



TRIPLE WHAMMY!

LIVING WITH RACISM, HOMOPHOBIA AND HIV DISCRIMINATION

BY ASVIN PHORUGNGAM



EDITORIAL

Welcome to this first edition of our second year of *Lifeblood*! As we hit the streets during the 2002 AIDS Awareness Week we examine a variety of perspectives on this year's theme that confronts the twin corruptions of stigma and discrimination. You told us from the readership survey that you wanted more personal stories so we hear the perspectives of those who have known discrimination first hand based on their Asian ethnicity, their Greek culture and HIV status. While the issues of homophobia from broader society are present, there is greater introspection when we confront the way that our community marginalises some of its members. This occurs through its judgements about younger and older age, body shape, and preference for particular scenes and fetishes. Exploitation, through both conscious actions and negligence that promotes invisibility, is raised in the role that class plays in gay men's lives. We feature the media's characterization of HIV increases as an influence on our perceptions, whilst in *Proposition* we consider the interaction between pleasure and risk as a source of division in our community. The stigma that connects both illicit drug use and hepatitis C is forcefully challenged as a basis for second rate service provision for those in either situation. Discrimination and stigma are complex realities in all of our lives. At different times we can be either perpetrator or victim or both simultaneously. This edition asks you to consider your role, to acknowledge sometimes conflicting realities and then to decide your appropriate response. While our authors do offer some answers to the conundrum of how to limit the deleterious effects of these ills, *Lifeblood's* enduring suggestion remains paramount. Promote understanding of these issues through discussion within your networks. Thoughtful communication is often the first step to enhanced respect.

Chris Clementson is the editor of *Lifeblood*

Kent is an Asian gay man who arrived in Australia about eight years ago. He currently attends one of the universities in Melbourne and he loves it! He comes from a family of four children and is now sharing a house with a friend who gives him a lot of support. With 'Stigma and Discrimination' as the World AIDS Day (WAD) theme for this year, I felt prompted to examine a sometimes invisible group of people living with HIV/AIDS (PLWHA), Asian gay men who are living with the virus. We seldom hear anything from this minority group within our community so I arranged an interview with Kent who sero-converted not long after he arrived in Australia.

CONFIDENTIALITY

Prior to our interview, I assured him of his confidentiality. The assurances included his name and identity being disguised and the interview tape being returned to him after I had finished this article. These precautions in themselves indicate the concern about how possible stigma and discrimination could affect a person's life.

I asked Kent for his thoughts about this year's WAD theme. "It would be a good sign to see things change. I would love to see things

change in a positive way. Positive people are normal just like everyone else. We have the potential to do many things and live."

On the personal level, discrimination for Kent comes in two forms both directly and subtly. "I have experienced discrimination in some gay venues. They tended to serve Caucasian customers first rather than looking after Asian customers. Sometimes it was really in my face, like a harsh voice or being impolite. It made me feel humiliated."

POSSIBLE REJECTION

Kent further elaborates on how he negotiates sex with casual partners in relation to disclosure of his HIV status. He has a fear of possible rejection and considers shared responsibility in any sex on premises venues context. "When I go to sex clubs or gay venues I would avoid asking people if they are HIV negative or positive. If they tell me they are HIV positive I will tell them straight away that I'm positive. If they ask me I would avoid these questions and not answer but I will use condoms. Don't ask. Don't answer! I don't want to talk. I'm scared of being rejected from that kind of activity."

"Whose responsibility is it to put on a condom?" I

questioned Kent. He responded, "Not just positive people. Both negative and positive need to take responsibility for themselves and others, I use condoms. I feel responsible to both protect myself and to not pass HIV on to the others. But they have to use condoms to protect themselves from getting infected. We hear a lot about dance parties and barebacking that involves drugs and alcohol. I have met a number of people who refused to use condoms because they felt more intimate and enjoyable without them."

At university he also is confronted with homophobia from some of his classmates. "I'm going to my classes every day. Some times they have asked me, 'What is your life style? Do you have sex? Do you use condoms? Aren't you afraid of getting diseases?' A kind of narrow-minded attitude the way these people think. And they think that we are immoral."

STRUCTURAL LEVEL

Kent has not only experienced stigma and discrimination on a personal level he also pointed out his experience of discrimination on a structural level. As an HIV positive person who went through a migration process, Kent was

not allowed to work for a period of time. This meant that he had to rely on a number of PLWHA organisations for financial support. After his residential status was granted he was on a job search allowance. Presently Kent is a full time student and on Austudy allowance but without a healthcare card. The reason he was given for not being eligible for a healthcare card is that new migrants are not entitled to a healthcare card for the first two years of their official grant of residency. He explained, "Some positive people are living below the poverty line. Recently, I had to move into new accommodation. I needed a little bit of financial assistance from the organisations that were able to assist me in the past. But this was not possible this time because I have changed my allowances and am without a healthcare card. Without it I can't get access to these services. It is a really difficult time for me at the moment. I'm still lucky that I know some friends who are giving me some support like financial and accommodation. Without them I may have a harder time or end up sleeping on the street."

BATTERED BUT NOT BEATEN

Kent is battered but not beaten. He has a positive outlook about his future. "Everyone in my extended family knows about me. I think they feel sympathetic towards me. I don't think living close to them is a good idea... too emotional. I'd rather stay here. I feel more of my identity here. I am gay. I came from a conservative background. I prefer to stay here being gay and HIV positive. I have different plans and ideas for my future. I want to finish my degree. I really would like to enter into a competition to obtain a study/working scholarship overseas in London, Paris or New York. This is why I decided to return to study and to do my best." He would also like to see more visibility of PLWHA and greater response to issues that keep them hidden within our community. "A lot of positive guys have been infected for years and have been on anti-retrovirals for a long time. This causes changes in their appearance. It is hard. They lose their confidence. I would like to see a project to help rebuild their confidence."

Asvin Phorugngam is a Health Educator with the VAC/GMHC

FROM STANLEY KOWALSKI TO JOEY STEFANO, THE PNEUMATIC SCUZZ-BALL SEX-MACHINE WITH THE ALL-PURPOSE FUCK-PRONG, IS AN ENDURING FICTION IN GAY CULTURE. NOT ONLY HAS HE BEEN IMMORTALISED IN THE AIRLESS WORLD OF GAY PORN HE HAS BEEN LIFTED TO ICONIC STATUS BY GAY ARTISTS...

BY COLIN BATROUNEY

trade

The refrigerator mechanic stood up, wiping his hands at the front of his dirty white t-shirt as the light from the open door showed a thin film of sweat across his brow, "That should do it," he said, pushing his greasy fingers through his hair. There was a quiet moment as we stood in the kitchen listening to the low hum of the refrigerator. I figured, now or never, and placed my hand over his cock and balls, rubbing the outside of his dirty jeans. He closed his eyes and I moved close to his neck. As I felt his dick getting big inside his jeans, in a hoarse whisper I asked, "Nick, can I be your cocksucker?" With his eyes still closed, his head tilted back as I popped the top of his grubby Levis, he moaned "Oh, yeah," as I pulled his jeans down over his butt, pushing them down to his knees.



Okay, now that I have your attention, I want to talk about class. The working class occupies a unique position in gay culture and the homosexual imagination. From Stanley Kowalski to Joey Stefano, the pneumatic scuzz-ball sex-machine with the all-purpose fuck-prong is an enduring fiction in gay culture. Not only has he been immortalised in the airless world of gay porn he has been lifted to iconic status by gay artists as diverse as Tennessee Williams, Juan Davilla, E.M. Forster, Pier Paolo Pasolini, Francis Bacon and Tom of Finland. All of these artists have, in their own way, fantasised the idea of 'trade' in their work. In gay culture, the beefed up, monosyllabic, uber-masculine, dirt bag white-trash of high and low art are more than nothing, but they're just nothing more than fantasy objects. In terms of the lived experience of gay working class men this distorted objectification within gay culture in relation to class isn't merely insulting, in a very real sense it could be dangerous.

MIDDLE CLASS VALUE SYSTEM

When we identify as gay we are not merely identifying a sexual preference. Arguably, identifying as gay implies a tacit acceptance of a broadly based, middle class value system and the underwriting of a raft of small 'L' liberal social causes. In fact the proliferation of the social agenda of the gay community has been tightly woven into the work of HIV prevention education since the mid 90s. Of itself, this is not a bad thing, it's just not as inclusive as it pretends or needs to be.

WORKING CLASS GAY MEN

The tensions between the aspirations of the gay community and the lived reality of working class gay men are well known. As far back as 1992 Gary Dowsett and Bob Connell (and others) described the experiences of working class gay men and their relationship to the gay 'community'. What emerges from their research is a sense of disquiet, on the part of the interviewed working class men, to be included in what is popularly known as the gay community. In fact, in one of the only studies to examine the relationship in this country between class, homosexuality and AIDS prevention (CHAP) the researchers concluded that working class men felt, "excluded from the self absorbed inner-Sydney gay community [*Author's note: there have been no comparable studies done with Victorian working class men*]. They perceive rejection by organisers of key cultural events and inner city agencies. These men therefore miss out on the HIV/AIDS education built into gay community activity." As well, middle class directed HIV/AIDS education might also be construed by working class men as not applying to them at all.

MULTIPLE CLASSES

What this research also suggests is that, at the very least, HIV/AIDS education needs to move across class and be less reliant solely on gay community engagement. It suggests a much broader definition be found that recognises the multiple classes that comprise any gay community. Along with the myriad complexities of the current epidemic (viral load, strategic positioning, negotiated safety etc), by necessity HIV/AIDS education needs to move to a place that fully understands the importance of class in the lives of homosexually active men.

The CHAP study is now nearly ten years old and it is perhaps revealing that no systematic ways of examining the position of working class men and homosexuality have occurred since. The Gay Periodic Surveys, which are undertaken across the country regularly, have a sample of gay men predominantly from the professions. Of course, while there can be professions that cross class (such as wealthy plumbers and poor doctors) generally the views of the working class are not reflected in the findings and therefore cannot be quantified.

EFFECTIVE PUBLIC EDUCATION

In terms of education practice, in some ways we could look at the success of other public education initiatives in the general community that have moved across class. Such work has been done by the Traffic Accident Commission (TAC) around the dangers of drink driving. In this broadly focused campaign a number of issues such as speed, alcohol, peer pressure and poor judgment have been consistently dealt with for over twenty-five years in ways that communicate across class and communities to deliver effective public education.

Within gay culture we take justifiable pride in embracing the diversity of our community but we need to understand how social class carries its own prohibitions and permissions in exactly the same way that gender and sexual orientation do. What the CHAP study reinforces is that we need to fight for recognition and inclusion of the working class in an effort not only to mount effective education but also to build better communities. In doing this, we may have to face a discomfiting truth within the gay community: attempts to homogenise gay experience to serve political agendas, however legitimate, can enforce old oppressions in new communities of our own making.

Colin Batrouney is the Manager of the Health Promotion Program of the VAC/GMHC. Information from 'Class Homosexuality and AIDS Prevention' by National Centre for HIV Social Research 1992

FOR LOTS OF POZ GUYS, BDSM IS A POST-DIAGNOSIS LEARNT ACTIVITY, FOR OTHERS IT'S A CASE OF AN 'ALWAYS WAS' EXPERIENCE BECAUSE IT IS SEEN AS A SPACE THAT DOESN'T DISCRIMINATE AGAINST DIFFERENCE. SO WHAT IS IT ABOUT...FETISH SEX...THAT CAN MAKE IT SATISFYING FOR HIV POSITIVE AND HIV NEGATIVE GUYS?

BY TEX MCKENZIE



explore

Queather, rubber, fetish and uniform. Bondage & discipline (BD), Sado-masochism (SM), fist fucking, water-sports, verbal-abuse, cock 'n ball torture, whipping, tit-torture, scat, blood sports and electro-torture. As Julie Andrews used to warble in the Sound of Music—these are a few (just a few) of my favourite things. Well, truth be told—not all of these are my favourite things—I'd draw the line at scat and blood sports, for the moment anyhow!

MUTUAL SATISFACTION

Some of the above are the flavour of choice for a lot of HIV positive guys I know. Why is this so? Could it be these variations of sexual activity are less likely to pass on HIV from a HIV positive guy to someone who has remained HIV negative? Yes, I know, that the heavy application of a studded belt or similar to a willing back may result in blood, but with care none of the above is likely to allow transmission. Could it also be that these fetishes can allow for mutual satisfaction, without necessarily cumming, regardless of HIV status?

In whatever city we live or visit, there are sex clubs, bars, back-rooms and saunas where we can go for the kinds of sex we enjoy. With the advent of the Internet, we can surf the world for on-line sex at just the touch of a key, interacting with our 'dates' in real-time via web-cam. Of course with the Internet we can have safe sex virtually with lots of bodily fluids spurting here, there and everywhere—it's just that I prefer my sex to be flesh on flesh.

BARBER'S POLE

When HIV/AIDS first hit, the politics of the hanky (or bandanna), with all of the colours of quite an extensive rainbow, changed by adding white to each colour to signify that the desired activity should be 'safe'. Hence a red hanky that represented fist fucking or a yellow bandanna that labelled one a piss-queen, with white incorporated, let your intended companion know that you were only into safe sex. The only activity that this didn't work with was for those into shaving. The hanky was already red and white stripes like a barber's pole! For lots of poz guys, BDSM is a post-diagnosis learnt activity, for others it's a case of an 'always was' experience because it is seen as a space that doesn't discriminate against difference. So what is it about, BDSM, leather sex, fetish sex or whatever label you choose, that can make it satisfying for HIV positive and HIV negative guys? I chatted with a few friends at my local pub and favoured sex club about what makes BDSM a safe form of sexual expression and why BDSM is important to them?

SO MUCH MORE

Could it be that so much of BDSM happens without an exchange of bodily fluids? Sex is so much more than ejaculation! The best fuck I've ever experienced was a total mind fuck that happened within the confines of my noggin, without actual physical touch. With an all-enveloping leather hood that left only taste and smell as sensations the guy talking the talk could well have been John Howard (it wasn't)!

... But I digress.

Jack is forty-nine and has lived with HIV for ten years. His fifties partner of a year, David, has no idea of Jack's HIV status. They have separate houses but spend most nights together in one or tother's spaces. He hasn't shared his status with David because he knows from past rejections that to do so has meant the end of a relationship, either as an on going or a casual fuck. Sex for David is pretty much vanilla, so Jack goes elsewhere for his hit

(no pun intended) of BDSM. This negotiated agreement has worked well for them. Jack sees himself as the 'classic-bottom'. In both his working life and his 'David-life' he is under the thumb of others. However in his BDSM life he is the Top, the Daddy or the Master. He likes this versatility that BDSM brings. He has enjoyed intense and diverse encounters, yet only once has he ejaculated. The mind fuck though has been fan-fucking-tastic!

THE 'BEYOND'

Peter and Dimitri both believe they are HIV negative. They tested a few months ago and are careful when out with trade to always insist on safe sex. They fuck together without latex protection, but both seek additional pleasure outside of their relationship. Dimitri regularly pays for the services of a dominant to come around and rough him up. Recently a mutual friend came to stay and happened to catch a glimpse of Dimitri's back. It was cris-crossed with heavy dark welts. Their friend was horrified. Dimitri shared that, although he and Peter have a healthy sex life, he likes to be beaten and for Peter this isn't fun. He likes to feel the slap of a whip. He likes the 'special feeling' of hurt that punishment brings. He explained that he can reach a level where the pain becomes mystical and he can soar off from within to a place outside of reality. Half the pleasure is in the restriction of ropes, chains and shackles. He can feel safe as the guy he is paying is also a nurse who checks his circulation and brings him back from the 'beyond' with gentle hugs and murmured congratulations.

Yes, there are activities in the BDSM world that can be dangerous and some that allow the transmission of fluids. Just as some guys, like Dimitri, get off on being beaten, others will revel in being cut or pissed on. For others role-playing or the head-stuff will be the ticket. You can check out the guys in the pub or club who 'look' leather-ish and engage them in conversation. They probably won't bite – unless you want them to! As Jack told me, "Decide what you are into, where your limits lie and where you'd like them to expand to. Remember only do what you want to. Saying 'no!' is not a crime."

Explore. You may be surprised at how much enjoyment there can be without actually cumming.

Tex McKenzie is a Health Educator with the VAC/GMHC

AGE! WHAT ROLE DOES IT PLAY IN THE LIVES OF MEN WHEN THEY LOOK FOR SEX? DOES IT PLAY A DIFFERENT ROLE WHEN WE SEEK OTHER FORMS OF STIMULATION? DOES AGE MATTER WHEN WE SEEK THE INTELLECTUAL GYMNASTICS OF GOOD CONVERSATION OR THE CALMING COMFORT OF CONTINUING COMPANIONSHIP?

BY CHRIS CLEMENTSON



gaps

“Older guy late 40s, fit, professional would love to meet a younger guy to explore sex. The idea turns me on of sucking, fucking, licking, nipples/arse. I would like to try this with a good-looking younger guy. I’m an older guy, so if there is someone younger that likes the company of older men, get back.”

Nothing too subtle about what this guy wants from his advert in the contacts columns! Maybe we should play matchmaker and see whether a hook up with another advertiser in the same column would meet his needs.

“Hello I’m just looking for a bloke between 40s–50s to have a good time with. I’m aged 30 with brown hair and medium build. All topics open, get back.”

But perhaps the thirties might be a little too old for our first seeker who could be more satisfied with Steve’s self-promotional contribution.

“Hey guys. This is Steve 23 young and hung looking to catch up with anyone, any age for a good time.”

ONE-WAY TRAFFIC

Age! What role does it play in the lives of men when they look for sex? Does it play a different role when we seek other forms of stimulation? Does age matter when we seek the intellectual gymnastics of good conversation or the calming comfort of continuing companionship? In each of these desires, age can influence the level of experience that we bring and therefore influence our level of satisfaction. Is ageism all just one-way traffic from younger to older or can we who sit in that middle to older bracket admit that our intolerance of some youthful exuberance is yet another facet of this ‘ism’ that has currency in the discussions around the dinner party set? Maybe you have heard (or participated in) the conversation that goes, “Oh! I’d never be seen there...it’s just full of airhead twinks.”

Let’s consider the possibility that the attraction (or lack of it) between older and younger men, in the diverse and complex world of sensual experience, is simply another variable in the shopping list of qualities rather than a blatant act of ageist discrimination. Attractive qualities can be physical such as skin-tone, hair and eye colour. But if that is too ephemeral perhaps we are attracted by the inner man. There are some of us who are drawn to confidence that can border on a powerful domination...and this is not only for those who are into some of the BDSM fetishes! Perhaps the sensitive and quiet listening ear is the perfect foil for our never-ending tales of the city.

MYSTERY

Often times our sexual and other forms of intimate relationships are about filling each other’s gaps in more ways than the stereotypical emphasis on physical compatibility. Difference can be a source of vitality and maybe age is an avenue of difference for those of us who experience same sex attraction. Heterosexual couples have a never-ending pool of mystery through their gender divide...men are from Mars and women are from Venus. Young guys could be from Planet House while older could still be swooning on Planet Disco! Delving into the mystery of the other could be one of the motivating factors that unite these generation gap bridging couples. Older as guide and younger

as tourist could be one of the valued concepts in understanding this attraction between disparate age groups as the younger man advances through his gay voyage.

Let’s not assume that the power dynamic is weighted exclusively towards the older and that gain is just one-way traffic. Younger men have powerful gifts to bring to this equation. The payback for the older could be the respect for experience and the satisfaction of our generative desire to leave more behind us than memories. The younger generation can carry some of the significant qualities of our history into their future. Also we should never forget that there are generations of older men who were not able to come out in their youth. They may experience pangs of jealousy about younger men’s experience, so seek their company to share this younger freedom. Young men are growing confident in their gay identity at ages when the older men were barely rattling the dark confines of their closet. Could this cross-generational attraction also be one way that older men recapture the lost opportunities of their twenties when their emotional energy went into maintaining an acceptable façade rather than experimenting with the boundaries of new found freedom?

PEER ATTITUDE

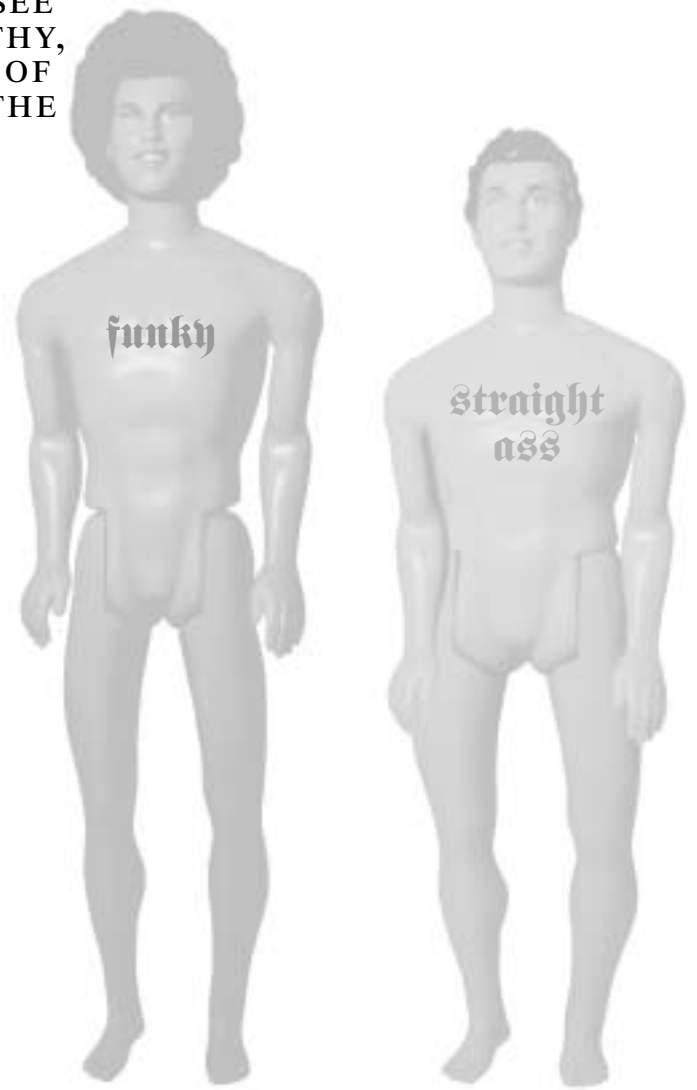
We need also acknowledge some of age’s problematic aspects as a factor of attraction for both younger and older men. While mystery may be an enticing quality it can also lead to confusion causing a lack of tolerance for difference. Of course not all young men are brimming with the confidence of their liberated generation. They may be greatly damaged by the over sexualised approaches of older men who use their gay experience to manipulate the younger beyond their current boundaries. The self-esteem of older gay men may not be as strong as their gym practiced bodies and quick-witted repertoire imply. These acquired attributes can be defences in response to the perception that youthfulness is more valued.

There will always be attraction between some men because of or despite the distance in their ages. How many couples do you know who straddle the decades of the twenties and those pushing or in their forties? For those who experience that attraction there can exist the stigma of peer attitude. There are younger men who only see the physical and cannot comprehend why their compatriot in age could be attracted to what they may see as a dinosaur or perhaps a leather granny. If we are to contribute to a community that promotes the well being of each individual, it is important to respect different yet healthy choices in partnerships. Both healthy and unhealthy choice may be based on a wide variety of variables including age, ethnicity or even HIV status. Lack of respect can only contribute to the likelihood of unhealthy choice.

Chris Clementson is a Health Educator with the VAC/GMHC

HOW DO YOU LEARN THAT YOU ARE ALL RIGHT WHEN OTHERS SEE YOU AS DEVIANT? HOW CAN ANYBODY EXPECT TO BE A HEALTHY, SELF-CONFIDENT AND LOVING INDIVIDUAL WITH THAT KIND OF PRESSURE...HOW CAN WE WHO HAVE EXPERIENCED THIS DO THE SAME TO OTHERS?

BY MIKE DOWNES



Defined

“Accept no one’s definition of your life; define yourself.”
—Harvey [Samuel] Fierstein

In my life so far, I’ve known myself as heterosexual, homosexual and bisexual as well as a Christian and now as a Pagan. Throughout these changes I’ve always been me. The quality of my humanity never changed, simply what I called it. People responded to these changes in different ways. From one label some people construct an image of who I am, and how I would respond, showing disappointment or even shock when I didn’t go along happily with their script.

ACCEPTABLE

We learn, as we grow up, what is considered normal and what the reaction is to anything that doesn’t match that view of normality. Many gay men hear a message that we aren’t right as we are, that we’re unacceptable to the world we live in due to our appearance, behaviour and thinking. But then to be acceptable to a large part of the gay world you will also have to conform to quite strong community norms around image, dress, behaviour and performance in bed, otherwise you will risk rejection. How do you learn that you are all right when others see you as deviant? How can anybody expect to be a healthy, self-confident and loving individual with that kind of pressure? More poignantly, how can we who have experienced this do the same to others? I’m often faced with instances of discrimination inside this community, and occasionally I’m the discriminator. How do I handle being placed on a lesser level than others due to how butch/fat/camp/slim I am? I intensely dislike the idea of being discriminated against, most especially by those who have probably felt discrimination themselves. So why do we discriminate?

THE PAY OFF

We regularly hear about discrimination against GLBTI people from heterosexuals. The community media jumps to let us know when it happens. What we don’t hear about is the discrimination that comes from within our own community. It can be based on physical attraction, or lack of it, or just the way we perceive a person. When we make assumptions about a person on these bases, we miss out on a lot. Judging an individual only on a sexual basis means disregarding the larger picture of who that person is and how else they interact with our world. But people don’t do these things without a reason, so where’s the pay off? For some people, to belittle another can be seen as reinforcing their own worth. When you construct someone as less than you, it implies you’re the better person. Rather than build a sense of self that starts and ends in your own worth as a person, it creates a self-image that is based on someone else being seen as inferior. That’s a win/lose situation: for me to feel great, you must feel bad. For me to be popular, then someone has to be unpopular. This isn’t something exclusive to gay communities or the scene, it happens almost everywhere. But for a community that bases a large part of our relationships on how attractive we are, or to what ‘scene’ we seem to be a part of, the win/lose scenario grows more visible.

TRUTH

Do we discriminate to save ourselves from what we fear? By shining light on another’s fault it removes this fault from our own make-up. What if the person making the snide remark about a ‘limp-wristed faggot’ was actually thinking of his own wrists? Or what if the flippant remarks about someone’s weight were to come from a person who was concerned about their own body? Distancing ourselves from a fault doesn’t show wit; rather it implies a lack of courage in the avoidance of our own truth. If we look down on someone because they possess a quality we fear in ourselves, it’s no wonder we may require another to pay the price for boosting our own sense of worth. Admittedly it is easier just knowing someone by a label and using our own preconceived ideas rather than taking the time to get to know them. Myths take a lot less effort than thinking. It can also be simpler and less uncomfortable to approach someone on this basis. If certain ‘home truths’ about people have structured our ideas about how our community works, then we find ourselves grasping for something to stand on when these truths are not self-evident. Knowing someone as merely a label stops us thinking about them as a person and starts us thinking of them as an object. There’s no guilt associated in being callous to an object. This attitude means we don’t have to face up to the fact that the person on the barstool next to us is a person.


RESPECT

This division has wide implications. When a community discriminates against itself, it grows weak. We experience discrimination against ourselves by other people. We know how people can push us inwards from the outside, but what about the pushing from the inside? No community, no group of people can stand confidently when there are people inside that group pushing members down. When someone forgets the fact that the person next to them in the bar is a human, not simply a ‘twink’, a ‘leather granny’ or even HIV positive, they start that push that takes us down. So how can each of us do something about this? We have to deal with discrimination as we encounter it. We have to question the assumptions and the statements made about an individual based solely on appearance or hearsay. We need to be willing to admit that this does happen, and that humour is no excuse for plain meanness. We need to question discrimination in our communities. We must therefore be willing to admit to sometimes being the one who discriminates. Question yourself, and confront others. For those of us who like to see ourselves as a community, how can we be such, without respect?

Mike Downes is completing a student placement with the VAC/GMHC

HOW DOES MEDIA REPRESENTATION OF THE VICTORIAN RISE IN HIV DIAGNOSES IMPACT ON...THE PERCEPTION OF GAY MEN AND PEOPLE LIVING WITH HIV/AIDS?...THE KEY THEMES OF COMPLACENCY AND OPTIMISM HAVE BEEN REPEATED OVER AND OVER,...DESPITE HAVING NO SOUND RESEARCH BASE.

BY STEPHEN SCOTT



media

How does media representation of the Victorian rise in HIV diagnoses impact on both the broader community and the gay communities' perception of gay men and people living with HIV/AIDS? Since the rise was first mapped in 1999, the key explanatory themes of complacency and optimism have been repeated over and over, in some thirty mainstream and gay community articles published from 3rd October 2000 to 6th August 2002. This is despite these explanatory themes originally having no sound research base and over time, actually being disputed by research.

OPTIMISM

What do complacency and optimism actually mean? The Australian Oxford Dictionary defines complacency as 'smug self-satisfaction' and 'tranquil pleasure'. Optimism is defined as 'an inclination towards hopefulness and confidence', the opposite of pessimism. In philosophical terms, it defines optimism as 'the theory that good must ultimately prevail over evil in the universe'. Pessimism, alternatively, is defined as 'a tendency to take the worst view or expect the worst outcome'. Many articles also refer to a state of alarm, and sometimes crisis, in Victoria. Alarm means 'a frightened expectation of danger or difficulty' and crisis means 'a time of danger or great difficulty'. So when terms such as complacent and optimistic are used, we are referred to as being smugly self-satisfied, finding tranquility and pleasure in our inclination towards hopefulness and confidence in our belief that good will prevail over evil. The inverse of this reading then suggests that in the current environment of HIV infections we should be expecting the worst outcome, we should be reacting with fear, anxiety, a sense of danger and an anticipation of difficulty.

COMPLACENCY

The first article about the rise, published in *The Age* on 3rd October 2000, 'HIV notifications up 40%', documented the Victorian Health Minister commenting, "The availability of better treatments for AIDS might be causing complacency." The following day *The Age* published 'Dancing with death', by Steve Dow, who wrote, "Dance parties scorned the threat of AIDS. Now a generation will know the tragedy of friends' funerals." The following week, *The Australian* referred to "an explosion of sexually transmitted diseases and a declining fear of AIDS" and quoted Chris Puplick, the chair of the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD), describing his alarm and making references to sex on premises venues. The same weekend, *The Weekend Australian* published 'Revenge of the Grim Reaper' in which Siimon Reynolds, creator of the 1980s Grim Reaper commercials, called for a return to such tactics, advocating campaigns "like the reaper ads (that) concentrate on the disastrous consequences of unsafe sex." Tony Keenan, a member of the Victorian Ministerial Advisory Committee on Gay and Lesbian Health (MACGLH) attempted to present a different analysis a few days later in *The Age* in 'How we let AIDS make a comeback', where he suggested that complacency had perhaps originated within programs, organisations and advisory structures, resulting in a reduction of resourcing for prevention programs. Six months later Rob Moodie, the Chair of the Ministerial Advisory Committee on AIDS, Hepatitis and Related Diseases (MACAHRD), publicly agreed with such statements, declaring in an article in *The Age* in June 2001, that the "HIV offensive has dropped the ball." Rob Moodie continued to present a quadruple matrix of complacency, fatigue, optimism and young men's lack of experience of death in 'AIDS: the Grim Reaper is back' as recently as July this year in *The Herald Sun*. Also in *The Herald Sun* this article was quickly followed by another swipe at young people generally when the Health Minister asserted, "young people aren't listening" in 'Safe sex tip ignored'.

YOUNG GAY MEN

Some of the first mainstream news reports cast young gay men as drivers of the new rise in infections, despite the fact that the increases have occurred consistently across age groups. A relationship between the experience of AIDS deaths among friends and complacency is established in these reports (and even a solution is established here: that if only young men had their friends dying they would be behaving the way we want them to), despite there being no evidence for such causality—a causality now questioned by seroconverters studies conducted by the Burnet Institute in Melbourne. Seven of the eight seroconverters interviewed knew someone who had died of AIDS. The most recent piece of commentary on 6th August 2002 comes from *The Sun Herald's* Paul Gray in 'Sex off the rails'. He declares that the only way gay men can avoid HIV is by not having sex. He goes on to assert that HIV needs to be fought with "courage—including fearlessly denouncing the real enemies of human life in this affair: those who advocate sexual promiscuity." He makes a link between Mardi Gras and rises in HIV infections, claiming that "at the heart of the Mardi Gras celebrations is a sexual message that gay sexual activity should never be questioned morally—a message that flies in the face of what the whole community knows to be the truth." He praises the "many homosexually oriented people who struggle heroically to remain celibate" and claims "safe sex is a dangerous illogical myth and that abstinence is the safest way to avoid catching the virus."

BLAME

While news stories (as opposed to individual commentary) in our own gay and lesbian press have been reasonably objective, individual commentators continue to do immense communal harm promoting discourses that blame barebacking (which is usually intended by protagonists to be with same HIV status partners), treatments optimism, careless young men, reckless infection by HIV positive people and other pieces of conjecture which have no sound research base. Lance Spurr in *Bnews* on 9th May 2002, through his fortnightly column titled 'What I Think', has cast barebackers as responsible for the rise in new infections and has stated that he would respect barebackers more if they signed an undertaking to pay for their own HIV treatment if they seroconvert. Adam Carr in 18th October *Melbourne Star* has suggested that the reason AZT resistant strains of HIV are present in the community is because people living with HIV have failed to take their drugs properly—a claim that has been soundly refuted by medical research. This claim also implies blame for HIV positive gay men's inability to be compliant to highly toxic and demonstrably unmanageable drug regimens. Another such protagonist is local gay playwright Michael Fletcher who argues in 'Dangerous liaisons' in *MCV* on 28th June 2002 that overly optimistic direct-to-public advertising of HIV medication is playing a critical role in new infections. This is despite the fact that the American advertisements he describes are illegal in Australia. Fletcher also blames barebacking, citing his experiences of logging into US barebacking rooms as a local evidence base and expresses amazement at the unwillingness of HIV positive men to disclose their status online. Fletcher laments, "Whatever happened to the grim reaper?" and claims that AIDS Councils and the gay press have presented "HIV as manageable, like a long bout of the flu." He advocates "ditching the drug company ads" and "making HIV unappealing."

HUMAN FACE

Perhaps the most revealing and sensitive example of gay press reporting is the 27th October 2000 *MSO* article, 'Beral diagnosed'. This is possibly the only example that places HIV infection in a socio-economic, cultural and psycho-social context. Similarly, it is the only example I could find where the human face of the new wave of seroconverters was displayed to the community. This article makes the most informed references to the circumstances of current seroconversions when it deals with issues of employment and ongoing emotional health. Rather than simplistic consequences of complacency or optimism, HIV infection needs to be viewed through the prism of a community afflicted with a wide range of increasingly problematic and largely unaddressed health, economic and social issues. Rather than HIV being the crisis, it could be suggested that if any sense of difficulty, danger, fear and anxiety exists, it is over issues of mental health, community fragmentation, emotional issues and economic issues such as poverty, education and employment. To read rises in HIV infections as the result of there being too much hope and confidence among gay men suggests that HIV infections would have remained at a plateau or even reduced if the community had voluntarily elected to live in a state of pessimism – a state of anxiety, fear, apprehensiveness where the worst outcome is always anticipated. At the point in the epidemic when gay men lived in this state of anxiety the numbers of seroconversions were higher than they have ever been. Similarly, it suggests that the right way forward is for gay men to internalise a belief that evil will prevail over good (pessimism) and that pleasure, tranquility and satisfaction are dangerous vectors of HIV infection.

HOPE

I would argue that in fact, the way to address the current circumstances of HIV infections is to reinvigorate hope in the future, confidence in ourselves, and to commit ourselves to maintaining and furthering a community dynamic that promotes pleasure, satisfaction, contentment and tranquility. I would also suggest that gay men have every right to be contented and perhaps even smug about their demonstrable commitment to the prevention and containment of HIV/AIDS over more than two decades. Living in a continual state that anticipates danger, difficulty and the worst outcome is not good health and promotes highly damaging community dynamics of distrust, fear and anxiety. Hope should be seen as the solution, the way forward, not a liability to the health of our community. Indeed, in combating HIV, one of our strongest weapons will always be hope.

Stephen Scott is a Health Educator with the VAC/GMHC. This article is an edited version of a paper delivered at the 2002 Health in Difference Conference

AS A GREEK MAN I STILL GET DISCRIMINATED AGAINST BECAUSE OF MY BACKGROUND...FOR A LONG TIME MY SENSE OF SELF WORTH WAS QUITE LOW BECAUSE OF THIS. IT WAS A CONSTANT ATTACK ON MY IDENTITY. IT FESTERED INSIDE AND I DIDN'T LOOK AFTER MYSELF, AS I SHOULD HAVE. I FELT I WASN'T WORTH IT!

BY GREGORY MAZIMAKIS



pousti

"I know some Greek. Umm.. Baklava..souvlaki..moussaka."
I cannot even guess the number of times that I have heard this. I wish it were this simple being Greek. But life isn't all about food...which is a shame! As a Greek man I still get discriminated against because of my background. I even remember the racist comments my primary school teachers used to make. They used to say things like, "Why do you Greeks have such long names? Shorten them!"

TIRING AND UNFAIR

This had a remarkable impact on my sense of self. I felt that I had to prove myself and had to give 110% to get the same acceptance as others. You come to a point when you realise that this is tiring and unfair. For a long time my sense of self worth was quite low because of this. It was a constant attack on my identity. It festered inside and I didn't look after myself, as I should have. I felt I wasn't worth it!

Over time I learnt to deal with discrimination from the broader community, which has mainly been due to my cultural background and not because of my sexuality. I am not out to the world. Nor do I have the desire to be. I am straight acting and my sexual orientation is mostly irrelevant to the broader community. However, add to the equation the factor of homosexuality and things can suddenly change. Just recently, I was at a Greek Tavern for dinner with some of my friends. I recall the sudden change in attitude by our waiter when he realised that my friends and I were gay. His rudeness and ignorance emanated strongly. I felt pissed off at this because he had no right to question my identity, or that of my friends.

TAVERN INCIDENT

So we suddenly move on from 'baklava, souvlaki, and moussaka' to 'pousti'. Pronounced how it is spelt, 'pousti' is not a food but a colloquial Greek term for gay. It closely translates to poofster. Like many words, 'pousti' can also have multiple meanings. It can also mean that you have wronged someone, backstabbed them and/or taken advantage of them. The Greek community also associates 'pousti' with a lack of masculinity. It's amazing how a six-letter word can encapsulate such a powerful stigma within a community. It's the hand that wears the glove of discrimination. As a Greek gay man the broader community discriminates against me because of my cultural background and the Greek community discriminates because of my sexuality.

Back to the recent tavern incident! There was a time when I would not have been able to cope well with that sort of treatment. I would have felt hurt and my sense of self worth would have been adversely impacted. I have been at a stage where my inability to deal with the world because of the expectations it placed on me and the stigma I constantly fought against, impacted on my opinion of myself. It pushed me into a very dark place with a very self-destructive mindset. It was lonely. I didn't care about anything. I didn't value anything about myself. My health and wellbeing, physical or otherwise meant nothing. I didn't care if I was safe or not!

INTEGRATE

Fortunately, I realised I needed to go back to square one and closely examine what homosexuality meant to me as a Greek gay man. I had to integrate these three facets of myself or I would never really move on. I was raised in an environment, which frowned on homosexuality. I had to let go of this conditioning. I needed to integrate my cultural background with my sexuality or it would lead me back to that unhealthy mindset. I realised that my health and wellbeing (as well as my relationship with true friends) is an important asset I can build on in my life. I couldn't let my cultural background or the associated stigma become liabilities. In an age where putting yourself in danger can mean not considering safe sex options, integration of Greek and gay was essential for me.

Within the gay community I have not found racial discrimination to be a problem for me. Some other Greek and gay guys have had different experiences. I have found that the gay community tends to be more accepting than the broader community. My experience has been that there are quite a few hellenophiles within the gay community. For instance, on the scene, many Greek guys know that being Greek can work in their favour. A couple of my friends who chat on the net often say that as soon as they type Greek as a personal descriptor, they get immediate attention!

BEAUTIFUL BODY

This is not to say that the gay community is not discriminatory. It is, and I have been a 'victim' of it. It was not because of my cultural background but because I did not have the 'beautiful body' that was adorned by the latest fashions. This type of discrimination also hurts. It comes from a community you belong to, and aspects of it are rejecting you. It forces me to question my belonging to this community as I have at times questioned my belonging to the Greek community.

This is one Greek gay man's perspective of how he sees things in the world today. I am not a social scientist, nor do I profess any expertise in human nature. I say it how I observe it. I do believe that the culture we live in impacts on how we feel about ourselves. Its norms define us even when we don't want to be defined. Stigma and discrimination come from different parts of society. If we cannot deal with these then life can become cheerless and we feel miserable about ourselves. Our attitude to our well-being starts suffering. We can become careless and put ourselves at risk including taking chances with our sexual health. We don't want that.

Gregory Mazimakis is an occasional contributor to Lifeblood

THESE DAYS AS FAR AS OUR QUEER COMMUNITY IS CONCERNED IT DOES NOT REALLY MATTER WHAT A PERSON'S (HIV) STATUS IS... BUT FOR MANY POSITIVE PEOPLE THIS CONTENTION IS JUST NOT THEIR REALITY.

By GUY HUSSEY

proposition

SIV positive or negative? These days as far as our queer community is concerned it does not really matter what a person's status is. We contend that stigma and discrimination, based on an individual's HIV status, does not have a great deal of support within the gay community. Well, for one reason, discrimination based on a person's status is illegal. But for many positive people this contention is just not their reality. They feel the stigma of their status both within the community and outside of it. However from the perspective of negative men HIV stigma is something that is perpetuated from outside of us. So is the stigma in our community, which positive men speak of, really about HIV? We may need to take a look back at our response to HIV to see if stigma is really grounded in and around HIV or actually about something else.

COMMUNITY DIVIDED

Gay men led the response to HIV from the earliest days of the epidemic, as it was the members of our community who were most at risk. Educators drafted a sketch that has been filled in by members of our community through their individual practices. The aim of the sketch was to establish, support and maintain men's ability to effectively negotiate fun, safe, dirty, desirable and enjoyable sex while remaining mindful of HIV prevention. This was the responsibility that our community organisations were charged with by Government through a series of National HIV/AIDS strategies. Even in this, we are a community divided by sero-statuses. Perhaps the division has been supported implicitly throughout the community formed response that has been primarily concerned with preventing the further spread of HIV within our community. This response is supposed to speak much louder to negative men than already positive men. However even with this emphasis, by and large it is a response that saw equal input by negative and positive men alike.

I propose a different interpretation of the notion of stigma we see playing out in our community. Perhaps it is not really about a person's HIV status but rather as a result of that person's willingness to engage with risk. Their HIV status is one measure of engagement with risk. The presence of HIV stigma in our community may not be primarily about the virus, but rather about the perceived risks that HIV poses to people within our community. It is the limiting of risk taking (which is also the core component of HIV prevention) that has been supported and maintained throughout this country's response to this epidemic.

AFFIRMATIVE ACTION

The stigma felt by positive people within queer community is still ever present, even down to the way we structure space. The newly opened Positive Living Centre is a perfect example of this. Why do positive people need their own space? Perhaps it is just that positive people need a space where they can be positive without any judgement of any kind. More specifically they can be people again and not just a status. Sometimes the response to discrimination is to positively increase the divide through affirmative action.

Risk within the context of HIV is positioned as rational, which in turn positions the pleasure that we give and receive during sex as irrational. So perhaps the stigma that divides us on the basis of sero-status is not primarily about HIV, nor is it simply about risk but in fact, it is about pleasure. However there is still some risk in there. Let us take, for example, the role of a safe sex poster within a sex on premises venue. A poster has the formal role of informing men within that space. Posters alert you to the risk of unprotected sex in this casual environment where you are unlikely to know the HIV status of your partners. Implicitly though, it positions the pleasure that we are willing to have within this space as a willingness to engage with risk. Even more stigmatising perhaps is the assumption of the poster that within this space we as gay men are most at risk of forgetting about our HIV risk in the name of pleasure.

HOT SEX

Stigma in relation to HIV is best explained within the context of sex, in particular casual sex. Positive men run the risk of being rejected on the basis of their status by negative men when they engage in casual sex. It appears that the risk to negative men is seen by them as just too much. It outweighs the pleasure of downright, hot sex that may be had with the positive man. In these instances the emotional consequences of this rejection for the positive man is further reinforcement of the stigma he feels as a result of his status.

What sometimes still goes un-said within this discussion of HIV stigma is that a majority of negative men want positive men to disclose their individual status within the context of casual sex. As well the majority of negative men will happily acknowledge that if they know a man is positive they will not have sex with him. The reality of these two mutually exclusive positions can result in problematic assumptions that many positive and negative men use when having casual sex. If the other person does not disclose their status the assumption that we tend to work on is that their status must be the same as mine.

FORWARDS

To still further de-stigmatise HIV we need is to recognise that our community is still one divided along sero-statuses. It is only when we realise where we currently are that we can even begin to go forth. It may sound like an old line but HIV/AIDS does not discriminate, people do. If our path is indeed forwards one way to keep the momentum is by keeping condoms, lube and negotiation in the picture. This means that at least stigma and discrimination need have no place in our sex with each other.

Guy Hussey is a Health Educator with the VAC/GMHC

DISCRIMINATION HAS BEEN WITH US SINCE THE TIME WHEN LITTLE WAS KNOWN ABOUT (HIV) OR ABOUT THE ISSUES THAT PRESENTED THEMSELVES FOR PEOPLE LIVING WITH HIV...SO HERE WE ARE IN 2002. IS IT ANY EASIER FOR PEOPLE LIVING WITH HIV TODAY?

BY VIC PERRI

attitude

The virus doesn't discriminate, people do' is this year's AIDS Awareness Week theme and it was also used in the early 90s. It is an attempt to address the discrimination that has seemed pervasive in the community since the HIV epidemic began. Discrimination has been with us since the time when little was known about the virus or about the issues that presented themselves for people living with HIV. Back in the early 90s, as far as treatments went, there were limited drugs available to treat the virus. It was also a time when the number of people dying from AIDS was close to its peak. It was certainly a traumatic and emotionally devastating time for many people. It was definitely a crisis.

HORROR STORIES

So here we are in 2002. Is it any easier for people living with HIV today? Well, yes and no. Boy! Back in the early days of the epidemic, some of the horror stories that I've heard. I remember chatting to someone about it and he told me about the time when he got fired from his accounting job after they found out that he had HIV. People thought that they could catch AIDS if they shared the same coffee cups. Another person was asked to leave his flat that he had called home for many years. People thought that they may catch "IT" by...well how? What, sharing the same stairs that they walked up and down? Sounds too ridiculous? Believe it or not there were some people who actually thought that was possible. Another person was luckier however. That person wasn't kicked out of his flat. Oh, but he wasn't allowed to use the washing machine in the communal laundry because the rest of the tenants were worried that they would catch AIDS through washing their clothes in the same machine.

Sure many people know more about HIV now. Also more people know people living with HIV. However, has that translated into improving people's attitudes towards people living with HIV/AIDS? How about our own queer community? Here we are, a minority group often fighting what we see as the injustice against gays and lesbians and being treated as second-class citizens. So, do we practice what we preach? Are we a community of people who are accepting and understanding of difference? I know some people who would argue against that till the cows come home. These people are from an Indigenous background. They are deaf. They are in a wheel chair. Their stories are about not being allowed into a venue or if they do get in having to wait a long time to get served because they are being overlooked too often at the bar.

REJECTION

Discrimination in this community is real for anyone who is different including HIV positive people. There still are many HIV negative gay men who discriminate against HIV positive gay men. According to "Male Out 2000", a study conducted throughout Australia, 1287 HIV negative gay men were asked if they expected a potential sexual partner to disclose their positive HIV status. 79% of them predictably said yes. Then they were asked if they would actually go ahead and have sex with a guy if he did disclose a positive HIV status. 61% of them always said 'no' with 21% sometimes saying 'no' to sex with pos guys. Of course HIV positive gay men don't need a social research study to tell them the thoughts of HIV negative gay men when it comes to sex. There is too much experience that tells them that rejection is just around the corner.

REAL LIVES

Fortunately for people living with HIV, and for the sake of human values in society, it is getting better. More people are becoming less ignorant and have more understanding of not only HIV and how it's transmitted but of the issues for people living with HIV. Much of this can certainly be due to excellent groups such as HIV Positive Speakers Bureaus. Research in the United States has looked at how people saw HIV/AIDS and what influenced how they dealt with the issue. It showed that while a newspaper headline or a television news story of someone well known, such as Rock Hudson or even Freddy Mercury, dying of AIDS made people sympathise with them and others like them, it did little to change their deep-seated views. This was because famous people were far removed from their real lives. The average person does not relate to these celebrities. The study found that someone with HIV/AIDS talking in person about their life story created change in people's attitudes.

AN ENLIGHTENED GENERATION

People Living with HIV/AIDS Victoria runs a Speakers' Bureau. The most important target audience of the group is high schools. To give students at that impressionable age an understanding about HIV/AIDS and the people living with it, has an enormous potential to build an enlightened generation in terms of HIV/AIDS knowledge. Max Niggel who is the coordinator of the Bureau commented, "The students have a limited knowledge about HIV/AIDS and generally believe that it will not affect them. It is also rare that they have met anyone who is HIV positive. They are fascinated and touched by the speakers' stories and all they want to do at the end of the session is to shake their hand in appreciation for their honesty and openness. Often at the end of the session the students rally round the speaker and just keep asking questions. The speakers get a real high after a talk. They love the fact that what they are doing with their disclosure is impacting on these students' attitudes. They potentially help them to become more accepting and understanding of not only people living with HIV but any person who is different. It makes being a part of the Speakers' Bureau so meaningful to know the good that comes out of it."

Vic Perri is a Health Educator with the VAC/GMHC

THE DISCOURSE OF A DISEASE OF EPIDEMIC PROPORTIONS, STEPS WELL OUTSIDE OF THE WALLS OF MEDICINE AND SCIENCE THEN WALKS OFF—OFTEN UNCONTROLLABLY—INTO THE SOCIO-POLITICAL REALM. IT HAS NOT BEEN EASY FOR THOSE WORKING WITH HIV/AIDS TO TACKLE THE STIGMA ATTACHED TO THE VIRUS... & I DO NOT THINK THAT...ITS ASSOCIATED DISCRIMINATION HAS BEEN ELIMINATED.

BY CARLO CAMPORA



e-change

When the launch of the Victorian Hepatitis C Strategy in late October, Moira Burke, a woman with hepatitis C—a very brave woman indeed, I must add—reflected on the necessity of disregarding how people with hepatitis C contracted the virus. After all hepatitis C is a health issue, why should the route of transmission matter? Moira quickly pointed out, however, that the stigma and discrimination that go hand in hand with hepatitis C stem precisely from how people either contracted or are assumed to have contracted the virus.

INFLAMMATORY PREJUDICE

The discourse of a disease of epidemic proportions, steps well outside of the walls of medicine and science then walks off—often uncontrollably—into the socio-political realm. It is very much a case of history repeating itself: public reaction to sexually transmitted infections—such as HIV/AIDS or, in the more distant past, the plague—have always been accompanied by unbridled hysteria and inflammatory prejudice. It has not been easy for those working with HIV/AIDS to tackle the stigma attached to the virus since its appearance in the early 1980s and I do not think that, despite remarkable progress, its associated discrimination has been eliminated.

For hepatitis C the battle has proved much harder. So much harder in fact, that the 2001 NSW report on hepatitis C related discrimination identified as a necessity a major transformation in public policy, which would blow apart the inevitability of the link between the infection and discrimination. The report—aptly called C-CHANGE—included almost eighty recommendations for action in areas such as health care, employment, custodial settings, insurance, funeral services, education and accommodation. A central finding cutting across all of these areas was that the most powerful driving force for the intolerable levels of documented discrimination was the inextricable link of hepatitis C with illicit drug use. What this suggests is that any call for a transformation in public policy must be accompanied by an attitudinal sea change about people who use drugs illicitly. What is infuriatingly problematic, however, is that this discrimination in itself is one of the major hurdles that prevent the realisation of progressive public policy outcomes.

IRRATIONAL FEAR

The examples of discrimination described in the report are widespread and multi-faceted. All of them are proven to have a profound impact on people's lives. The discriminatory behaviour by some health care professionals seriously chips away at the crucial relationship between patients and health care professionals, thus acting as a deterrent for people seeking necessary health care. Discriminatory practices and attitudes in selection and recruitment practices—both overt and subtle—produce devastating financial, social and emotional consequences for people with hepatitis C. The paucity and the substandard quality of prevention and care programs in custodial settings have detrimental effects on the health of the prison population as well as turning incarceration into a major risk factor for hepatitis C transmission. Policies and practices in the provision of insurance and of other services appear to be widely inconsistent with current natural history knowledge and clinical evidence about hepatitis C. This often leads to people with hepatitis C being denied insurance or other services on questionable grounds. Lack of knowledge, irrational fear and prejudice are present in many educational institutions leading to staff and students being harassed and victimised, their confidentiality undermined and, in extreme cases, exclusion. In the wider realm of social relations, people with hepatitis C are often rejected by their friends and families. Social isolation and a lack of connectedness with essential support networks is a common experience for people with hepatitis C.

INDIVIDUAL'S DIGNITY

Discrimination against people with hepatitis C is often not resolved by the application of anti-discrimination legislation or complaints systems. Even when systems are in place they are often inadequate to address the many and subtle instances of discrimination. For many people, the action of coming forward can be in itself an immense risk to take with unpredictable consequences. On the other hand, the existence of anti-discrimination legislation, even if not effective in providing immediate and practical remedies, is crucial in making the community's determined assertion about the urgent need to respect an individual's dignity.

What is common to many instances of discrimination is the automatic superimposition of negative stereotypes that cluster around injecting drug users. The discrimination already experienced by people who inject drugs is extended to the person with hepatitis C. However, this goes two ways; the fears and stereotypes associated with disease, such as contagion and 'dirtiness', are extended from hepatitis C onto the whole illicit drug using population. Thus injecting drug use = hepatitis C = injecting drug use. The result of this stereotyping is that the person with hepatitis C is encouraged to feel unworthy of receiving quality care and, ultimately, undeserving of self-worth.

HIGHLY POLITICISED

As in the case of HIV/AIDS or any disease that destabilises the dominant paradigm that defines the level of deviancy or acceptability, hepatitis C is viewed as less of a health concern than a moral one. Therefore its management is highly politicised, intricately tangled in power interactions fiercely engaged in the protection of a given social order. Unlike HIV/AIDS, hepatitis C has so far failed in those elements that have been fundamental to overcoming stigma and discrimination such as political courage, leadership and the wide reach of its public education. Unlike HIV/AIDS, hepatitis C lacks the existence of a cohesive political constituency. Unlike HIV/AIDS, hepatitis C is still viewed by many as something that only 'junkies' get and does not have the feel of an epidemic that the whole community must be concerned about. Unlike HIV/AIDS, hepatitis C is not viewed as a major cause of death and—despite the large number of people living with the virus and rising rates of infection—the knowledge of its effects on the health of our community is still limited.

However, as with HIV/AIDS, there are many committed, determined people and community organisations wanting to recreate the ground breaking and world standard impact of Australian HIV/AIDS activism in the prevention, management and profile of hepatitis C.

Carlo Campora is the Manager of the Hepatitis C Council of Victoria

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Other performers will include

Sensational recording artist Enda Markey, Adrian Kirk and Luke Gallagher

Lifeblood Volume One will be launched at this FREE event at



37 Cato Street Prahran

groups

'YOUNG & GAY' is a six-week discussion group for guys aged 26 and under. Trained facilitators lead guys from a variety of backgrounds and at various stages of identifying that they are attracted to other guys.

'MOMENTUM' Over 26, just coming out or feeling isolated, or if the commercial scene just isn't working for you? This six-week discussion group could be for you.

'RELATIONSHIPS' For both single and 'attached' men, the course covers issues such as forming relationships, negotiation, trust, being sexual, communication, intimacy, homophobia and more.

'MOMENTUM AND RELATIONSHIPS DROP IN' Former participants can come together for some structured discussion & to socialise. Next drop in 11 December from 7.30 PM for dinner. Call Asvin to book on **9865 6700**

'GAY AND PROUD' (GAP) is a drop-in/support group for Asian guys. Meet other guys, have fun and feel proud about being gay! Each session covers a different topic. Picnic at Fairfield Park from 1PM Saturday 30 November.

New groups start in early 2003. For more information call VAC/GMHC on **9865 6700** Monday to Friday or email lifblood@vic aids.asn.au

what's on

WORLD AIDS DAY – SUNDAY 1ST DECEMBER

•REMEMBRANCE

Positive Living Centre, 51 Commercial Rd Prahran. 5.30PM

Booking essential **9863 0444**

•POSITIVE STEPS "HIV – A PUBLIC CONVERSATION"

Steps of Parliament House, Spring St Melbourne. 10.30AM to raise awareness of women with HIV. Enquiries **03 9276 6918**

•WORLD AIDS DAY DISPLAY

Country AIDS Network at Bendigo Market Place, all day.

Enquiries **03 5443 8355**

•RED RIBBON TEDDY BEAR FAMILY PICNIC

Fawkner Park playground, South Yarra. 12–3PM. For everyone affected by HIV/AIDS, families, supporters and friends of Straight Arrows.

•INTO THE WOODS IN CONCERT!

Regent Theatre, Melbourne. 8PM. For more info visit

www.oscefa.org.au

SEX IN QUEER PLACES

Visit a new interactive site about getting the best from beats, sex clubs, saunas, dance parties, backrooms and elsewhere. All this and more at: www.sexinqueerplaces.com

LOVE, SEX AND GETTIN' IT ON

Vanessa Wagner and Tex McKenzie take a look at relationships

—PLWHA Victoria's Interactive Event. Sunday 8 December at

1.30PM at Vibe, 123 Smith Street, Fitzroy. Call Suzy on **9865 6756**.

POSITIVE LIFE

Listen into this program about HIV/AIDS and hear people living with HIV share their experiences every Wednesday @

8.00PM on JOY Melbourne 94.9FM.

SAFE SEX STUFFERS

If you have an hour or two (or longer) on a one-off or a regular basis, why not join our team of safe sex pack stuffers.

Contact Tex on **9865 6700** or e-mail to

tex_mckenzie@vic aids.asn.au

PLC CHRISTMAS DINNER

6.30PM Thursday 18 December. For catering please register by

11 December on **9863 0444**

lifeblood

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