a conflation of the two distinct programmes?
Chapter 3. Fear of Contagion; Fear of Intimacy

Dissonance and Consonance: Isolating the “Other.”

To this point, we have examined the tensions in the gay movement, issues of discrimination, both systemic and personal, and the dynamics of the two social movements under question. It is, however, important not to lose sight of the fact that the collectivities under scrutiny are nothing more than collections of people with certain commonalities. In many respects, their individual differences can be greater than their collective similarities. Knowledge of collective behaviour is relevant to understanding why those social movements have evolved as they have, and are peopled by certain actors. This understanding “focuses on some of the most basic questions about human beings, for example, those posed by Thomas Hobbs: How is social order possible? How fragile is the social order and what happens when it breaks down?” (Marx and McAdam, 1994:3)

While it has been often stated that a collectivity is greater than the sum of its parts, an analysis of any composite group of people would be incomplete if we failed also to consider the specific and individual components of those groups - the people who comprise the society under question, and more specifically, the issue of rationality in decision making, and action taking.

As a starting point, I will categorically state that not all decisions are rational - at least not in the manner by which most people define rationality. Decisions are based on
experience, and what that experience means to people -- their own perceptions and interpretations of generalized and/or specific situations, or symbolic interaction, the base point of collective action. Therefore, in the context of this thesis, one could argue that from a 'rational man' point of view, self-preservation in the face of a deadly plague would mandate that all HIV-negative gay men ought to use condoms whenever they had oral or anal intercourse with any partner whose seronegativity was unknown -- with absolute certainty -- to them. Or, if the use of condoms was not desirable, at the very least, all sexual behaviour that has the potential for semen to blood (or blood to blood) transmission ought to be eliminated from one’s sexual repertoire.

However, we have shown that this is often not what happens in real life. So-called irrational behaviour (according to the rational man paradigm) is decidedly a part of the sexual makeup of gay (and non-gay) men. There are, according to the organizational theory of Herbert Simon, cognitive limits to the ability of people to pursue wholly rational purposeful behaviour. Rather than seek the optimal solution, actors “satisfice”, that is, they accept a solution which is good enough, within a so-called zone of indifference. (Marshall, 1994:33) For some men, rationality is of primary importance, for others, rationality is a part-time experience, and for some, rationality is irrelevant.

John O’Neill argues that new developments in our knowledge and pedagogies relating to public education programs is “confronted with the phenomenon I shall call socially constructed carnal ignorance” (O’Neill: 330) - that is the determination of bodily contacts as essential, schematically seductive matters of ‘unknowing’, of ‘spontaneity’, of
"passion", of 'desire', or of 'fun' or 'fantasy'. (IBID.) He explains that reason "goes on holiday" (IBID.:331) in certain instances which vary according to membership in a variety of settings and practices shaped by age, sexual ideology, sexual identification, religious beliefs, ethnicity and socio-economic class. The commonality in all of these constructs is the presence of power imbalances which mitigate against rational choice.

Leon Festinger developed a theory of cognitive dissonance which analyzes how people employ rationality to alleviate discomforts in order to attenuate the conflicts created by personal knowledge (or cognition) which may be contradictory to personal behaviour, opinions or attitudes. This theory is relevant to the discussion, since it helps explain why and how rational man can be seen to act irrationally, and yet, in fact, act rationally.

Festinger’s theory relates not only to individuals, but by extension, to collectivities. Therefore, an organization such as an ASO or a GSO may also implicitly engage in irrational behaviour that can be ‘made rational’ by conscious or unconscious collective thought processes. This chapter will examine Festinger’s theories as they apply to gay men in particular, and their social organizations in general.

Opinions and attitudes tend to exist in clusters that are internally consistent. This suggests that people tend to frame their lives according to sets of opinions and beliefs which are complementary to each other, and are acted out in a positive relation to those opinions and beliefs. For example, a person who believes that churchgoing is a virtue will very likely encourage his or her children to go to church; a child who knows that he or she
will be severely chastised for a particular act will not commit it (or at least try not to get caught).

As an individual strives for internal consistency concerning his or her opinions and attitudes, a correlation develops between what a person knows or believes and what that person does. One usually mentally reworks inconsistent beliefs or knowledge that is contrary to one's assumed knowledge such that it becomes consistent - one rationalizes it into consistency. An example concerning AIDS may illustrate this point: while it is common knowledge that AIDS is not spread through casual contact (e.g.: touching), many people have rationalized that the experts could be incorrect. For example, in June 1995, when a group of gay activists met with President Clinton, members of the Secret Service who accompany the President, donned latex gloves prior to 'frisking' the visitors to the White House. Needless to say, while the President was extremely embarrassed, the official reaction of the Secret Service was that it was merely a lapse of good manners and judgement. There was no mention of the lack of knowledge that led to this incident. (Vancouver Sun, Friday June 16, 1997, page A17)

Despite the fact there has been no documented case of seroconversion through casual contact, infection potentially could happen on a theoretical basis. The fundamental element of this inconsistency is what Festinger (1957) calls 'dissonance', and conversely, he calls consistency 'consonance'. Festinger suggests that people, in the presence of dissonance, seek to replace dissonance with consonance, and further, that people will actively avoid situations and information that might increase dissonance.
Cognition refers to any knowledge, opinion or belief about the environment, about oneself or one's behaviour. Cognitive dissonance, therefore, is a motivation that compels people to avoid situations or situated knowledge that is at odds with what they assume to be correct, proper, right or moral.

This is a particularly useful theory as it applies to aidsphobia in specific, and homophobia (including internalized homophobia) in general. One attunes one's personal belief system to accept the fact that the "other" is different from oneself, and is, in fact, a threat to consonance. Festinger's theory illustrates how cognitive dissonance exacerbates what is in reality an immunological difference between HIV-positive and HIV-negative gay men, which has subsequently infused itself into the social fabric of the gay movement. The main thesis - that there is a rift between seropositive and seronegative gay men - is based on unfounded fears of contagion, and well-grounded fears of abandonment and death.

When I refer to 'unfounded fears of contagion' I am assuming that a rational person, equipped with even the most rudimentary knowledge of HIV transmission, could take reasonable precautions from becoming infected with HIV, while at the same time, not becoming obsessed with the fear of contagion. Any irrational fear is considered to be, in psychological terms, a "phobia", and is pathological in nature. Aidsphobia, or the irrational fear of contracting the virus is, psychologically, no different than agriphobia, arachnaphobia, or any other 'phobias people suffer.

Gay men need a sense of community with other gay men, a sense of intimacy and support that is presently either minimally expressed or non existent. At a Seattle workshop
that I attended in January 1994, many men told of stories “in which they made themselves vulnerable to other gay men only to find themselves the object of ridicule by ‘bitchy queens’ or ignored by sex partners of the previous night.” (Flint, 1994)\(^3\) The willfulness to take immense emotional and physical risks to realize corporeal intimacy with other gay men is in part, a counteraction toward the perception of isolation and alienation from each other that many gay men feel. Gay men, and in particular gay youth may engage in highly risky sexual behaviours simply because they cannot grasp the immensity of the problem of what it is like to be HIV-positive.

One speaker put the problem succinctly:

“We’re not comfortable to be together. We grow up in a heterosexual world that is totally against homosexuality and tells us that we are bad, disgusting, and we take that out on each other. We go through experiences that bring us to the realization that we’re gay and part of the gay community. But we don’t have any binding forces. We need more intimacy and communication and friendship.”

On two levels, the majority ‘straight’ society, and the gay ‘subculture’ have created an ‘uncomfortable’ or dissonant environment in which intimacy and immunology collide. Most of the straight culture encountered the news of AIDS as if it could excuse the situation by labeling it a “gay plague,” and thus dissociate from it. The love that finally dared speak its name\(^4\), that was being stridently making itself known, now walked in the garb of sackcloth and ashes. The majority culture seized upon this connection to isolate further and abandon the gay subculture. While so doing, the majority culture taught its children well, teaching many of them to hate what they would eventually become.
The dissonance between what we have been taught to believe, and what we ought to believe as gay men creates a social climate of mistrust and uncertainty, and a personal confusion in which one seeks to replace dissonance with consonance, or at least avoid situations and information that might increase dissonance. AIDS education in the 1980s and early 1990s is a perfect example of dissonance-making. The social marketing model, in itself, may have utility, its expression in AIDS education has largely been simplistic and - according to some experts in social marketing itself - incompetent . . . we can cite a roster of relative public health failures: unwanted pregnancies, heterosexually transmitted STDs, and cigarette smoking to name a few. If we add to this mediocre record the facts of life in a monstrous plague, the need that AIDS education address a persecuted social minority whose core identity is intimately tied to the “target” behaviour - sex in a sexually vectored epidemic - and that educators have taken publicly a “100%-safe-100%-of the time” approach, it is little wonder our efforts are lacking.” (Odets, 1994, p. 3)

The messages that Odets refers to are those that have been in use throughout North America for over a decade. Odets claims that these messages are homophobic, misrepresentations, moralizations, disregard the social realities of the epidemic, and do not pay attention to the specific psychological issues that arise.

Previously, I discussed the use of a condom as a vehicle for behaviour change - homophobia lies in the message that gay sex (without a condom) is devalued, and therefore the sexual being is of lesser value. It is extremely unlikely that anyone can live up to the “100%-safe-100%-of the time” dictum - therefore, no one is able to live up to society’s expectations.

The homophobia to which I refer may be a difficult concept for non-gays to grasp.
The argument comes back to the issue of rational man -- is it not rational to expect any person to take whatever measures may be necessary to preserve life? The implicit assumption is that sex without condoms inevitably leads to HIV, an assumption which is neither correct nor rational. The most basic example of this false assumption can be put quite simply: without the presence of HIV in one's body, there is absolutely no possibility of infection. Conversely, if both partners are HIV-positive, there can be little doubt that sex without condoms will not make any difference to their serostatus'.

On a more advanced level, one can look to the lessons learned when syphilis was rampant - especially in the middle ages in Europe. Notwithstanding the possibility that one could easily contract this sexually transmitted disease, there was no particular move to induce the population of the time to be celibate (the only means of preventing the spread of the STD). Another example may drive this point home: historically, males, especially being the dominant power in society, have consistently sought to put the onus on females for maintaining some measure of birth control. Even in today's advanced technological age, where (in the Western world) condoms are both widely available and relatively inexpensive, men have invented numerous mechanisms to avoid the use of condoms for birth control - the 'pill', intrauterine devices such as the Dalkon Shield, the cervical cap, spermicidal foams and jellies, the rhythm method, and so on.

Why then, should one assume that gay men must use condoms when straight men do not? It is this double standard that signals the presence of homophobia in the meaning, or sub-text of gay sexuality. The only rational explanation for this double standard is that,
protestations to the contrary, straight men (and many gay men who have bought into the
hegemonic notions of gay sex) have devalued gay sex as something less than straight sex,
and therefore less worthy of consideration of the meaning of condoms — that meaning
being that since gay sex is not really true or valid sex (in the hegemonic understanding of
sex), latex barriers (to sensitivity, intimacy and fluid exchange) are "the price one pays"
for indulging in this deviant behaviour.

In Festinger's analysis, the degree of resistance to change provides a direct
measure of the magnitude of dissonance. In this case, since total societal (that is, gay
society) behaviour change cannot be achieved, we can only measure dissonance reduction
as the degree to which the individual is willing to ignore the lessons and strictures of safer
sex educators (and disregard the potential or actual risks of infection) to bring their
personal dissonance into consonance.

One method of reducing personal dissonance (and justifying unsafe sexual
behaviour) is to blame the victim — that is, to add a 'consonant cognition'. By assuming
that one's sexual partner will disclose his serostatus before engaging in risk behaviour, or
essentially putting the onus on the (potential) AIDS carrier, the HIV-negative person, gay
or otherwise, reestablishes a feeling of invincibility from the disease. "The societal
tendency to blame the victim is key to understanding the dynamics of stigmatization and
isolation inherent in the original experiences of this epidemic." (Cadwell, 1993: 155) The
AIDS epidemic has added another dimension to the death taboo - the sexual taboo.
Consequently, several levels of the disease must inform AIDS interventions: death phobia,
sex phobia and homophobia.

In a national (U.S.A.) survey (Gerbert, 1991) found that of 1121 physicians, 35 percent of doctors said they would “feel nervous” around homosexual patients, and agreed with the statement: Homosexuality is a threat to our basic social institutions.” Gay community members continually encounter this homophobia. In 1988, in another study, (Stulberg and Smith) found that 90 percent of gay men in Los Angeles “believed that homophobia had increased due to AIDS and 20 percent experienced discrimination as a result of AIDS.”

On a personal level, the response to aidsphobia and homophobia has, for many gay men, produced maladaptive cognitions. As PWAs have striven to assert themselves, their political agendas, and their psychosocial needs, social conditioning and social blaming by non PWAs is an extension of fear and a desire to preclude any association with the disease. Patrick Haney, himself a PWA writes:

“We don’t blame kids for mumps, the elderly for Alzheimer’s disease or death, or epileptics for seizures. AIDS is caused by a virus, not behaviour or identity. Shame and blame can lead to denial and hiding, and avoidance of treatment.” (Haney, 1988: 251)

“The results of certain research on the effects of cognitive dissonance on task performance are consistent with the assumption that dissonance arousal increases the individual’s general drive (D) level. Cottrell and Wack (1967) and Cottrell, Rajecki, and Smith (1974) examined the effects of cognitive dissonance on the hierarchy of competing responses. An increment in drive increases the frequency of emission of
responses governed by strong habits at the expense of responses governed by weak habits. These effects on responses should be produced by dissonance arousal if cognitive dissonance augments generalized drive.” (Wicklund and Brehm, 1976:89-91) In other words, given competing responses (social acceptance of PWAs or social isolation of PWAs) the stronger habits of death and disease avoidance inform behaviour to such an extent that the greater the dissonance (or fear), the greater one is motivated to avoid dissonance and by so doing, avoid the issue (and the person) with AIDS.

We have addressed the issue of misrepresentation - withholding of information and lying - briefly in prior sections. The misrepresentation of AIDS education has often taken the position of “erring on the safe side,” especially in the United States. The “100% safe 100%-of-the-time” message, as previously explained, is both homophobic and degrading. It makes the entire message seem an impossibility. The bogusness of that part of the message results in the rejection of the entire message regarding safe(r) sex behaviour. In this manner, as Festinger suggests, consonance replaces dissonance.

What is consonant is that our messages, for many gay men thinking about a lifetime form of sexuality based on impossibly unattainable standards, have contributed in great measure to the widely held belief that contracting HIV is inevitable. One of the most pervasive and consequential falsehoods is that most gay men have accepted the normative practice of safer sex, and what is worse, have found it satisfying, comfortable and unproblematic. The reality is that many (if not the majority) of gay men experience protected sex as restrictive, inadequate or unacceptable, and in denying that, we do not
establish community norms of behaviour that are attainable. In reality, what is accomplished is an imposition of guilt, low self-esteem, fragmentation and apartheid. (Odets, 1994) The self-concept of 'bad fag', discussed earlier, is hereby lain bare. The practice of unprotected sex has become closeted just when gay men have stepped out of the closet.

The following table reveals a more accurate picture of sexual behaviour:

**Consistency of Condom Use**

<table>
<thead>
<tr>
<th></th>
<th>Vancouver</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INSERTIVE ANAL INTERCOURSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>all of the time</td>
<td>72.3</td>
<td>68.9</td>
</tr>
<tr>
<td>most of the time</td>
<td>10.2</td>
<td>10.6</td>
</tr>
<tr>
<td>some of the time</td>
<td>6.6</td>
<td>5.0</td>
</tr>
<tr>
<td>rarely</td>
<td>2.9</td>
<td>3.2</td>
</tr>
<tr>
<td>never</td>
<td>8.0</td>
<td>12.2</td>
</tr>
<tr>
<td>(N)</td>
<td>(137)</td>
<td>(818)</td>
</tr>
<tr>
<td><strong>RECEPTIVE ANAL INTERCOURSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>all of the time</td>
<td>72.7</td>
<td>71.7</td>
</tr>
<tr>
<td>most of the time</td>
<td>12.7</td>
<td>10.6</td>
</tr>
<tr>
<td>some of the time</td>
<td>3.6</td>
<td>3.2</td>
</tr>
<tr>
<td>rarely</td>
<td>1.8</td>
<td>3.1</td>
</tr>
<tr>
<td>never</td>
<td>9.1</td>
<td>11.5</td>
</tr>
<tr>
<td>(N)</td>
<td>(110)</td>
<td>(644)</td>
</tr>
</tbody>
</table>

Table 6. (from Myers et al, 1993: 36)

Clearly, this table illustrates the fact that more than 25 percent of gay men who have sex with other men do not consistently use condoms. One could justifiably be
suspicious that this self-reporting of sexual behaviour may even overstate condom use.

In a straw poll in the fall of 1994, at a community forum held at Denman Street Station, I asked the audience to report on condom use (using anonymous ballots). There, the “always” category registered about 50 percent, while the balance was reasonably distributed across the rest of the categories.

There are two important theoretical points to be examined through this information. The first is that the AIDS and the AIDS prevention movement has created both the source of dissonance and the inevitable result of this dissonance - the pursuit of consonance. The behaviour safer sex educators have promoted which has attempted to condition gay men to accept as normative is a sham. To convert this dissonance into consonance, gay men have had to lie to themselves, isolate themselves from reality, and in Festinger’s terms, if “the obverse of one element follows from the other” (Festinger, 1957:13) then the concept of ‘bad fag’ must inevitably follow from not being a ‘good fag’.

The second theoretical connection is the contention that “establishing a social reality by gaining the agreement and support of other people is one of the major ways in which a cognition can be changed when the pressures to change it are present.” (IBID.: 21) In this case, the educational, social and structural systems that have misrepresented the AIDS pandemic, and the consequent reaction by the gay community have generated the pressure to change. The suitability of the “product” (in this case, the messages) has been nothing short of deficient because of its misrepresentation of the facts. (Odets, 1994:5) In fact, had AIDS advertising been subject to the same laws governing product truth-in-
advertising, we would have censured them a long time ago. Just as people bought into the fiction that smoking calmed the nerves, aided digestion, and was generally good for you, many if not most gay men have absorbed the meaning of HIV as ‘the end of life’, and have swallowed the ‘safe sex as a community norm’ fantasy hook, line and sinker. Therefore, they assume that since they are ‘outside the pale’ and not practicing safe(r) sex all of the time, they are, with regard to communal norms, deviant. Their inability to change, or their resistance to changing their sexual behaviour, therefore results in a high level of dissonance. This dissonance creates a sense of anomie, which is difficult, if not impossible to resolve.

The consequence of decisions made, based on the information presented to the gay community has had far-reaching implications for the interpersonal and internal resolutions gay men have made. Adaptive and/or maladaptive behaviour has been the repercussion.

**The Consequence of Decisions**

Even after one has decided one’s degree of comfort or discomfort regarding HIV and AIDS, its presence or absence in one’s body, and how to react to it, one may not have truly resolved the potential conflict, since maintaining behaviour and/or attitudinal change is far more difficult than it is to induce them in the first place. This applies to homophobia, aidsphobia, internalized homophobia, and also structural coalition building. Perhaps what is more important, changing the attitudes of gay men (no matter their serostatus) toward people with a different serostatus may be extremely difficult. If this is so, then it may also
follow that coalition building between ASOs and GSOs may be equally as arduous.

External forces condition attitudinal development concerning HIV and AIDS (such as the media, the State, the health care system, the judicial system) and are mediated by personal cognitive practices. AIDS has been drawn into concurrent dialectics over the dissolution of the nuclear family and the rights of people to assume new models of domestic and sexual arrangements of their own choosing. (Adam, 1987) The construction of AIDS problems unavoidably occurs in the context of greater competitions over the ‘ownership’ and colonization of AIDS domains by social movements, the professions, the media and the state. (Adam, 1992).

Government budget priorities shape the determination of how we construct AIDS (how much money is available, and what types of community-based social programmes are possible given differing levels of grant funding, restrictive covenants on what may and may not be done and said, who gets funded - and therefore, whose voice is authenticated); by medical research (what drug interventions will be made available, who will benefit from them, what will they cost); by the degree to which the judicial system and the police tolerate or discourage (through state mediated apparatii) dissidence and activism; and the media’s framing of gays overall, HIV and AIDS in particular. Among the rivals for symbolic proprietorship, and the right to define the worth and moral status of gays and PLWHIV are journalists, clergymen, bureaucrats, doctors, public health officials, gay organizations, PWA coalitions, AIDS political action groups, and community-based organizations dedicated to public education and support of the afflicted. Each group
experiences HIV and AIDS differently, and thus defines the situation differently. Each distinct meaning influences the AIDS discourse differently.

If meanings of AIDS are incongruent throughout the knowledge making communities, it follows that the interpretation of meanings in the gay community must reflect the discordant connotations of knowledge. Thus, for some, HIV is medicalized, for others it is politicized, and for yet others it is socialized.

We can extract the common denominator from the various meanings surrounding the dissonance created by AIDS - panic.

"Panic is the key psychological mood of postmodern culture . . . In the postmodern scene, panic signifies a twofold free-fall: the disappearance of external standards of public conduct when the social itself becomes the transparent field of a cynical power; and the dissolution of the internal foundations of identity (the disappearing ego as the victory sign of postmodernism) when the self is transformed into an empty screen of an exhausted, but hyper-technical, culture." (Kroker, et al, 1989:13-16)

O’Neill splices this panic with AIDS. He states that “The experience of AIDS panics the sexual culture of global capitalism in several ways. In the first place, it has ‘disappointed’ those who were most committed to its ideology of sexual freedom . . . The AIDS panic, however, strikes most deeply into the legitimation process when it prompts the general population in a rationalized industrial society to question the probability value of scientific knowledge with demands for absolute certainty . . . ” (O’Neill, 1990: 335)

The disparate perspectives (or knowledges) of HIV and AIDS therefore forces individuals, and by extension, the organizations that they represent (and represent them),
to base decisions on known (scientific) information, and filter that information through consonant cognitive processes. For the person who is HIV-negative, this can translate into fears of contagion, fears of loss of potential loved ones, and fears of isolation from the mainstream gay community (whom, the knowledge makers have told us), are all at risk for HIV because of lifestyle behaviours. For the person who is HIV-positive, these fears revolve around life and death themselves, wellness and illness, and more increasingly, fears of infecting others. It must be emphasized that each new infection results from the failure of a negative and a positive man to be safe.

"With so many gay men becoming infected in the face of almost universal AIDS awareness, many activists are bracing for a panicked attempt to pin the blame on HIV-positive men, and feel desperately that they must be prepared to resist any such attempt." (Rotello, 1995: 80) Epidemics have usually provoked a scapegoating process - the proof of which is often contained in the discourse of the epidemics themselves: Ebola fever, German measles, Asian flu, Legionnaires’ disease, and GRID (Gay Related Immune Deficiency - the early name for AIDS).

Community groups also face similar dilemmas concerning AIDS framing. Several dynamics illustrate my contention that we have socialized HIV and AIDS, rather than medicalized it: as previously discussed, ASO’s have become increasingly polarized with respect to gender, ethnicity and age. Recently, the Vancouver chapter of the Canadian Hemophiliac Association withdrew from participation in the AIDS secretariat (an omnibus AIDS funding and planning organization) because it felt that it was being pressured by the
gay element (private communication).

ASO’s consistently report that their client base is primarily made up of PLWHIV who are economically situated well below the poverty line established by the government as a minimum income at which one can survive. This suggests that wealthier gays and PWAs have assiduously avoided involvement with AIDS organizations - there is no empirical evidence to explain the reason for this, but it would probably be a safe supposition to suggest that they are a part of the gay community that has set itself apart from the community to avoid the scapegoating and derision that generally accompanies identification with HIV and AIDS - a form of developing consonance with respect to AIDS and its impact on their own lives.

A significant proportion of mass media treatment of AIDS has constructed PWAs as ‘other’, and heterosexuals (including men who have sex with men (MSM) but do not self-identify as gay) may be specifically antagonistic to the AIDS prevention themes by “appraising their own vulnerability based on their evaluation of how much or little they resemble their mental representation” (Siegel and Gibson 1988:67) or the ‘at-risk’ personality.

As discussed earlier, the public health model of AIDS education has relied on the concept of ‘rational man’, a notion that suggests that an individual will avoid harm or potential harm when furnished with pertinent data. However, as has been shown, sexual activity is more often than not, an irrational act (at least irrational in the sense of being emotional). Proponents of the right-brain / left-brain theories of communicative action
suggest that knowledge is consumed and retained in the right portions of the brain, and emotional responses emanate from the left side of the brain. They also have concluded that during sex and sexual foreplay, the cerebral cortex blocks neuron impulses from entering or exiting the right brain, thus forcing the left brain to ‘take control’ of the situation. (Williams and Chapman, 1981) Providing information regarding harm and harm reduction techniques to persons who are potentially at risk is not sufficient, therefore - what is required for decision making runs far deeper than knowledge or cognition.

In addition, while not part of the scope of this thesis, one must be mindful that different cultural meanings of sexuality for people differentiated by age, religion, gender, race and sexual orientation impact significantly on decision making.

Thus, community groups, especially gay organizations and AIDS organizations need be mindful of their ‘target markets’ to be effective. As GSOs and ASOs expand their mandates, and attempt to satisfy the needs of ever more diverse elements in their communities, they reduce the efficacy of their original intent, and create situations by which decision making (especially concerning their external messages), creates dissonance. Without providing for either the interpretation of these messages by alternative meanings, or framing the messages in a way that reduces dissonance as much as possible, they defeat their own purposes. This clearly has been the result of the American model of “100% safe, 100% of the time” - the message was totally dissonant with reality and achievability, and was ignored by the population for whom it was intended.

Given the overwhelming plurality of micro-communities in the gay and AIDS
populations, and the nascent understanding of differentiated meanings, the task of community building and coalition fabrication takes on Herculean proportions. For ASOs and GSOs to come back together (see chapter 2 for a more detailed explanation of the rift between these types of SMOs) significant flexibility in operational, ideological and communicative practices would have to be undertaken. Kiesler (1971) suggests five critical determinants that influence determination to change behaviour. Summarized as questions, they are:

1. How explicit would the changes have to be? What degree of public exposure and clarity of meaning would be required to mitigate intransigence?

2. How important is the act of change for the organization? Will the change be sufficiently important to satisfy vital needs?

3. How irrevocable will the changes be?

4. How they require that many separate acts effect change? Kiesler views this variable in such a way that the acts basic to a commitment do not have to be identical, but as long as several acts are quite similar and each implies the other, the performance of any one of those acts should bind the organization to related acts.

5. Is the act of change instigated by the desire of the organization, or is it mandated by others? To the extent that an organization is bound to some explicit and attitudinally relevant changes, it must accept these changes as integral to its needs, and other attitudes and beliefs must be accommodated accordingly.

In the ascendant stage of social movement development, when social forces impact on many people who believe that they need to press for forms of redress, the interests of leaders and members of these movements are focussed on those matters that are most
immediately pressing to translate discontent into productive and united action.

The social forces that require redress must be opposed by other social forces that counter or inhibit redress, and the emergent social movement must have some sense that it can relieve the source of discontent. These force / counter-force dynamics create "value-oriented social movements," which their implicitly or explicitly stated mission statements then define.

However, when the movements themselves lose impetus (either through a shift in the social forces or by other factors that mitigate against success), they are deprived of the conditions necessary to sustain them in their original form. This does not suggest that the organization dissolves, nor does it suggest that the principal actors necessarily abandon the ideology that initially brought them together.

The attenuation of counter forces, or the shift in societal or community focus would nevertheless imply that there would be significant consequences for the social movement. The most salient of these consequences is the defection of adherents or conscious constituents, coupled with a decrease or cessation of public discussion of the issues that the organization represents, and an increasingly difficult task of garnering new members. The end of recruitment is a precursor to financial difficulty, which in turn should spell the end of the movement. However, this is not always the case.

"The organized arms of declining social movements will tend to adapt to these changed conditions in characteristic ways. We can broadly describe this adaptation by asserting that the dominating orientation of leaders and members shifts from the implementation of the values the organization is taken to represent (by leaders, members, and public alike), to maintaining the organizational structure as such,
even at the loss of the organization's central mission . . . membership activities, initiated in a context of declining public interest to support a faltering organization, will work to turn what were once the incidental rewards of participation into its only meaning. This last, by altering the basis for whatever recruitment may take place, would seem to insure that the organization, if it continues to exist, will change from a value-implementing agency to a recreation facility. In sum, the organizational character will stand transformed.” (Messinger, 1969: 442-443)

There can be little doubt that the gay movement has passed the ascendency phase, and is suffering from community disinterest. Membership in gay community organizations has dropped continuously over the past decade (Vancouver Gay and Lesbian Centre membership statistics, GLBUBC membership statistics), and new organizations are not forming.

On the other hand, coalitions of PWAs, and subgroups of PWAs with specific agendas (e.g.: housing concerns) are continually forming throughout North America. These groups are on the ascendency, primarily because they offer their adherents a payoff - they have a reasonable chance of attaining their goals. They provide a consonant environment in which members work together in an ideological framework consistent with their beliefs that they have an entitlement that is being denied, to achieve those entitlements.

**Forced Social Compliance**

There are occasions when people will behave in a way that is contrary to their beliefs, or will make public statements that they do not really believe. For example, a
person may be coerced into taking a public position because of public pressure, peer pressure, certain moral or religious convictions, or societal norms that are antithetic to their personal beliefs. Alternatively, there may be specific benefits to be gained by taking such a position (votes, grants, fame, adulation, or membership). It may be that a person can sustain such public positioning for a significant period. However, the conflict between the public position and the private belief will eventually result in a psychologically dissonant -- an extremely uncomfortable situation.

One result of this internal conflict will be that when said person’s behaviour conflicts with their stated public position - this could sabotage their own initiatives (consciously or unconsciously). The professionalism of ASOs, as earlier suggested, may be one such arena of conflict. While some organizations are patterned on the ‘self-help’ model (such as PWA Society), and exclude non-HIV-positive people from full participation (one can be an associate member, but not a voting member), most ASOs are staffed (and volunteered) by a mixture of men and women, older and younger, and positive and negative. Their personal beliefs and attitudes inform their behaviour, which in turn establishes both the ‘corporate culture’ and the public perception of the ASO. If these positions are antithetical to the grassroots needs of the people that they purport to help, a feeling of alienation develops, and the organization’s credibility (and therefore its very existence) is jeopardized.

This situation has led to the closure or dramatic restructuring of many ASOs. Within even the most well meaning ASOs, internal politics and policies regarding the
prioritization of community needs have exacerbated the gulf between HIV-positive and HIV-negative gay men, and this in turn has contributed to the rift in the gay community.

Except for professional AIDS service organizations (those whose structure has expanded beyond the self-help model), most ASOs are populated entirely by PLWHIV. Management and volunteers alike have the same characteristics - most notably the presence of HIV in their blood. Although volunteering and personal gain often operates in tandem and generally displays what is thought to be altruistic behaviour, sociological thought commonly holds that if such behaviour is not cognitive and meaningful, it lacks any spiritual or redemptive value. For others, however, including a special benefit as part of an encouragement for volunteering begs the question, as it makes volunteer activity intrinsically self-centered, though more probable. Altruism is rarely thought to be free of practical motivations. Since AIDS volunteerism is a high (emotional) risk activity with little chance of reciprocation (a traditional expectation), dubious psychic rewards, and little public appreciation, it becomes a personal and emotional experience not without cost.

Many ASOs have determined that the introduction of PWAs as sole peer support persons have provided the necessary rewards to continue and expand their activities (despite the degree to which PWAs may or may not be as qualified technically to accomplish the tasks required). These rewards include the development of social prestige (within the organization at least), a social life (which may otherwise be lacking), a learning experience, and personal satisfaction and development. A key motivator is that when the volunteer himself needs client services, he is more able to negotiate the ‘system’, since he
is an insider, and is more likely to know the people with whom he needs to interact to receive the benefit wanted.

"Generally, PWAs need to be restored to a sense of their own value as human beings and this can be done only in the context of unconditional acceptance... This relationship between individual and collective interests and empathy and the will to help is variously described as "kin altruism" (Margolis 1982), "collective charity" (Atwater and Robboy 1972), or simply "prosocial behaviour" by many others." (Kayal 1993: 132)

The issue of PWA volunteerism, therefore, becomes one of necessity for those PWAs who do not have either the social support network or the financial means to survive on their own. Apart from the potential 'altruistic' nature of the engagement, there is a markedly practical component in PWA volunteerism.

By contrast, those people who do volunteer to work in gay service organizations (and there are precious few of them) tend to do so for more ideological reasons. For them, volunteerism shows a strong community bias, a humanitarianism limited to friends and neighbours, despite public posturing to the contrary. "While 69.4 percent of the respondents and 20.2 percent respectively agreed and strongly agreed that volunteering has given them the opportunity to demonstrate their 'own values about helping people', they are, as a rule, generally drawn... because it is a gay problem." (IBID.: 134) They are generally concerned with the construction of queerness, and the disintegration of the community.

"Gay men and lesbians have nearly disappeared into their sophisticated awareness of how they have been constructed as gay men and lesbians... If many gays now reject a homosexual identity as it has been elaborated for gays by others, the dominant heterosexual community doesn't need our belief in its own naturalness
in order to continue exercising and enjoying the privileges of dominance. Suspicious of our own enforced identity, we are reduced to playing subversively with normative identities - attempting, for example, to “resignify” the family for communities that defy the usual assumptions about what constitutes a family. These efforts, while valuable, can have assimilative rather than subversive consequences; having de-gayed themselves, gays melt into the culture they like to think of themselves as undermining.” (Bersani 1995: 5)

We can observe the consequences of both HIV-positive pigeonholing and gay community assimilation as a sociological phenomenon. In the former instance, by being labeled as ‘other’, PWAs have reciprocated by developing their own social world, a world mainly inhabited by PLWHIV. In the latter case, by de-gaying gays, gay men have assimilated into the mainstream, and at least partially abandoned the social network of activism in favour of maintaining only social (or recreational) ties to the community. Neither frame has been accepted intentionally - they have come about in great measure by societal reaction to AIDS, and society’s demarcation of AIDS as a social phenomenon to be feared, thus elevating non-infected gayness to a position hierarchically above AIDS-infected gayness.

The social group is both a source of cognitive dissonance for the individual and paradoxically also “a major vehicle for eradicating (or at least reducing) the dissonance that may exist. Processes of social communication and social influence are, therefore, inextricably interwoven with processes of creation and reduction of dissonance.” (Festinger, 1957:177)

Although social support networks are to be found in both the gay movement and
the AIDS movement, these social supports are quite dissimilar, and often conflicting. There is a rift between HIV-positive and HIV-negative gays, and this rift is a result of both personal dissonance and identity confusion on the part of community members and structural complicities in the ASOs\textsuperscript{7} and GSOs that reinforce those personal contradictions.

In order for social support to counter dissonance, one must be ready to either change one's opinion (and perhaps the structure from which it emanates), influence others to change their opinions to conform to one's own (changing the environment), or distance oneself from those who hold opposing viewpoints. It is this latter strategy that, while related to the first two tactics, which has most significantly riven the gay movement.

In the fifth century B.C., Thucydides recognized the upsurge of panic and fear within the Athenian population in reaction to the swift spread of a manifestly incurable contagion, the origins of which were not discernible, the epidemiological development of which was perplexing to the medical profession of the time, and the defenses against which were nonexistent. Before the somber peril of the plague (and the rumours that heightened both the tally and despair of its victims), there was the sudden and virtually total collapse of even the most limited patterns of social solidarity. (Kroker, et al 1989: 182) In this historical account, Thucydides chronicles the "bitter hysteria" (IBID.) of the survivors, who felt that they had nothing to lose because they were virtually assured of dying anyway, and the euphoria of those few who, believing that they would be spared, felt a sense of immortality - the belief that they would never die of any cause.
Between these poles - a melancholic sense of fatalism and a triumphant but unrealistic sense of immunity from viral contagion, lies the nub of the social service support networks that have been, and have yet to be developed. Much has been written about the social service supports for HIV-positive men. Little has been created in the way of social support for HIV-negative gays.

One of the most contentious issues to face the gay community is the problem of social support for those people presumed to have (at least for now) escaped the plague. Yet, as seroconversion rates show, and suicide rates confirm, HIV-negative gay men are suffering from AIDS in ways that we cannot ignore.

Survivors feel that they have an obligation to interpret why they have been spared persecution or terror, why they have not fully experienced the physical and psychological horrors of AIDS. Jews who survived the Holocaust frequently questioned why their captors did not kill them. Was being exterminated a mark of the true Jew? Are the survivors therefore somewhat less than fully Jewish? While these questions seem somewhat inane, many gay men feel that by being HIV-negative, they are not truly gay, and have somehow failed to experience the totality of the gay identity. (Johnston 1995: 97) There are several psychological issues that the absent social support needs to address: the feeling that speaking of one's HIV-negativity is somehow insensitive to those who are seropositive; feelings of isolation; lack of identity (while we can refer to PWAs, we have no term for PWA/As); disappointment, despair and depression.

The mandate of ASO's, quite naturally, is to provide for the multifaceted needs of
PLWHIV and PWAs. The mandate of gay community organizations has generally been either social in nature, or quasi-activist. The obstacles to the life force of the community really are lack of communication and the plethora of fiefdoms. In such a multi-fractured environment, social support of a cohesive nature is simply not possible. Perhaps it is not even desirable.

**Labeling Deviant Behaviour**

It is ironic that people who historically have suffered from accusations of deviance have in turn labeled some of their own as ‘more deviant’. The construction of HIV-positive people as pools of contagion by many in the gay community has driven a wedge into the very core of the gay movement. As well, the construction of HIV-negative people by those who are seropositive as not truly gay has been a response to the feelings of isolation and ‘otherness’ that seropositives have faced in the past decade. While there may be some degree of sympathy for older people who have seroconverted (essentially because they did not know, when they were sexually most active, that there was a deadly virus being transmitted), there is considerable antipathy in the seronegative (and to some extent the seropositive) community toward younger people who seroconvert. There is an anger that “They knew better.” The bitterness that seroconversion rates (especially among youth) are again on the uprise, and a generalized fear by gay men working in the HIV industry regarding public perceptions of “recruitment” and “child molestation” have yielded, for many, an irreconcilable personal crisis that in turn affects the services available
to youth, self-denial by youthful seropositives, and a shunning of them from even the mainstream ASOs.

The consequence of this irreconcilability and lack of social support cannot coexist with a sustainable gay social movement.

"... social groups create deviance by making the rules whose infraction constitutes deviance, and by applying these rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an "offender." The deviant is one to whom that label has been successfully applied; deviant behaviour is behaviour that people so label." (Becker 1963: 9)

The construction of PLWHIV as deviant, and the application of cultural stereotypes in interactions, is analogous to the stereotyping of other physically or emotionally challenged members of society. When the ravages of AIDS have run their course, the physical appearance of the individual identifies them as ill (e.g.: K.S., weight loss, loss of vision, incontinence) and society treats them as they tend to treat other 'deviants' - the elderly, the physically disabled, and so on. The difficulty in stereotyping most PLWHIV is that there are no physical markers upon which to rely.

Consequently, within both the gay community and the non-gay community, the most common application is to treat all strangers as deviant, at least in the sense that they are potential carriers of infection. The resultant behaviour is that rule making imputes supplementary qualities to all deviators, all gay men, and society treats them accordingly.

This 'treatment' manifests itself in social, psychological and sexual behaviour.
Social symptomology is evidenced by the fact that, in many jurisdictions, regular dances
have been established for men who are HIV-positive, to the exclusion of people who are
HIV-negative (usually called "Night Sweats" or "T-Cell" Dances). Earlier in this thesis,
I showed the extent to which people go to seek partners of seroconcordance. Within the
culture of ASO's, especially those that are staffed by PLWHIV, P+/As are made to feel
excluded and unwanted.9

Psychologically, there is a tremendous gulf between those who know that they are
going to die of AIDS related diseases, and those who believe that they may die of AIDS
related diseases. Ironically, the fear of death is usually less debilitating than the fear of the
unknown. In this regard, PL+/HIV are generally far more acutely aware of their mortality
than PLWHIV. "Cohort studies consistently show that men who know that they are HIV-
positive are the least likely of all gay men to engage in risky behaviour. By contrast, those
who test negative often take their test results as proof that their past risky behaviour was
really safe, and thus a license to engage in even more of it." (Rotello 1995:80)
Unfortunately, we must note that since at least 1989 (when the first cohort studies became
available), approximately 2/3 of HIV-positive men do not know their serostatus. (IBID.)

If deviance is to be noted, in this context deviance should be considered in light of
HIV antibody testing - the deviant is that person who deliberately avoids testing (or
retesting) because he wants to continue having risky sex without the stigma of considering
the medical needs of his partner.

The sustainability of the gay movement, in the face of AIDS is in doubt. The
avoidance of stigmatization by assimilationist gays is at odds with the unavoidable stigmatization of PLWHIV, both within and without the gay community. The ideological frames of the two movements are antithetical to each other - social versus activist, descendency versus ascendancy, assimilation versus self-imposed segregation, fear of contagion versus absence of fear of contagion. The divisions are simply too manifold to bridge.

Summary

This chapter has reviewed the concepts of panic and the Theory of Cognitive Dissonance, and how internally inconsistent opinions and attitudes can be made consistent (or consonant). The theory explains, in some measure, how AIDS has been socialized into our thinking about identity, and goes beyond a medical condition. The pervasive identification of gay men with HIV and AIDS has resulted, for many, in an over-identification with fears of contagion, and on a societal level, in a fear of all gays as pools of contagion. The conversion of dissonance to consonance has taken many forms; within the gay community it has resulted in the rejection of the “100% safe 100% of the time” safe sex message, and the adoption (for many) of a new form of deviant label - someone who is not in conformity with the social norm of gay community sexual behaviour.

However, we have also seen that this so-called norm is a sham -- that many gay men do not, as a rule, practice safe(r) sex on a consistent basis. This information indicates that the educational efforts of the last decade have, at best, lost their potency, and at
worst, were less than efficacious to begin with.

The dissonant messages have also informed the gay community and its interpretation of what it means to be gay. The result has been a tri-lateral perception of HIV and AIDS as either a medical, political or social phenomenon. This fragmented understanding has exacerbated the already polarized ASOs and GSOs in that each has determined its ideology based on its own interpretation of HIV and AIDS. This polarization has been operationalized by the GSOs and ASOs primarily in the manner by which they define their target markets, and more importantly, in the manner by which they exclude certain gays from participation. At the extreme, some gay men feel entirely left out of the community, and are consequently unable to convert their dissonance regarding being gay into consonance, if only by developing some associational ties with the community.

The central question of the sustainability of the gay movement is thus partly answered by restating the nature of the fractures in the community. Kiesler’s determinants regarding change relate directly to the sustainability question - can GSOs and ASOs, given their pluralistic ideologies and constituencies, break free of the constraints that are posed by these determinants? Would the adherents and conscious constituents defect from their organizations, and form new ones (thus reifying the fractures that already exist)? Or is there a sense of community and identity that will function as a bonding agent to encourage coalition building and social reorganization?

The matter may turn on the issue of selective rewards: can a coalition of ASOs and
GSOs provide staff, volunteers and clients sufficient motivation for making the inevitable compromises? Given the selective nature of the rewards, as they now stand, the probability of being able to so do is remote. The influence of the non-gay community, as well as the attitudes and beliefs of the majority of gays who do not belong to any gay organizations hampers success.

In the following chapter, these issues will be examined in greater detail, and an argument will be made for the need to try to build bridges between ASOs and GSOs, seropositive and seronegative men, and to redefine the community in a way that will allow these processes to occur.
Chapter 4. A Community Divided

The Need for Coalition Building

In the previous chapters, we have seen that disparate definitions of gay identity have contributed to the perceptions of both AIDS and gayness in the gay community. The polarization of ideologies and methodologies, exemplified in the manner by which ASOs and GSOs have defined their roles and constituents has fractured the community as a whole, and has established a degree of separatism between PLWHIV and PL+HIV. The sustainability of the gay community as a collectivity, and therefore, the gay liberation movement itself is consequently in doubt. Lacking in resources, and faced with declining interest in gay liberation issues (due mainly to the ascendency of AIDS issues), selective rewards for participants are harder to come by, and have, in any event, become increasingly specialized.

The current gay liberation agenda includes such ‘rights’ as gays in the military, the right to adopt children, artificial insemination for lesbians, child custody, police sensitivity to hate crimes, spousal benefits for same-sex couples, and other situation specific rights. The overarching theme of these rights-based causes are integrationist -- gays want the same rights and privileges as other members of society. However, each battle is being waged by different groups, against different targets (the military and the state, Social Services, the medical community, the police, corporations and so on). As such, there is
no coalition of rights-oriented groups with sufficient power to combine all of these (and other) issues into a master frame of gay rights.

That social change is necessary, insofar as the gay community is concerned, cannot be doubted. The daunting task is to develop a structure, or series of structures that will enable the community to pursue social change in an orderly and effective manner.

The task of those who seek to encourage and support social change and to deflect counter-movement activity has become more difficult over the decades. The influence of media penetration into the popular definitions of social reality, and the mechanisms of media “sound bites”, feed a tendency to simplify and dichotomize issues, personalities and social conditions. Approaches that are intrinsically complicated thus tend to lose out to single-factor analyses. The lack of open-mindedness toward complex and graduated positions makes it difficult to obtain a full hearing of the issues, especially if those issues are value laden and cognitively dissonant to the audience (generally the public-at-large, the state, major corporations or other mega-organizations such as the media and the military).

Regarding the gay community, many scholars, activists and community members have argued that in the past, the ideology of the gay movement has been based on physical gratification. More current literature does not refute this allegation, but suggests that physical gratification (ie: sex) reflects the manifestation of a deeper need for emotional gratification. The personal adaptations that may be needed, as they pertain to the relationship between HIV- positive and HIV- negative people and their impact on the sustainability of the gay movement (as discussed in the previous chapter) may not be
consonant with the notion of gratification of either sort. In fact, in the age of the AIDS pandemic, personal sexual gratification may be of paramount importance to those people who believe that they do not have long to live (this applies to both people who are seropositive and seronegative). The need for a revised approach to social services and personal attitudes are crucial to the survival of both of the two gay communities (seropositive and seronegative). SMOs usually have long understood the need for coalition building. Somehow, in the gay community, the message that 'in unity there is strength’ has been lost. The aim of this chapter is to underscore the importance of sustaining that message in movements.

In the previous chapter, I showed that many GSOs have modified their raison d’etre from an activist position to a social one. As a further proof, consider the fact that in August 1966, movement groups founded the North American Conference of Homophile Organizations, which initiated a legal fund, advanced demonstrations against discrimination by the federal government (in the U.S.A.), and stimulated new groups to form. In the view of Barbara Gittings (Keen 1989; Part 4: 27), gay liberation could not be subsumed by the left because of its “sheer chaotic nature”. Gay liberation promotes a high level of individualism, since sexual identity politics arises from personal experiences that lead to feelings of ‘otherness’.

However, “Marxism exerted a strong influence on the [early] movement: inspired by revolutionary rhetoric, activists no longer feared being known as homosexuals.” (d’Emilio, 1983: 233) Through the ideology of Marxism, the homophile goal of tolerance
for homosexuals was seen as insufficient; sexual freedom dictated structural change, not merely juridical change.

At the core of the social positions of GSOs, both past and present, are four concepts that articulate gay liberation: (1) homophobia, (2) heterosexism, (3) heterocentrism, and (4) compulsory heterosexuality. The strategy for dealing with homophobia has been to shift from a defensive posture of having to justify homosexuality, to an offensive position of forcing the opposition to justify its stance against homosexuality. Similar to the concepts of racism and sexism, heterosexism challenges the dominant group's claim to superiority. For example, a sociology course on the family which covers only the traditional family is heterosexist; more generally, applying heterosexual standards of behaviour (such as in sexual relations) to homosexuals is also heterosexist (Frequently, gay men and lesbians are asked who is the woman and who is the man in the relationship!). Heterocentrism refers to the attitude that heterosexuality is the norm by which all human experience is measured. Most research in the humanities and the social sciences is heterocentric - it purports to be about humankind (most often 'mankind'), yet it clearly is about heterosexuals. Homosexuals are generally ignored. Last, compulsory heterosexuality refers to the notion that people must be pressured and coerced into heterosexual behaviour. This is especially the case with younger people, especially those who live within a traditional family unit. How frequently has the expression “It’s only a phase that he (or she) is going through. He (or she) will grow out of it.” been uttered. The assumption is that homosexuality is a choice, faddish or an act of
rebellion is common. If homosexuality and heterosexuality were offered to young people as equivalents, or equally natural, then far more of them would act on their homosexual desires and feelings.

The manner by which the social issues surrounding homosexuality have been framed by the heterosexual world have dictated the strategies that GSOs need employ to counter these four concepts. Such social change is not generally brought about by structural change, revolution or demonstrations -- they are nurtured through education, exposure of the issues, the development of positive role models, and by cultivating a sense of self-esteem and pride in gay people, so that they can, each in his or her own way, impact and teach the people in their lives. This is the social model of change to which the GSOs migrated.

By necessity, GSOs have become clearing houses for other organizations that require facility management (meeting rooms, telephone answering services, the occasional use of office equipment, tax receipt generation, and so on); an affiliation that provides them a certain level of legitimacy in the community (member of . . . . . . ). It is much like a combined gay better business bureau of social organizations and package office concept.

Most research studies have shown that personal membership in one or more gay organizations or groups is associated with better gay self-acceptance. (Martin, 1991, Troiden, 1989, Lesserman, et al, 1994) However, in their study, Lesserman et al found that over two-thirds of the HIV-positive men and 44% of the HIV-negative men were not in any gay-oriented groups. They explored the variation in group participation assuming
that a possible explanation of the differential between HIV-positive and HIV-negative participation was due to a greater propensity of HIV-positive men to be strictly involved with HIV/AIDS social support groups. This appeared not to be the case, however. Their conclusion was that HIV-positive men may fear joining gay oriented groups because of issues of confidentiality or because they are coping by means of denial.

In a recent Canadian study, the majority of gay and bisexual respondents did not report being volunteers or members of gay clubs or organizations:

**Membership in a Gay Club or Group**

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<th>Vancouver (%)</th>
<th>Toronto (%)</th>
<th>Montreal (%)</th>
<th>National (%)</th>
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<tr>
<td>Yes</td>
<td>34.4</td>
<td>25.6</td>
<td>13.1</td>
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<tr>
<td>No</td>
<td>65.6</td>
<td>74.4</td>
<td>86.9</td>
<td>74.5</td>
</tr>
<tr>
<td>(N)</td>
<td>(340)</td>
<td>(340)</td>
<td>(329)</td>
<td>(2,279)</td>
</tr>
</tbody>
</table>

Table 7. (Myers et al, 1993:27)

Interpreting many of the variations in the particulars of membership in gay community organizations and gay social clubs is difficult. Sexual identity and sexual orientation, for example, differ considerably among different strata. These variations may reflect basic differences in the individuals who chose to live in various cities or towns. They may, on the other hand, reflect different gay community cultures from across Canada. The size of the city, the number and type of venues for socializing, the degree of integration with dominant cultures, bar licensing policy and public health policies and
services are among the many factors that influence life in the local gay community. In general, however, the data suggests that community involvement (in the Cruikshank paradigm) is not as widespread and as penetrating in the gay community as popular notions would lead one to believe.

However, as a further example, the frequency of gay bar attendance data reflects the centrality of those locals as an integral part of the social life in the gay community:

**Frequency of Attendance at Gay Bars**

<table>
<thead>
<tr>
<th></th>
<th>Vancouver (%)</th>
<th>Toronto (%)</th>
<th>Montreal (%)</th>
<th>National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 times a week</td>
<td>57.2</td>
<td>59.5</td>
<td>51.3</td>
<td>56.5</td>
</tr>
<tr>
<td>1-3 times a month</td>
<td>26.2</td>
<td>26.2</td>
<td>22.8</td>
<td>25.5</td>
</tr>
<tr>
<td>&lt; 1 time a month</td>
<td>13.7</td>
<td>10.8</td>
<td>11.8</td>
<td>15.1</td>
</tr>
<tr>
<td>Never</td>
<td>3.0</td>
<td>2.5</td>
<td>4.1</td>
<td>2.9</td>
</tr>
<tr>
<td>(N)</td>
<td>(665)</td>
<td>(673)</td>
<td>(677)</td>
<td>(4,694)</td>
</tr>
</tbody>
</table>

Table 8. (Myers et al, 1993:25)

Other gay social venues reported much less attendance: nationally, bathhouses were attended weekly by only 7.0% of the sample, and more than 54.0% reported never attending a bathhouse. Parties are a more integral part of gay social life than dances: nationally 14.2% of the sample population reported attending gay dances more than four times a year, while the same frequency of attendance at gay parties was 33.5%.

The high attendance at gay bars underscores both the challenge and the
opportunity for gay organizations to reach potential members. GSOs and ASOs have recognized the vitality of the bar scene, and have begun to tailor their educational, membership, recruitment and outreach programs to contact their audiences ‘where they live’. Organizations hold community fundraising events frequently in the various bars and clubs in Vancouver; safer sex outreach programs such as Man to Man (M2M) establish information tables and do ‘condom blitzes’ in the bars on a regular basis; for their part, the bars generally recognize that they have an obligation to support the gay community organizations, and make frequent donations (including free space) to those organizations.

Locating the HIV-positive subcommunity is more difficult, and consequently, targeting community messages (and obtaining voluntary involvement) is problematic. One must recall that the gay male sexual lifestyle of the 1970s and 1980s affirmed the ideology of sex outside relationships and sexual adventure as a positive good, whereas society has fundamentally stigmatized gay sex in the 90’s. Many of the changes in the sexual realm are revealed in the ‘invisibility’ of much of the PLWHIV world. As Rotello stated (quoted previously), men who know that they are HIV-positive are less likely to engage in unprotected sexual behaviour. What needs to be added to the matrix is that I believe that men who are knowingly HIV-positive tend to be less sexually active than their negative counterparts.

This is a highly contentious statement, since no empirical data is available to support it. This conclusion is based on personal experience and anecdotal information garnered over a three year period of working in HIV/AIDS prevention education and crisis
counseling interventions. An analysis of this hypothesis would well serve HIV/AIDS educators, community health planners and practitioners, and the general medical community. The conclusions would indicate the degree to which the AIDS pandemic will accelerate or decelerate in the next decade.

What we know is, at the aggregate level, gay men have fewer sexual partners than they used to have, and less often engage in unsafe sexual practices (McKusick, Horstman and Coates 1986; Rosen 1986). "The change in gay men's community, which highlights social context and organization as key factors in sexual practice risk reduction, is an important challenge to all individualistic conceptions of behavioural change including those of many social psychologists." (Schneider, 1992:23)

The implications for social movement organizations are not hard to discern, although admittedly the argument is hypothetical: if gay men who are HIV-positive are making fewer social contacts for sex, their need for gay social organizations (whose principal benefit is social contact) correspondingly diminishes. This becomes especially true when we allow for the factor of social class.

The relationship between sexuality, gay communities and social class is a very large problem for social movement sustainability. While class is a historical process that interacts with sexuality in ways still little understood, research has shown that class selectiveness does intersect community involvement. In a study conducted in New South Wales, findings suggested that correlates of labour market position, income and education found few relationships with attachment to the milieu - except involvement with gay

The study mapped attachment through casual sexual encounters (Sexual Engagement), through friendship and entertainment (Social Engagement), attachment via gay organizations or publicly identified gay culture (Gay Community Involvement) and disclosure of sexual identity (Gay Identity Disclosure). The main conclusion drawn was

"that forms of attachment to the gay milieu are not broadly differentiated by class in this sample . . . the exception is Gay Community Involvement. It appears that there is some connection with class - at least with income and education, pointing to the consumption/culture side of class - in the level of involvement in gay culture and organizational life." (IBID.: 181)

While I know of no gay community organizations that track the socioeconomic status of their members, the data compiled by Myers et al (Tables 9 and 10) suggests the possibility that upscale (and possible midscale) gay men simply do not participate in the mass mediated gay culture. This is probably the case for both seronegative and seropositive gay men. While they may contribute financially to many worthy causes (establishing them as conscience adherents at best, but no less than conscience constituents) they may feel that they are a part of the social movement, without ever participating in any consciousness raising event.

We measure the cost of AIDS to the gay movement in lives, shattered dreams, growing cultural poverty, family alienation, psychological dysfunction, agenda dislocations, fractured relationships and financial immiseration. For organizations, there is a continual rivalry for scant government financial support.

On a larger scale, there is the financial reality of a plague that removes people from
the productive economy in their peak earning years and compels them to be dependent on expensive health services and overburdened welfare systems. Within the gay community, we have dedicated hundreds of thousands of hours in caring for the sick and dying in our midst, and millions of dollars in community funds to support organizations that provide services that, were these more enlightened times, the public would have a right to expect from government itself. Not only is government money failing to keep pace with the oversubscription of service requirements, governments habitually dissipate money on expensive hospitalization that could often be avoided by dispensing sufficient support for the amplification of the other end of the health care continuum: maintaining non-symptomatic HIV-positive people in a healthy, well fed, well-housed, and as free from stress as possible state of being.

The financial "crunch" experienced by all ASOs suggests two important structural dynamics - first, many PWAs require direct financial and other costly services, thus forcing ASOs to expand continually, and second, the hunt for scarce resources (financial and otherwise) must naturally occupy a significant portion of the available work force. As ASOs grow, they must come to rely ever more on professional managers to accomplish the designated tasks. While alleviating a plethora of problems, the professionalization of staff persons brings with it many unintended consequences.

ASO staff may be HIV-positive or HIV-negative, male or female, and often, not gay. Within this cultural melange, the organization expects that ASO staff divorce their personal beliefs and cognitions from those of the ASO itself. They must represent a united
front against the enemy - the disease, and all those factors that impede the survivability of those who have the syndrome. Organizationally, what is expected of them is to do their job. Frequently, this requirement is thwarted by budget constraints, lack of backup (usually volunteer) assistance, and a relatively demanding client base who are not interested in the problems of the ASO worker.

Gay service organizations fare much worse regarding financial resources. Government support is minimal, at best, and totally absent in most cases. GSOs must rely on community donations and membership fees for their financial survival. The problem, as earlier stated, is that funds for GSOs are simply not available from a community that is ‘tapped out’ from AIDS funding. As for professional management, the absence of an adequate and reliable funding source prohibits most GSOs from hiring competent staff. The net result is that most GSOs operate with volunteer staff, and possibly one paid (often part-time) “coordinator.” The ability to operationalize the GSO’s goals and objectives is frequently frustrated by lack of skill, lack of workers, and often, lack of desire of volunteers to commit the needed time and energy to the task at hand.

The natural intersection of the two types of social movement organizations ought to be in the areas of fundraising, developing joint programs, sharing resources (including people power), lobbying governments, and so on. Yet this does not happen except on an extremely infrequent basis. Why?

In the first instance, I believe that the organizations recognize that they do not share the same constituent base - the adherents, potential beneficiaries and constituents
have different needs of the two types of organizations (although admittedly there may be a certain degree of overlap).

Of greater importance, however, is the issue of the preservation of scarce resources: volunteers are hard to come by, require training and nurturing until they are sufficiently functional to contribute to the organization’s objectives, and are prone to defection if the conditions under which they work are not entirely to their liking. Most ASOs and GSOs jealously guard their membership lists and volunteer base, citing confidentiality as the reason (this is not to say that confidentiality is not a valid reason for non-disclosure, but is not a sufficient reason to exclude contributors’ lists, for example).

Additionally, joint ventures frequently lead to squabbles about who has to fund what, and how the proceeds are to be divided. In the last instance of coalition fundraising of which I am aware ("Kiss for Charity"), one organization pulled out citing both a competing function the following night, and the lack of resources to help in the planning and execution of the event; the remaining organizations continually fought over the number of volunteers that each would have to provide (some advocated for providing volunteers based on a percentage of overall volunteer strength, while others advocated providing a fixed number of volunteers per organization).

The last strain that mitigates against coalition building is found in the ideologies of the movements themselves. Gamson (1990) suggests that SMOs need to distinguish their mandates on the basis (among other things) of choosing either single or multiple goals. ASOs clearly have a single goal mentality, although there may be a variety of
strategies for accomplishing that goal. GSO’s, on the other hand, define their goals far more broadly, incorporating not only a variety of strategies for goal accomplishment, but also a wide scope of somewhat non-related activities.

"The pursuit of a number of goals promises to spread thin the already precious resources and energies of the SMO. If spread too thin, the organization will likely be able to accomplish little or nothing. Just as dangerous is the impetus to internal dissension and factionalism that the pursuit of many goals may furnish. Who gets to decide who will work on what goals and what resources will be expended for which purposes?" (Marx and McAdam, 1994:109)

Gamson’s determination is that single-issue groups are more prone to be effective than SMOs dealing with a range of purposes. (Gamson 1990: 44-46) This assertion forms a critical component of the argument about why I believe that the sustainability of the GSOs as a part of the gay movement is in jeopardy.

The confinements of conventional techniques in doing research in mass communication may in fact be most evident when we examine how we construct sexual identities and how we carry out sexual activity. There may be no more basic yet enigmatic social process. Yet while we perceive that mass media somehow play a principal role in the ways in which societies generate sexual awareness and foster specific lifestyles, we are far less confident of how social actors construct their own sexual identities and come to perceive the sexual lives of others.

The actual images depicted, the function of technology in the disbursement of the images, and the psychological, sociological and cultural makeup of mediated imagery - the veiled localities where images and audiences meet - fosters the reproduction of a ‘sexual
culture', which in turn reifies culture as a resource to be employed by media consumers in ways that satiate their needs and interests.

The ideological hegemony of mass media-bolstered mainstream values affecting the construction of sexual identity often conflicts with the emotional and behavioural agenda of the mainstream public. Men and women create their sexual identities by processes that are far more eclectic than the scope of prescriptions that are displayed in the popular media. The public sphere, represented by mass media tends “to privilege the ideological perspectives of the powerful - in particular, those of the holders of state power, exponents of establishment politics, and representatives of major capitalist economics.” (Schlesinger and Tumbler, 1994: 7) Since it is impossible for the forces and processes of mass communication not to affect our lives, then it follows that it is as impossible for these same forces not to affect the sexual aspects of our lives.

The 'common sense' mediation of the news frame contributes to the distinctiveness of the uninfected from the infected. Ignoring the radical right and its call for the quarantining and branding of all HIV-positive people, the media portrays PWAs as sympathetically as possible, and occasionally makes folk heros out of them. By contrast, the media, when it does 'news' on gays, typically portrays them as victims - of society, of bashers, of themselves. The media generally frame gay issues as crime news. “Crime news stories . . . fit one or more classic forms of moral problematics” (Katz, 1987:48). If the story is to be treated as newsworthy, it must fall within the boundaries of one or more of the following: personal competence and sensibility, collective integrity, moralized
political conflicts, or white collar crime. Crimes against gays usually fall within two of these four problematics: morality and collectivity.

The audiences for morality stories are composed of people who either support or condemn the morality of the actors. For example, the ecology movement, and "green" news find its primary niche with pro-ecologists and with corporate leaders (who are not necessarily mutually exclusive), both of whom have an investment in the representation and the manner by which the media portrays them. This idea translates directly to portrayal of gays in the media. The dilemma, faced both by the media and by the audience, is how to interpret the news story in light of potentially conflicting parameters of acceptable moral and political consciousness.

First, there is the issue of violence itself. Gay bashing is physical abuse. Most people would naturally condemn such generic behaviour. However, the conflict is relational to whom they are abusing, and why. If one is predisposed to dislike gay people in general, the issue becomes one of whether the moral revulsion concerning gays is greater or lesser than the moral revulsion toward abuse and violent crime overall. Additionally, they conjoin the whole concept of crime in the streets, and the audience's perceptions concerning public safety, no matter the victim, with the particular news story.

The "second type of news story on crime addresses the moral integrity of the community" (ibid.: 51). Crimes that threaten the moral order, the "collective integrity" (ibid.: 52) of the community conflict with the audience's conception of justice, and threaten their sense of well being. If the streets of the city are unsafe, if random acts of
violence upset the moral order, and if the illusion of public peace is shattered, the “centre does not hold” (ibid.: 52). That is, there is no place where people can feel safe. The conundrum, again, is the intersection between violent crime in public spaces and the collectivity’s moral dilemma about homosexuality. Left in an impossible quandary, the audience again has to decide to what degree ‘they (gays) were asking for it’, to what degree violent crimes against gays are morally justified solely based on (their) immorality.

These two categories of “newsworthiness” point to different facets of an interpretation of the social production of the craving for news. Each category mirrors specific social pressures that perceivers habitually encounter in their own lives. The (theoretical) resolution of, or relief from the social pressure by reading the news is obscured by the conundrum posed by the oppositional moral dilemmas.

This oppositionality - AIDS news and gay news further serves to distinguish how both gays and non-gays perceive AIDS and queerness. For many gay men, the media reifies the victim mentality. For GSO’s, the victim mentality translates into a program of having to deal with the media only when the media fails to note a particular crime as a hate crime, or conversely, constructs a crime (such as paedophilia) as a gay issue.

In either case, the media frame helps to construct the objectives of the SMOs differently, and thus reinforces individual perceptions that GSOs and ASOs are structurally incompatible.
The Ethics of Re-Combining Forces

The utility of an interdependent social movement coalition becomes apparent in the ideological and operational advances that they can achieve once we have redefined the multiple utility concepts as a cluster of single-utility concepts. If we can broaden the narrow focus of HIV-positive status, and the maintenance of quality of life for PLWHIV within the gay movement, one can then begin to recognize the impact of this (HIV) moral cause on and in relation to other gay causes. I believe that through this process, the two social movements can regain the original unitarian working conception of brother helping brother rather than maintaining single-minded, narrow focussed concepts. There can be little doubt that, to sustain the thrust and efficacy of both movements, some compromise is in order.

The current argument within the ASOs is that every dollar that is ‘siphoned away’ from HIV and AIDS causes results in the lessening of both the quality of life for PLWHIV and ultimately the earlier death of PWAs. This argument has been used to justify the contraction of services to HIV-negative gays, and has, in great measure, contributed to the growing disenchantment (and diminishing financial support) of ASOs by uninfected gay men. My contention is that the moral decision to focus exclusively on the infected has unintentionally disenfranchised the affected, causing a communal social rift.

Earlier in this thesis I made the somewhat brazen statement that there are worse things in life than seroconverting - the loss of self-esteem, identity, self-respect, sense of community, friendship, love all are integral parts of being human and being happy. There
can be no doubt that social services to PWAs are an absolute necessity, but all too frequently, we forget that food, shelter and medical care do not comprise the totality of existence.

Reintroducing a sense of community, of social wellness in PLWHIV and PWA life, and reducing the internalized homophobia and aidsphobia on the part of PLW/HIV and PWAs will re-endow the gay community with a richer and fuller sense of joie de vivre, which may, in turn, attract more people to the social (and therefore the political) aspects of being gay and being “out” whether or not they are infected with HIV.

“In the long term, perhaps even more sinister than the physical effects that AIDS has already had on the gay community are the psychological effects introduced along with HIV. Above all there has been a removal of hope and a disappearance of future, not just within the sub-population of homosexually active men (although it is most felt there) but in the population at large as well.” (Rosser, 1991:212)

Like a rising tide, AIDS has obscured any notion of a satisfying future for gay men. Along with the stifling of the past as a hallmark of persecution, the negation of the future is equally as tyrannical, as it creates despair and disintegration of the social fabric of the community. Common to oppressed groups is that their customs, histories, languages, rituals, meanings, superstitions and festivals are not valued, and so become mislaid. Conversely, part of minority group liberation is the rediscovering of the past, remembering it, and rejoicing in it. While all life activities assume some degree of risk, the absence of any notion of tomorrow erases all alternatives, and thus permits the notions of risk to be perceived as concepts of reality. “Simply put, without hope there is no future, and without a future we give up.” (IBID.)
If the paralysing forces of terror, ignorance, isolation, and intolerance direct inactivity, then bravery, truth, community building, and tolerance foster action. These qualities suggest what the gay community acutely requires to confront this epidemic: sensitive and dynamic leadership, comprehensive empirically-based research, the financial and human resources to build a supportive, enlightened, cohesive, stable community, and the end of social systems that promote and sustain intolerance.

Thomas Kuhn (1970) proposed a paradigmatic approach to science. Kuhn suggested that ‘normal science’ continues until it runs into ‘anomalies’ for which it has no answers. The more the anomalies, or the greater the anomaly, the more likely that ‘normal science’ breaks down, which in turn throws all previous notions into chaos and confusion. Ultimately, scientists seek a new paradigm. At some point in time, this new perception of the world takes hold, and more scientists adopt and work within the ideology of the new paradigm.

Rosser uses Kuhn’s conception as a base for proposing the manner by which history will view the AIDS pandemic:

“What will gay life in the future be like? Well, if the paradigm analogy is valid, then the following is likely to happen. Following the period of crisis when, both as individuals and as a group, homosexually active men first became aware of the devastating nature of AIDS, a period of adjustment can be expected to occur. During this period, behaviour can be expected to be erratic, as no one is quite sure of what is happening or how to make any overall sense of AIDS in his world. Gradually, this will give way to a more stable period in which new norms are established and accepted. Following the initial predictions of despair and hopelessness, more effective treatments and interventions for those [who are] HIV antibody positive are likely to gradually emerge, as will more effective methods of prophylaxis. Similarly, provided education interventions are assessed, they too are likely to become more effective as they are refined. At some point, education must
cease to be responding to the HIV epidemic and must start to anticipate it. (Otherwise prevention education and behaviour change always lag behind the epidemic.) What emerges from the turmoil is a new community with new norms. Eventually, even AIDS will pass away, and new challenges will occupy those whose lives were once dominated by AIDS." (Rosser, 1991:214)

We are clearly still enmeshed in the chaos and first throes of AIDS. We have proposed new behavioural norms regarding safer sex, but they are neither universally acceptable nor are they universally practised. New axioms, such as the need for people as individuals to accept responsibility for what they do are hotly contested. The ordeals of today are being retained through endeavours such as the Names Project (the AIDS Quilt), and large scale memorials, candlelight vigils, ‘Proud Lives’ columns (obituaries) in the gay press, and other symbolic representations. We will pass these, and many other reminders on to the future generations of gay men as testaments to the past, and sacred relics of the future.

We are beginning to recognize that the manner by which we educate people is inadequate to maintain sustained behaviour change, and we are conceiving and testing new methodologies.

As the prevalence of HIV increases in the non-gay community, and spreads beyond the boundaries of gays, sex-trade workers, intravenous drug users, Blacks, Haitians and Puerto Ricans into the White, middle class community, a new dialogue will emerge. AIDS will bring together diverse communities who must learn from the second and perhaps third wave of educators what to do to halt its spread. With this coming together, perhaps stereotyping, labelling, blaming and fear will yield to a new appreciation of humankind and
a rejuvenated esteem for life.

Summary

We have noted that the task of those who seek to encourage and offer social support has become more difficult as the majority of social institutions, and the state have established, over time, stronger and more pervasive modes of communication. The intricacies of gay identity have been, to a great extent, articulated by forces outside of the gay movement, with the inevitable result that GSOs and ASOs have occupied less space in the consciousness of gay men.

Additionally, we have hypothesised that men who are HIV-positive are engaging in fewer sexual contacts than men who are HIV-negative, and consequently lessening their attendance at venues where cruising is the main event.

Financially and structurally, we have demonstrated the disparity between GSOs and ASOs, and have suggested that there is a natural intersection wherein the two SMOs could, and ought to cooperate, especially in the areas of fundraising, joint program development, recruitment and political lobbying. However, their ideological bases appear to be sufficiently different to preclude such affiliations. These disparate ideologies are amplified by the mass media, and are consequently internalized by the members of the gay community.

In the long term, the divisiveness that manifests itself in the proliferation of numerous collectivities within the gay movement will contribute to the further isolation of
gays from each other, and thwart any future attempts at coalition building, which could obviate the continued existence of a gay movement. Some writers (notably Rosser) suggest that the gay movement is going through a phase in an inevitable process of paradigm shifting, and in the end, the community will come back together -- stronger and more unified than it was previously. However, if this is a phase, as Rosser suggests, it is clear that the gay movement is in the 'dark before the dawn' initial phase of this paradigmatic shift, and subsequent phases are by no means guaranteed.

As AIDS spreads beyond marginalized groups, and infiltrates the social majority, it is possible that much of the discrimination that has positioned gay men as 'other' will be abandoned in favour of a more enlightened, pluralistic conviction of the humanity of gays as full-fledged members of a mosaic-type community structure. On the other hand, it is also possible that as AIDS spreads into mainstream Western communities, gays will be further vilified and scapegoated as the perpetrators of this deadly disease. Preventative action is required to offset this possibility -- preventative action can be affected by building a strong and unified gay community ready to withstand the onslaught of the mainstream enmity. This action would frame AIDS and gayness such that this type of situation would not come about.

What is required is a new mode of cooperation among ASOs and GSOs, a model which firstly puts the gay house in order, and is then suitably structured to be more inclusive of all gay mens’ needs, and positioned to assist in the second wave of HIV infection - the general public.
Chapter 5. Sustainability - Implications for the Future

The Re-emergence of a Social Movement

If the gay liberation movement is to continue to effect social change, it may need to either distance itself from the ideology of the AIDS movement to avoid the commingling of ideologies and strategies, or embrace the AIDS movement more fully, at a minimum forging new coalitions and programs that would suit both SMO's objectives.

To qualify this argument, I refer to some of the components of social movements, notably the factors that affect the life and death of SMOs, and some of the conditions under which SMOs may re-emerge from their own ashes.

One of the first questions to be answered (if indeed an answer is even possible) is whether or not the criterion for success by which the gay movement is to be judged is full integration of gays into the mainstream of modern society, thus obviating the necessity for the movement in toto, (somewhat akin to the American 'melting pot' concept) or alternatively, the maintenance of a distinct, and therefore somewhat separate gay culture, lifestyle, and community (the Canadian 'mosaic' model). As discussed in the first chapter, some gay men have opted for the integrationist model, while others have chosen not to pattern their lives in accordance with the mainstream norm. If one can accept that in the realm of identity formation 'the personal is political' and vice versa, we must also accept the notion that one cannot be compelled to either subscribe to or reject either concept of
social engagement. Therefore, the binaristic view of radical societal change (hegemonic shift) versus 'equal but separate' communities is not particularly useful in assisting us to redefine what 'ought to be' for the gay movement.

Very few social movements would want to lay claim to full integration as a movement goal. While one can speculate that some movements (notably those whose social environments and members face prejudice because of disabilities - emotionally challenged, physically challenged, etc.) would seek full societal recognition without a sense of 'otherness', most cultural groups, especially those who seek recognition within the Canadian mosaic model, would probably wish to retain those elements of their society which make them distinct, unique, and historically significant (notably ethnic or racial minorities). Of course, the retention of this 'otherness' ideally would be based on the concept of 'separate but equal' rather than on inferiority (to the white, heterosexual, male hegemon).

Generally, social movements are “agents of social change but not, as their theorists suggest, necessarily or usually of total social transformation.” (Scott, 1990:150) The opposition is not directed toward society as a whole, but against specific forms of social closure and exclusion. While one can view success as integration to the extent that the movement seems to disappear, that ‘disappearance’ is illusory, “since integration of issues and social groups is seldom complete, and the attainment of specific aims creates new demands.” (IBID.)

It is conceivable that the AIDS movement will, at some point, cease to exist.
Either medical science will develop cures or vaccines for HIV and AIDS, or, like the bubonic plague, those who will die will do so, and the virus will become extinct. Dr. William Haseltine (formerly of Harvard University) wrote in the New York Times that one billion people are going to die from AIDS. While this is a shocking prediction, it falls short of suggesting that human life on this planet will become extinct from this disease.

Alternatively, AIDS may eventually be viewed in the same light as other fatal diseases, understood as a medical problem rather than a social phenomenon. Whatever the reason, as AIDS becomes more widespread in North America, and infects greater numbers of non-minority people, society will normalize AIDS. The need for specific AIDS organizations to advocate for equal rights for PLWHIV, to provide basic social services (housing, food, hospice care, support, and so on) will be reduced as the State reclaims responsibility for these services.

The greater question is what will happen to the gay movement? Currently, the rise of the Radical Right poses significant challenges to the gay rights movement. Fueled by the ideology of the Christian Fundamental movement, massively funded by the seemingly unlimited resources of the right wing coalitions, and operationalized by the pulpit, the Christian media, certain powerful political and other public figures, homophobia is again ascendant. We can see institutional homophobia in the successes of the right wing in blocking ‘gay rights’ ordinances in many municipalities and states, in reversing (or attempting to reverse) existing rights legislation, and in profoundly diluting President Clinton’s ‘pro gays in the military’ position.
"...response is often repressive, but even repression is often mixed with reform. Particularly when counterlites within the system see the opportunity to aggrandize themselves in alliance with challengers, rulers are placed in a vulnerable position to which reform is a frequent response. As conflict collapses and militants retire to lick their wounds, many of their advances are reversed, but they leave behind incremental expansions in participation, changes in popular culture, and residual movement networks. Movement cycles are a season for sowing, but the reaping is often done during the periods of demobilization that follow, by latecomers to the cause... Since the power in movement depends on the mobilization of external opportunities [resource mobilization], when opportunities expand from challengers to other groups and shift to elites and authorities, movements lose their primary source of power.” (Tarrow, 1994:190)

Essentially, the results, or successes of social movements overall, and the gay movement in particular are cumulative. (IBID.) Despite the ‘two steps forward, one step backward’ appearance of movement development, there has been forward progress. Critics would argue that this position is ‘naively optimistic’, but I would suggest that the advent of ‘queer theory’, gay and lesbian studies, and this thesis itself, are testaments to the position that change has been wrought in the academy. The overwhelming number of people who participate in or observe the various Gay Pride Parades throughout the Western world1 reveals a both greater tolerance of gays and a larger number of out gays in the general community. The fact that “Putting Out - The Essential Publishing Resource for Lesbian and Gay Writers” (Edisol W. Dotson, ed, 1994) which is in its third edition, lists hundreds of gay and gay-friendly book publishers, magazines and journals, newspapers and newsletters, theatres and agents implies that gay and lesbian writers are becoming more visible and more publishable. Taken as a whole, these markers of academic freedom, freedom of assembly, and freedom of expression speak volumes about
the changes that have occurred as a result of the gay liberation movement.

One option for the gay movement is to distance itself from the AIDS movement - a reemphasis that AIDS is not a gay disease. This strategy is not without some merit, in that apart from the Western world, AIDS is indeed not a gay disease. One need only look to several countries in Africa, Haiti, Thailand, Burma, Laos, Cambodia, and Viet Nam to realize that AIDS has struck particularly hard at the lower class, heterosexual segments of the population. An awareness of the globalization of the problem would empirically serve to deflect criticism that AIDS is God's retribution for living a sodomitic lifestyle. In Europe and North America, however, AIDS is a gay disease, at least in the sense that it has claimed disproportionately far more gay men than all other population groups combined. The overarching question is whether the heterosexual centre, and the New Right would accept the notion of AIDS as anything but a gay disease. Without empirical proof, which would have to be furnished by vast numbers of "ordinary" Americans contracting HIV, I tend to doubt that they would.

Detaching AIDS from the gay culture could also permit ASOs and GSOs to compete more effectively for funds, media attention, and volunteers. Just as The Canadian Cancer Society has to vie with the Kidney Foundation, or the Heart and Stroke Foundation for research funds, operating funds and volunteers, ASOs and GSOs can fragment (or segment) the communities of conscience constituents in the pursuit of their particular goals. From a competitive perspective, it would be plausible; from a humanistic perspective, it fails to resonate with the nature of either SMO - it lacks the very essence
of the *raison d'etre* of ASOs and GSOs - to help people in need, and to help people to help themselves.

What is at issue is not ideology - it is strategy. While the gay movement has relied, for the most part, on legislative change to foster social change, the AIDS movement has emphasized social change regardless of legislation (Kayal, 1993; Cruikshank, 1992; Epstein, 1993; Gamson, J., 1989; Plummer, 1988; Shilts, 1987). The issue is whether the gay leaders should be radical revolutionaries intent on reorganizing the society in which they live, or whether they should be moderate reformers venturing to obtain a bigger piece of the pie. The differences between radical and moderate are ideological, strategic and personal. (Cruikshank, 1992:174) On this score, we have examined the revolutionary strategies of ACT-UP. It appears that they have gained only minimal success in the general goals of gay liberation, but have been instrumental in creating a paradigmatic shift in the medical and scientific communities. Perhaps, in developing a new model for the gay movement, we can learn an important lesson from both the failures and the successes of ACT-UP.

“The reality may well be that the response to AIDS thus far has largely been a reflection of the extent to which preceding gay rights struggles have achieved a place in the political process for gay organizations; AIDS has thus heightened a process already underway.” (Altman, 1988: 313)
A New Strategic Plan - Breaking the Separatist Pattern

We return to the issue of whether it is wiser to pursue a single-issue strategy, or a broadly-based initiative. Clearly, as Marx and McAdam suggest, and as the successes that ACT-UP have achieved indicate, the single issue strategy stands a greater chance of being realized than a multipurpose strategy. Energy can be devoted to one issue, funds can be raised, volunteers recruited, and most critically, timing can be selected to maximize the potential return. Resource mobilization theory confirms that the opportune time for social movement activity occurs when the financial resources are present, the 'chink in the armor' of the hegemon is visible, and the movement can muster its forces to achieve social change.

But even here many issues need to be addressed. The question is how to prioritize them, how effectively to mobilize the internal resources of the gay movement at the right time, in the right place, for the right reasons. For the answers to these questions, we may wish to look at a coalition model quite different from the haphazard coalitions that form and disintegrate as needs arise or dissipate.

There is nothing (except history) to suggest that the gay movement cannot work with the AIDS movement in a more unified framework. If all gay and AIDS social organizations, in a given geographic region were to band together under the umbrella of a Solidarity Coalition, and if these regional coalitions were to come together under a national banner, and possibly then an international banner, the power of the movement would be formidable.
Of course, without a framework, this notion is impractical, if not highly improbable. What would be the conditions under which such a coalition could form? First, it would require that, in the emergent stages at least, there be strong, charismatic leadership at all levels. The lessons learned from the “New Left” and the SDS (Students for a Democratic Society) in the 1960's should not be wasted.2

Second, the coalition leaders (who probably would be the leaders of the various ASOs and GSOs) would have to abandon their insular ‘fiefdoms’ in favour of the greater good of the confederation. This would be a hard task, but I believe that they could accomplish it if the coalition allowed room for diversity. Third, the coalition would have to begin with a few organizations, and grow in a natural way, that is, without placing undue strain on the leadership, membership or member organizations.

Fourth, and perhaps most important of all, within the coalition, each participating GSO and ASO must feel free not only to voice their opinion, but also to take independent action, if the separate endeavor does not harm the other members of the coalition. This means that on some issues, there would be solidarity; on others, there would be discord. Discord is not necessarily a negative aspect of coalition building - it points the way toward areas that need to be addressed, and possibly generates compromise.

“In a movement as diverse as gay rights, disagreement is inevitable. Men with AIDS are more critical of the health care establishment, for example, than upwardly mobile lesbians and gay men. Common enemies also unite lesbians and gay men... [However] no matter what debates spring up among lesbians and gay men, they agree on their right to exist and the need to fight back when they are attacked.” (Cruikshank, 1992:180)

Fifth, we must realize that coalition building is a slow process. One of the major
failings of the SDS was its rapid growth - it, and its leaders in particular were ultimately unable to sustain the rigors of national negative attention. We live in an 'instant' age - from fast food to fast cars, from accelerated learning to quick fixes, from 'take a pill' to instant pictures and video tape, from expressways to the Internet - everything we seem to do is time bound, and wound to the fastest pace imaginable. The coalition that I propose will take time to form, to develop, not in response to an immediate crisis (such as was the case with the Solidarity Coalition of British Columbia - 1983), but in response to those factors that would divide the gay community, setting the well against the unwell, and the strong against the weak.

Sixth, the coalition would be voluntary. The raison d'etre for joining it would be because an organization would come to realize that they would have more to gain than to lose by membership. Such has been the case with the United Way, a federation of charitable agencies. The United Way has had significant success in fundraising and consciousness raising. Yet each of its member organizations is autonomous in most respects. What they receive back from the United Way is a sense of community involvement, a fair proportion of the overall funding, organizational expertise, political strength, and numerous association benefits. What they give up is 'nickel and dime' fundraising responsibilities, a modicum of individualism, and vast numbers of organizational problems.
Can It Work?

“Movements challenge the boundaries of politics by bringing to the fore general values and moral issues and by using unconventional forms of articulation.” (Pakulski, 1991:211) Clearly, we have seen that to be the case with ACT-UP, and its symbolic articulations that challenge the commonplace notions of gayness and AIDS, the contestation of the positivistic nature of scientific knowledge, the proliferation of safe(r) sex advertising, changes in school curricula that now include issues of sexuality, same-sex or heterosexual, and in the reaction of the radical right to these and many more issues which confront their notion of societal values and morals.

That the challenge of and need for gay liberation will continue is without doubt. If a strong, organized, radically politicized coalition of ASOs and GSOs were to emerge, there can be at least two possible state reactions: either the coalition will effect a major change in civil society by destigmatizing both gayness and AIDS, thus opening the doors to true gay civil rights equality, or the state will recognize the emergent threat this social movement may pose to the civil order and will either dramatically repress it³, or will come to politicize and bureaucratize those areas previously seen as private and non-political. (IBID.) Which effect will predominate is dependent on which course of anti-bureaucratic orientation arises as the dominant one within the coalition.

Regardless of orientation, as Scott correctly noted, a social movement is more than its composite parts, more than mass mobilization. One of the greatest strengths of a coalition is the threat that it will grow. The larger it grows, the more the state and its
hegemonic apparatuses lose their ability to either repress or eliminate it. Therefore, in unity there is strength. And strength permits social movement organizations, or social movement industries to effect changes not only in structural ways, but also in the consciousness of the general public.

A good example of this is the "Green Movement". From its initial beginnings as small SMOs dedicated to preserving aspects of the environment (e.g.: The Sierra Club), it has grown to include political parties (notably in Scandinavia and Germany), international organizations (Greenpeace, Save the Amazon), and has effected a major paradigm shift in social consciousness (recycling). It has also re-positioned the issue of renewable resources such that it now forms a major part of almost all governmental and corporate decisions - dams are not built across fish habitats, freon and PCBs have been removed from aerosol cans, air conditioning units and electrical transformers, mercury is being phased out of dry-cell batteries, and so on.

So too, can the gay movement grow, incorporate various complementary SMOs, and develop the muscle to effect change.

The Gay Movement - Now and in the Future

If an accord can be fashioned which bonds all gay men, be they seropositive or seronegative, activist or assimilationist, young or old, what would it look like? What would be the conditions that would effect such a union? How would it be operationalized?
The following comparisons may illustrate, in graphic form, what the future of the gay movement may resemble. The first is a brief overview of seven dynamics of ASOs and GSOs as they now stand:

**The Current State of Affairs in ASOs and GSOs**

<table>
<thead>
<tr>
<th></th>
<th>Current GSOs</th>
<th>Current ASOs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td>volunteer leadership (or few paid professionals), members generally unwilling to assist</td>
<td>paid staff with the assistance of (sometimes) large, specialized volunteer cadres</td>
</tr>
<tr>
<td><strong>Ideology</strong></td>
<td>multi-focussed, attempt to satisfy diverse needs, little integration of various services</td>
<td>single-purpose, attempt to provide full range of services to PWAs, all departments integrated on &quot;case management&quot; model</td>
</tr>
<tr>
<td><strong>Growth</strong></td>
<td>descendant stage</td>
<td>growing as rapidly as needs are identified - conjoined with number of new members &amp; clients</td>
</tr>
<tr>
<td><strong>Dependency</strong></td>
<td>generally acts alone, occasionally works with 1 or more organizational members on single issue events</td>
<td>tied into a network of ASOs, formally (Canadian AIDS Society) or informally (communication with other ASOs worldwide)</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>small, eclectic (except for their gayness)</td>
<td>large, all have HIV or AIDS, all are seeking particular benefits from ASO.</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>limited to infrequent social events, perhaps newsletter</td>
<td>many-range from advocacy to food banks, medical supplies, &quot;buddies&quot;, housing assistance, counselling . . .</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>limited to community handouts, minimal government support</td>
<td>large, mainly from government grants, corporate donations, bequests &amp; private donations</td>
</tr>
</tbody>
</table>

Table 9.

As can be seen from the above table, there are a myriad of differences between
ASOs and GSOs. The events which have brought about these dissimilarities have been previously discussed - the advent of AIDS, the abdication of governments to provide services directly to PLWHIV, the financial and emotional drain on the gay community, and so on.

Assuming that a coalition of ASOs and GSOs were possible does not suggest that the conditions under which either was formed would be altered. What will change, however, is the gay community’s response to those conditions. A new model might look something like this:

**Proposed Coalition Model**

<table>
<thead>
<tr>
<th></th>
<th>New Coalition Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td>Paid management and program coordinators, volunteer staff structured as to their work times, duties and responsibilities.</td>
</tr>
<tr>
<td><strong>Ideology</strong></td>
<td>Multi-purposed, but strong coordination between various departments and programs provided by full-time paid staff.</td>
</tr>
<tr>
<td><strong>Growth</strong></td>
<td>Large, combination of PLWHIV and other members of gay community that see benefits of belonging (including benefits of volunteerism)</td>
</tr>
<tr>
<td><strong>Dependency</strong></td>
<td>Maintain interconnections with other ASOs and bring in GSOs under one roof. Purchase, borrow or steal programs from other GSOs nationally and internationally. Establish regular “train-the-trainer” programs to bring these programs to the community.</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>Open to all gays, regardless of serostatus, attempt to draw in more people with relevant benefits.</td>
</tr>
</tbody>
</table>
Benefits

Revise programs so that certain elements are HIV specific (eg: drug and therapy), open others to all members based on need, perhaps on a 'pay as you can' basis - food bank, counselling, social events, etc.

Funding

Combine funding resources, reallocate to programs based on need, seek greater government and private support, provide some services free, and others on a fee-for-service basis (based on ability to pay)

Table 10.

Table 10 is a rough sketch of what may be possible, structurally, if ASOs and GSOs were to pool their resources. What it does not demonstrate, except perhaps to the most visionary reader, are the immense possibilities inherent in eliminating the divisiveness of segregating HIV-positive people from HIV-negative people. That is what this thesis has been concerned with - the emotional as well as the physical detachment that is occurring in the gay community.

Afterword

Much of what has been explored in this paper is controversial. Many may argue that there is no rift between seropositive and seronegative people, or if there is, the differences are unimportant. They will point to the prevalence of seronegative people working in ASOs; they may argue that any diversion of attention from seropositive people will inevitably lead toward reduced social services and funding for the most immediate needs.
A few people may suggest that the thesis reflects the minority opinion of what Odets terms "a seropositive 'wannabee'," and that it reflects the writer's lack of commitment to the gay community a reluctance to seroconvert and become a fully fledged member of the gay community.

Some may, for the first time, view their serostatus (either positive or negative) in a new light - perhaps impelled by the prospect of community restructuring as opposed to further community fragmentation. Some people will be interested in exploring these ideas further; there are now a handful of scholars and community leaders who hold a similar perspective to the one proposed in this thesis.

Others may vehemently oppose any attempt to view seronegativity as anything other than a hierarchical position of power and domination. They may either dismiss this thesis as heretical and anti-gay, a form of internalized homophobia and aidsphobia, or actively voice their opposition to any forms of community restructuring - suggesting that the status quo is a result of grass roots needs being operationalized in the best manner possible.

I maintain that the status quo is a prescription for divisiveness, a misapplication of scarce resources (human and financial), and a moral affront to the gay community itself. Maintaining the status quo means that we are preparing for the beginning of the end of the gay community as it has been constructed and handed down to us.

As stated at the outset of this thesis, my intention has been to document the rift between seropositive and seronegative gay people, and project that rift onto the social
movement canvas. The essential questions are: Is it possible for the gay movement to sustain itself in the face of HIV discrimination within the movement itself? Will either social movement (AIDS or gay) be willing to compromise their ideologies, goals and strategies in favour of a more broadly based definition of what it means to be gay, individually and collectively? Finally, and what is most important, despite movement at the structural level, will the individual members of the gay community, seropositive and seronegative, have the strength and courage to change their perceptions and beliefs?

I believe that the answers to these questions can be an emphatic ‘yes’. I believe that the gay community has, as its most fundamental component an element of compassion rare in today’s social world. Where else can one point to a community that has, in the face of extreme adversity, sickness, death, emiseration, and prejudice, affirmed its faith in one another by proudly proclaiming:

Figure 3. (Logo of Man To Man Project, AIDS Vancouver. Used with Permission)
Compassion, however, is not a sufficient basis for social movement sustainability. All of the good deeds and thoughts must be translated into action - action which incorporates the diverse needs of the members of the ASOs and the GSOs, the enfranchised and disenfranchised members of the gay community, those who feel that they cannot 'come out' for whatever reason, the gay youth who are terrorized by an unfeeling, uncaring, or uninformed heterosexual society, the PWAs who are marginalized by their families, friends and health workers, the activists who feel that too little is being done too late, and the greater surround of heterosexual society that catches glimpses of the homosexual world, but fails to appreciate its humanity behind their defensive veil of heterosexual privilege.
Notes

Introduction

1. See, for example: Joseph Beam, *In the Life: A Black Gay Anthology*; Song Cho, *Censoring Gay Asians*; Essex Hemphill, (ed) *Brother to Brother: New Writings by Black Gay Men*; Marshall Kirk, and Hunter Madsen *After The Ball: How America will conquer its fear and hatred of Gays in the '90's*; Simone de Beauvoir, *The Second Sex*; Colleen Hoff, and Rafael Diaz *Communities Within Communities*.

2. Over the past four years, I have worked with AIDS Vancouver, both as a volunteer in the Man to Man program, and as a staff member, responsible for Community Outreach. I have spent countless hours counseling HIV-positive and HIV-negative individuals, as well as speaking to larger groups of gay men. In addition, as an active member (and former Board of Directors Chair) of the Gay and Lesbian Centre, I have had significant and ongoing contact with the people involved in and issues facing Vancouver’s gay community.

Chapter I.

1. Gay iconography refers to symbols such as the Rainbow flag (originally a symbol of the 1978 San Francisco Gay Freedom Parade, representing the diversity of the gay community, the rainbow and rainbow flag have been adopted as symbols of the entire gay movement), pink triangles (as originally used by the Nazis to segregate gays from other prisoners in concentration camps), the Greek letter lambda (\(\lambda\)) (which has been a symbol of the Gay Rights movement since 1970. There are two explanations for its significance: first, it is the symbol for synergy, meaning that the whole is greater than the sum of its parts; second, it is the Greek equivalent of the letter “L”, standing for liberation), and the double male symbol (\(\sigma\sigma\)).

2. A social movement industry (SMI) is a collectivity (whether formal or informal) of all the social movement organizations (SMOs) that have as their aim the broadest preferences of a social movement. Social movement industries comprise all SMOs pursuing relatively similar goals. With many movements sharing the same adherent pool, competition may be acute and success contingent upon tactical and product differentiation. Some examples of SMIs include the Women’s Movement, the Green Movement, and the Anti-Nuclear Movement. (McCarthy, John D. and Mayer N. Zald. 1977 “Resource Mobilization and Social Movements: A Partial Theory.”, in *American Journal of Sociology*, Volume 82, Number 6.)
3. Shigellosis: A form of herpes (Greek herpein, “to creep”), name applied to several types of skin eruptions characterized by formation of blisters. The term embraces primarily two distinct disorders, herpes simplex and herpes zoster, both caused by viruses. Herpes Zoster, known as shingles, or shigellosis is, in healthy people, usually a one-time recurrence of the symptoms of chicken pox, usually during adulthood. It is caused by the chicken pox virus attacking a sensory nerve. The skin over the nerve generally breaks out in blisters a few days after the onset of the disorder, which is accompanied by pain and frequent numbness or hypersensitivity along the course of the nerve, usually the trunk. The blisters are at first clear, but become cloudy within a few days and form crusts that dry up after five or ten days.

The skin manifestation of herpes zoster is not serious, but the pain caused by the inflammation of the underlying nerve can be severe, lasting for weeks; recovery may be followed by persistence of neuralgia in the area of the involved nerve. High doses of acyclovir can significantly reduce the symptoms of herpes zoster. Normally, medication relieves pain, and the disease subsides spontaneously. More severe cases may be treated with such steroids as cortisone. In cases of persistent pain, the involved nerve may be either blocked by drugs or cut.

In people with cancer or HIV being treated with other drugs, herpes zoster infections can be fatal.

4. In Vancouver alone there is: PWA (Persons With AIDS Society), PWN (Positive Womens’ Network), BAN (Black AIDS Network), AS-AP (Asian Support-AIDS Project), ATISH (East Indian AIDS support group), Healing Our Spirit (Native American support group), GROUPA VIDA (Latino AIDS support network) and YOUTHCO (for HIV-positive youth up to the age of 25) to name a few.

5. When the FDA first began to permit drug companies to test potential anti-viral drugs on human subjects, they insisted on double blind (drug or placebo) testing. In effect, half the sample would be receiving no potential benefit from the new drug. ACT-UP fought this process aggressively, claiming that the government and the pharmaceutical industry were knowingly sacrificing lives in order to preserve a scientific paradigmatic myth. Ultimately, ACT-UP won, and untested, or under tested drugs were permitted to be used, at a physician’s request, on patients who were considered to be in the terminal phase of AIDS.

6. ACT-UP frequently infiltrates public and private spaces, and goes beyond what is culturally termed good taste by staging kiss-ins, speaking positively and explicitly about anal sex, ‘camping it up’ for the media, throwing condoms at generally non-receptive audiences (eg: the Republican National Convention).

8. To be somewhat facetious, one could argue that without "good fags" the world would be a poorer place in which to live. One only has to examine the homosexual contributions to literature, art, dance, music, interior decorating, hair dressing, cuisine, and commerce and industry to locate instances of gay and lesbian influence. However, most people are surprised when they are told that many of their heroes, icons and leaders were (or are) homosexual. It is information that, to many, more properly belongs in the closet.

9. This syndrome was first identified subsequent to WWII, when Jews, liberated from the Nazi extermination camps, experienced profound depression, anxiety and manifestations of guilt. The most frequently asked question was: Why did I survive while all around me strangers, friends and family were being slaughtered? The ancillary question, and the source of greatest anxiety, was the issue of wanting to live - Do I really want to be alive when all of this death and misery is a part of my psyche?


Chapter 2.

1. Some gay people believe that gay men do not constitute a minority at all. Except for their sexual preference, they are just like everybody else. One of the nagging questions on this subject is the dialectical conundrum of whether the only difference between gays and straights is what they do in the bedroom, or whether the difference is everything other than what occurs in the bedroom. The question hinges on the more fundamental consideration of the difference between identity and sexuality.

2. In this case, personal advocacy relates to the ASO's intervention to assist PWAs with housing issues, mediation with hospital and other medical care facilities, insurance and job-related discrimination, and so on. Collective advocacy generally takes the form of government lobbying for additional funds for PWA related activities, early approval of medical treatment trials, workshops and training programs for care givers and social workers with regard to homophobia, aidsphobia, and funding for conferences and conference attendance.

3. The provision of free condoms (which cost 7¢ each) is a start. However, gay sex often includes anal sex, which apart from condoms, requires a water soluble, water based lubricant. The health units do not provide lube, so those who cannot afford water-based lube are forced
to rely on saliva (which is potentially unhealthy), oil-based lubricants (which are inexpensive but degenerate the latex condom rendering it unsafe), or free lube from semi-privately funded AIDS service organizations. AIDS Vancouver, for example, distributes over 120 gross of pre-packaged tubes of lube per year (at a cost of 26¢ per package - $4500 per year).

4. The membership of the Vancouver PWA Society is estimated at approximately 3000. The membership of the Gay / Lesbian Centre is under 300.

Chapter 3.

1. Theoretical Risk is a category established by the Canadian AIDS Society (CAS). Theoretical risk assumes that there is a remote possibility that HIV could be transmitted via blood to blood or semen to blood contact, based on theoretical epidemiological knowledge, but there have been no scientifically documented cases of transmission via these routes. The four categories are: High Risk, Low Risk, Theoretical Risk and No Risk.

2. Internalized homophobia is generated in some individuals primarily through conflict between community and religious condemnation of homosexuality on the one hand, and one’s own belief that one is homosexual. This conflict is often manifested in self-destructive tendencies (emotionally or physically), or in other-directed homophobic activity, such as gay bashing. Far too often (especially with regard to gay teenagers) the conflict is so intense that suicide appears to be the only option. [The suicide rate for gay teens in North America is seven times higher than that of non-gay teens.]


4. From Oscar Wilde: “The love that dared not speak its name . . .”

5. Value oriented social movements is a term utilized by Ralph H. Turner. It refers to social movements fundamentally oriented toward rendering some change in the social structure, and possessing sufficient force to develop an organization to so do.

6. ACT - AIDS Committee of Toronto underwent a major reorganization in 1992. Over 70% of the staff were let go, or quit. Their funding base was severely cut, and their public image was in shambles. There was a joke circulating in Toronto that rather than throwing condoms to the crowds at the Gay Pride Parade, ACT was throwing staff people instead.

7. The primary focus of most ASOs is on services to PLWHIV (persons living with HIV), and in recent years, primarily due to budget constraints and the ever growing HIV+ population relying on the services of ASOs, there has been a minimalization of educational
services to youth and HIV-negative gays.

8. I am referring to the spatial constraints which affect PLWHIV (persons living with HIV) such as wheelchair access, time-bound constraints (office hours, health clinic hours), and the organizational dynamics of GSOs which tend to concentrate on the needs of a diverse community (gay & lesbian, queer people of colour, lesbian mothers, alcohol and drug dependent gays, sexaholics, transgendered people, to name a few).


10. While I was working at AIDS Vancouver, I used the smoking lounge belonging to the PWA Society (an affiliated agency located on the same floor as AIDS Vancouver). Since it was the only smoking-designated area in the building, this seemed to be a logical move. One day, I was publicly confronted by one of the directors of the agency who demanded to know my serostatus. When I told him that my last test indicated that I was HIV-negative, I was told to leave the smoking lounge, as “it was for PWAs only”. Subsequently, a sign has been posted to that effect. HIV-negative volunteers and staff smoke outside, on the street.

Chapter 4.

1. Among the activities of the Vancouver Gay and Lesbian Centre are: AA meetings, an HIV/STD testing clinic, counseling services, a province wide Help-line, youth services, meeting room space, mail boxes and telephone answering for other organizations, a Women’s Caucus, a book and videotape lending library, committees on equal rights for Lesbian mothers, Persons of Colour, Persons who are Mentally Challenged, Sexaholics, drug addicts, and so on.

2. The CBC ran a series of mini-documentaries in 1993-94 chronicling the progression of
AIDS in Dr. Peter Jepson ("The Dr. Peter Story"). This series was later sold by the CBC for syndication in the United States. It was a sympathetic and technically competent 'human interest story'.


Chapter 5.

1. In 1995, estimates of parade participants and observers are as follows:

<table>
<thead>
<tr>
<th>City</th>
<th>Estimated Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver</td>
<td>20-30,000 people</td>
</tr>
<tr>
<td>Toronto</td>
<td>400,000 people</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>600,000 people</td>
</tr>
<tr>
<td>San Francisco</td>
<td>850,000 people</td>
</tr>
<tr>
<td>Paris</td>
<td>750,000 people</td>
</tr>
</tbody>
</table>

   (Various sources)

2. One of the most effective books on this subject is *The Whole World is Watching* by Todd Gitlin (1980, University of California Press, Berkeley, CA). While the thrust of the book is slanted towards the effect of media framing on social movements in general, and the SDS in particular, there is an interesting section on leadership and 'giving voice' to the movement.

3. This has been, historically, the most common statist response to the rise of minority groups within the cultural, financial and legal apparatuses of society. Jews in the Diaspora, Muslims in Christian countries, Christians in Muslim countries, Malays in Tamil territory and Tamils on Malay turf, Blacks in South Africa, the Japanese in China, Muslims in India, gays in Nazi Germany, dissidents in Communist countries, and even students in the United States, have all experienced state sanctioned discrimination, violence, incarceration, and a denial of basic human rights.

4. The reader must be cautioned that there is no clear cut line of demarcation. Some people who are HIV-positive are also very active in gay organizations that have nothing to do with serostatus, and some HIV-negative people are extremely active in AIDS work. Most gay men, however, are active in neither area. The model attempts to increase the participant benefits for all gay men, in order to entice more people to get involved with the gay community.
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT-UP</td>
<td>AIDS Coalition to Unleash Power</td>
</tr>
<tr>
<td>ASO</td>
<td>AIDS Service Organization</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>Having tested HIV-positive for antibodies, but not exhibiting any overt signs of illness.</td>
</tr>
<tr>
<td>Free Rider</td>
<td>‘Free Rider’ is a term used to denote people who benefit from a gain without having contributed to obtaining that gain. In a sociological sense, the dilemma of ‘free-ridership’ is created when movement goals take the form of public goods or services that cannot be denied to non-participants. Since it is rational for each individual actor to let others obtain the goal and then share in the benefits without incurring any personal cost, either a strong or weaker version of free ridership can affect the social movement: the stronger version suggests that no one will contribute to the collective good in the absence of selective benefits; the weaker version suggests that contributions by actors will be marginal, at best.</td>
</tr>
<tr>
<td>Play</td>
<td>Euphemism for having sex.</td>
</tr>
<tr>
<td>GLBUBC</td>
<td>Gays, Lesbians, Bisexuals of the University of British Columbia</td>
</tr>
<tr>
<td>IDU</td>
<td>Intravenous Drug User</td>
</tr>
<tr>
<td>PFAME</td>
<td>Pacific Foundation for the Advancement of Minority Equality - administers the Gay and Lesbian Centre in Vancouver</td>
</tr>
<tr>
<td>PL(w/o)HIV</td>
<td>Person(s) Living Without HIV</td>
</tr>
<tr>
<td>PLWHIV</td>
<td>Person(s) Living With HIV</td>
</tr>
<tr>
<td>PWA</td>
<td>Person(s) With AIDS</td>
</tr>
<tr>
<td>Safe Sex</td>
<td>Sex which precludes the sharing of any semen or blood. Generally an American educational construct, which includes</td>
</tr>
</tbody>
</table>
prohibitions on such activities as oral sex, fisting, rimming.

**Safer Sex**

Sex which recognizes relative risks, and establishes categories of risk, such as high risk (anal intercourse without a condom), low risk (such as anal intercourse with a condom), theoretical risk (such as oral sex), and no risk (such as dry kissing).

**Serostatus**

Serostatus is the term used to signify the presence or absence of HIV in the blood. Hence seropositive is HIV-positive, and seronegative is HIV-negative. The term serodiscordant refers to a couple, one of whom is seropositive and the other seronegative. Seroconversion refers to the process of moving from seronegativity to seropositivity.

**Symptomatic**

Showing signs of opportunistic infection, such as PCP (pneumonia), KS (Kaposi’s Sarcoma), CMV Retinitis, or other manifestations.
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