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# PEOPLE LIVID WITH AIDS

- some political thoughts.

## AIDS AND THE POLITICS OF DENIAL

Person Livid With AIDS is a show about a day in the life of a gay man living with AIDS. But as most of the AIDS community is increasingly aware, it is socially and economically marginalized people who are most at risk for both AIDS itself and for medical and social neglect. Yet our predominantly privileged and white community has been slow to recognize that these women, street people, bisexuals, prisoners, IV drug users and native people, immigrants, and people of colour are much like themselves. This creates and maintains a distance which allows hard-won AIDS treatments and support to be accessible mainly to white middle-class gay men, while they remain largely inaccessible to other affected communities. While still the largest affected group, gay white men are in fact an increasingly smaller percentage of the persons actually living with AIDS or HIV in Canada.

This is no surprise, since everywhere in society we are taught to compete and feel alienated from those who are different from ourselves, and taught to view marginalized people as dangerous or irrelevant Others. Although we know that AIDS crosses all boundaries, our community has still not marshalled its resources to meet the immediate demands of the crisis. This is not because AIDS activists, service workers and



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volunteers are bad people, but because they are suffering from a form of social denial similar to the denial stage that individuals go through if they are diagnosed with a serious or life-threatening illness. This denial must be confronted if we are to prevent the further spread of AIDS and ensure treatment access to all who are affected. Of course, there are now dedicated AIDS activists in a number of different communities, but their work is often iso-

lated and under supported by the mainstream movement. It is in this spirit that we offer the following information and thoughts.

## YES TO SAFE SEX! YES TO SAFE DRUGS!

While accurate and pro-sex information is available to gay men, at least to those who go to the bars or are otherwise involved in their community, effective information is not always available for other groups. Also, even the best of guidelines are not more than just that, guidelines. There is still lots of room for misunderstanding, eg. what kinds of lesbian sex is safe and what about condoms that break—to lube or not to lube? There are also social problems involved, eg. how can a heterosexual woman in an abusive relationship (one in ten women in Canada is regularly battered by her partner) insist on condom use?

As with other AIDS issues, we believe that safer sex ideas and practices, and their social context, need to be freely discussed in an open community environment which acknowledges all of the complex factors involved and denies none.

For lesbians, our informant at the AIDS Committee of Toronto assures us that going down on a woman who is not bleeding is still considered very low risk, eg. only theoretical, unless of course you suspect the presence of yeast, herpes or other infections or STDs, from which you should also be trying to protect yourself. As for hand-loving, many lesbians are using gloves to

protect themselves both from menstrual blood and from the possibility of drawing a bit of blood as a result of injuring the inside of the vagina. Needless to say, precautions should also be taken for piercing, tattooing or any kind of sex in which you intentionally draw blood. The key is to use plenty of water-based lube on the inside of the glove as well as the outside. The glove must be latex, not vinyl. The AIDS Committee has checked out different brands and recommends the latex examination gloves manufactured by Sanboro, Unit 26-32, 1275 Morningside Ave., Scarborough, Ont., M1B 3W1. They can be ordered directly from the company and can also be found at most drugstores and medical supply stores.

Make sure you get the right size—they are made for big men's hands and so the majority of women will wear the smallest size. You can also purchase the more expensive surgical gloves at drugstores. If you do feel that you'd like to use a dental dam, they can be purchased in small quantities from the AIDS Committee or the Toronto Women's Bookstore. Be sure to rinse them off first, and do not re-use them. You can also take a non-lubricated condom and carefully cut it in half to form a latex square. Do not use saran wrap: the pores in the plastic are larger than a virus.

Needless to say, the above can also be applied to straight sex, especially among folks who are imaginative and pro-woman. The following advice about condoms can also apply: if you're going to fuck, do it right, do it safe!



For gay men: if your condoms are breaking, remember, there are lots of different ways to wear and use condoms, depending on the size and shape of your cock. Experiment with different brands for strength, size and comfort. Have a friendly lover show his technique, compare methods, ask his advice! A lot of people forget to pinch the tip when rolling on a rubber - that can cause extra stress. When fucking long and hard, pull out and check the rubber periodically, especially before getting close to cumming - add extra lube if necessary. Check out different brands and amounts of lube. Try using two rubbers, or even three for added protection! Practice condom and safer sex skills when masturbating and fantasizing - imagine that hot man you've been after - smoothly roll on your/his rubber when its time to fuck. Practice! Experiment! Discuss!

And speaking of sex and safer sex, bisexuals are being either ignored or dumped on as a rule. Bi men are being blamed for spreading AIDS to straight women. But the fact is, it's unsafe sex and drug use that transmits

AIDS, not any form of sexuality. While it's true that there are closeted bi men who are knowingly or unknowingly spreading HIV to their female partners (for every person who knows s/he is HIV+, there are a great many who are and do not know), the problem is not their bisexuality but the general devaluing of women and the disempowerment of women in heterosexual relationships. The majority of women are in no position to insist on safe sex - straight men's reluctance to wear condoms is legendary. Why aren't the AIDS bureaucrats talking more about the emotional, physical and sexual abuse of women instead of looking for punitive public health or penal measures for those so-called deliberate spreaders? We need to be thinking of ways to empower women, and also be educating bisexual men to be sexually responsible with their female partners/wives.

Bisexual women are suffering from the stereotype that they are spreading AIDS to lesbians, when again its unsafe sex that is the culprit. Dykes in Toronto should also be

aware of the current statistics which show that fully 30% of women with full-blown AIDS in Toronto contracted it through unsafe IV drug use, as opposed to a national figure of only 5%. Once again, we believe that the solution lies in community education and discussion. We urge the lesbian, gay and AIDS community to accept that bisexuality exists and to broaden discussion about it so that bisexuals can come out of the closet (at least to us, if not to the straight world) and participate in community education and AIDS prevention.

Prostitutes are another group often scapegoated for society's ills. Thanks to the active self-organization of prostitutes in Toronto, most people in the AIDS community here do understand that prostitutes have been pioneers of safer sex and that because of this, the HIV risk of a prostitute is actually less than that of a sexually active man or woman who does not do sex for money. So enough said about prostitution for now, except to remind ourselves that these working sisters and brothers often bear the brunt of AIDS hysteria. Prostitutes need and deserve our support against the yuppies and the cops and for their demand for total decriminalization of their livelihood.

### TREATMENTS AND RESEARCH: PROFITS AND PRIVILEGE?

If access to treatments and therapies is bad for the relatively well-organized community of largely middle-class white gay men, its almost non-existent for other affected communities. The AIDS community needs to work on spreading updated treatment information on

naturopathic remedies, western medicines and experimental drugs to all who need it. The costs of most treatments are prohibitive to most PLWAs who are on welfare, family benefits, or in low income jobs. How can we



**INDIAN RALLY**  
Kenny Ward, centre, is flanked by friends after speaking at a rally in Edmonton to protest against health care received by native people. Mr. Ward recently tested positive for the HIV virus.

make naturopathic treatments, massage, acupuncture and other therapies that are clearly helping long term survivors available to those who can't afford them? We must demand welfare coverage of complementary therapies, comprehensive vitamin/mineral supplements, high quality nutrition (including organic food). We must continue to build community based health care - use our skills and knowledge of healing methods in all communities for the benefit of all.

The same applies to research. Most Canadian AIDS research is aimed at AZT and other western drugs pushed by greedy pharmaceutical corporations chasing the fast AIDS buck. There is virtually no research into the holistic/naturopathic treatments that most long term survivors are using. There is little or no research on AIDS symptoms in women, native people, afro-canadians and other communities of colour. We must build a solid network of community-based research of treatments (western and naturopathic), and of disease symptoms and progression amongst different communities. This of course also applies to other immune disorders and life-threatening illnesses.

Of course the available statistics are inadequate, both because of biases in who statistics are collected about and how, and because the government is reluctant to commit sufficient resources to AIDS research and support. The Department of Health in Toronto, for instance, just last year began to collect statistics on HIV seroprevalence by race. No surprise that the numbers of Black and native people jumped when stats started to be collected. And the community grapevine still reveals

that there are many more native people and people of colour affected by AIDS than the statistics reflect.

### PRISONERS LIVING WITH AIDS ARE PEOPLE TOO

Prisoners are a group about whom there are many misconceptions. The actual situation of prisoners with AIDS or HIV differs from place to place, but two things are clear. One is that the AIDS community must continue to press for the no-questions-asked distribution of condoms, needles and bleach kits inside prisons. The refusal of prison administrators to make condoms available to prisoners on the grounds that there is no sex inside prisons is blatantly homophobic and needs to be confronted as such. Also, as we know the "just-us" system is racist and classist. Therefore, denying AIDS prevention to prisoners is genocidal, an ideal way to allow AIDS to spread through oppressed communities outside the prison walls.

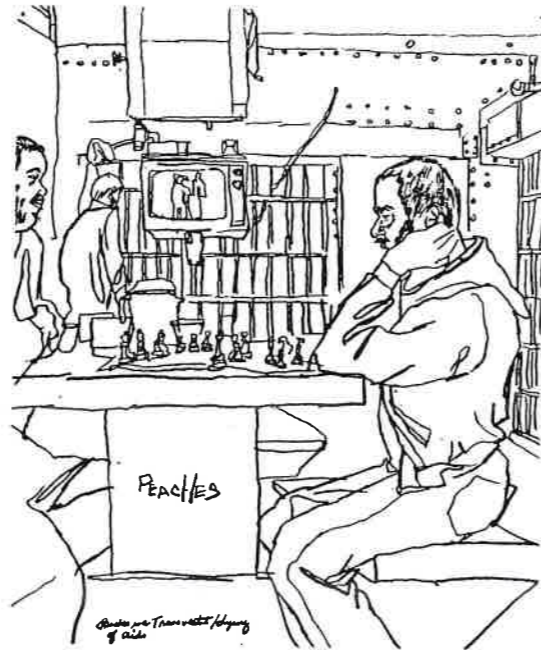
Prisoners with AIDS and HIV are also subject to the arbitrary treatment or lack thereof decreed by the prison administrators and medical services. We need to fight for the right of prisoners living with AIDS to have access to the same experimental treatments and supportive counselling available to PLWAs on the outside. In addition, prisoners with HIV or AIDS are often subject to segregation and other punitive conditions. We believe that the best way to provide treatments and services to prisoners is to support them directly, without the intervention of the prison administration. We also need to fight for peer counselling and education for prison-

ers, with the support and assistance of outside activist and community groups.

*At this time, we would also like to ask you to support Pierre Maltais, a HIV+ prisoner in Quebec. Pierre has been active around AIDS issues inside, including participating in a hunger strike to demand treatment for himself and other HIV+ prisoners. Within the next few weeks, Pierre will be having a hearing at which his release from prison on compassionate grounds will be considered. Please sign the letter enclosed in this program and turn it in at the end of the show. If you read this later, please send it on to Pierre at the address in the letter.*

## DEMYSTIFYING DRUG USE

Intravenous drug users are one of the groups most at risk and most neglected if infected in Toronto today. The statistics in themselves are frightening, and even more so when we remember that IV drug users, because of the war on drugs hysteria, very often do not come forward for treatment or testing. We need to fight the anti-drug propaganda which stigmatizes and endangers users and obscures the differences between different drugs. If young people are educated to equate marijuana and cocaine rather than given information that allows them to make informed choices, how will they be able to figure out which drugs do them good and which do them bad, and where will they learn to inject drugs safely if they choose to do so? For instance, heavy heroin users shoot at most a few times a day, while heavy coke users might shoot up every 20 minutes or so. The Works Needle Exchange (660 Dundas St. W., 392-0520) is a



big step forward, but the programme needs to be expanded so that clean needles are available at all hours and in all areas of the city. Also, consider that the war on drugs in Toronto is being used by the police department as an excuse to harass, surveil and attack the Black community in particular, and if we want to take on drug-related issues we need to take this into account.

Drug treatment should be available for those who desire it. At the present time, in addition to long waiting lists for treatment, some people cannot get into programs because they are considered too far gone or not gone far enough, or because they are suicidal: individuals cannot simply decide to seek drug treatment, they must appeal to and be scrutinized by social workers. No

doubt there are many other barriers as well. Also, some of the existing programs use behaviour modification and other questionable techniques. We need accessible, holistic, pro-sex and pro-freedom drug treatment programs where individuals can detoxify, deal with their HIV infection/AIDS, rebuild their health and make the desired changes in themselves in a safe and supportive environment.

## LIVING ON THE STREET

The situation of street youth is particularly frightening. Young people are tremendously disempowered. Many leave home because of neglect (lesbian and gay youth have homophobia added to the pot). People under 18 can't get welfare in Toronto unless their parents tell the welfare worker that they are disowning their child, which many parents refuse to do. People under 16 cannot get welfare under any circumstances. Therefore, many young people end up on the streets. Some of them are also forced to submit to psychiatry and other control-oriented social "services".

Central Toronto Youth Services AIDS Program has produced a statistical report on AIDS and HIV prevalence among clients of some youth and child social service agencies in Metro. The study was conducted in the winter of 1988/89 and repeated in the winter of 1989/90. It shows a total of 36 young people with AIDS or HIV in 1989, and 81 in 1990—more than double. (NB: these stats reflect only youth who have become clients of agencies, the situation of other young people is still unknown.)

We interviewed a worker at a street youth agency. Her agency serves over 30 youth with AIDS or HIV, and their average age is 19. She told us that many of the affected youth now realize that they had been suffering symptoms for some time, but hadn't had the HIV antibody test or had their symptoms checked out.

There are several reasons for this. Lack of awareness is one, and many street youth are reluctant to see doctors, both because they don't like to be poked at by a stranger, and because, in common with homeless people of all ages, they are often treated badly by medical personnel. Also, many AIDS symptoms such as fatigue, nausea and diarrhea, night sweats, etc. are similar to the physical debilitation caused by the cold, hunger and stress of life on the streets. This situation is even worse for women, whose symptoms have been less researched and who are less likely to be correctly diagnosed because of the still prevailing stereotype that AIDS is a disease of gay men.

## MORE WOMEN ARE LIVING WITH AIDS

Speaking of which, many doctors still ignore the symptoms of women in general, not just women on the streets. Many early symptoms in women present as problems with irregular menstruation, pelvic inflammatory disease or chronic vaginal infections. We need to continue to press for more research into women's symptoms, and for the education of physicians and other practitioners and of the general public.

## FREAKING OUT WITH AIDS IS OK

Many people living with AIDS suffer from forms of dementia as the brain is affected by illness. Currently many of these people are moved to psychiatric wards, given severely immuno-depressant neuroleptic drugs and written off. In many cases PLWAs are merely depressed and freaked out, and could get through their emotional crises with community love and support and a place to go where they can lose it for a while, rather than being drugged, restrained and physically damaged by the psychiatric system. The AIDS community needs to be particularly vigilant about psychiatric abuse of PLWAs.

*The movement — gay men, PLWAs, HIV physicians, healers and other AIDS activists — has much to be proud of in the fight against AIDS and AIDSophobia. But as with other things in life, we need to recognize our relative privileges, be prepared and willing to learn about other*

*communities, and support their political and social empowerment. Although far from comprehensive, we hope that these words and the show have been stimulating and evocative for you. We welcome your feedback and comments.*

*Love and community,*

*Toronto Queer Anarchists and Friends.*

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Please remember to read and sign the enclosed letter. The background information is under *Prisoners with AIDS are people too.*

### **PLWA: PERSON LIVID WITH AIDS.**

*Written and performed by Michael Smith.  
Musical support by STEAL THIS BOOK  
(Skooter, Po, Curt, Victoria, Michael).  
Guest appearances by Mourning Sickness,  
Barry Way and Karen Pearlston.  
Video and audio by Colman Jones.*

*Invaluable help from Sunday Harrison, Jim Campbell, Jon Levitt, Joe Chang, Jan Maxwell, Michael Balser, Veronica McDonald, Robert Kennedy, Jennifer Gillmore, Robyn Turney, Tracey Tief, Buddies in Bad Times, Audrey Butler, Mike Dyer and Filly, and the AIDS Cable TV Project, which has arranged funding for a 1/2 hour TV video of PLWA: PERSON LIVID WITH AIDS.*