



Ontario

Ministry of Health  
Ministère de la Santé

Ontario Advisory Committee on HIV/AIDS  
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October 12, 1993

MEMO TO: Maggie Atkinson  
Glen Brown  
Clarence Crossman  
Mary Fanning  
David McKeown  
John Plater  
Douglas Pudden  
Michael Sobota  
Lori Stoltz  
Robert Trow

FROM: Anne Bowlby

I've enclosed the notes from the last meeting of the working group on reducing HIV transmission for your information, along with the revised copy of the two articles from PWAlive and an article by Michael Yeo, "Sexual Ethics and AIDS: A Liberal View" for your information.

The next meetings are:

October 18, 1993  
2:00 pm to 4:00 pm  
Room 927, 9th Floor  
Hepburn Block

November 12, 1993  
2:00 pm to 4:00 pm  
Room 927, 9th Floor  
Hepburn Block

Looking forward to seeing you there.

**ONTARIO ADVISORY COMMITTEE ON HIV/AIDS  
REDUCING HIV TRANSMISSION**

September 17, 1993  
2:00 pm to 4:30 pm  
9th Floor Boardroom  
Hepburn Block, 80 Grosvenor Street

**PRESENT:** Maggie Atkinson  
Clarence Crossman  
Mary Fanning  
John Plater  
Michael Sobota  
Robert Trow

**REGRETS:** Glen Brown  
David McKeown  
Lori Stoltz

**GUEST:** Ian Gemmill, Ottawa-Carleton Regional Health Unit

**1. REVIEW AND UPDATE OF PREVIOUS NOTES**

London Case: The judge will be hearing arguments from the lawyers about delivering a judgement in the Ssenyonga case.

Effective Education Strategies: The information from C. Crossman would be ideal for the first contact with a person during the counselling session.

Changes to the Criminal Code: There is no new information that Ottawa is planning changes to the criminal code.

**2. OTTAWA EXPERIENCE WITH PEOPLE WHO ARE UNWILLING OR UNABLE TO USE APPROPRIATE PRECAUTIONS**

There are approximately 1,100 people who have tested HIV positive in the Ottawa-Carleton area. There have been approximately 37 Section 22's issued by the health department. Ottawa-Carleton Regional Health Unit has eight full time equivalent positions in the sexual health department. Sexual health includes STDs, AIDS, family planning, etc.

The types of issues that come to the attention of the health department are:

- counselling: The health department has a responsibility to ensure that pre- and post-test counselling occurs.
- partner follow-up: The health department will contact individuals who test positive to offer assistance with partner follow-up



ongoing risk to others: If the health department is informed that the HIV-infected person is putting others at risk of HIV infection, they will follow up on the person (see below for examples of this)

Under the Health Protection and Promotion Act, AIDS is a communicable disease which means that certain powers are available to medical officers of health if required. HIV is considered the agent a communicable disease. A medical officer of health may write an order if there is a good possibility that transmission is occurring and there is a good possibility of infection. The requirements in orders, however, must also be reasonable in terms of decreasing/eliminating the risk to others.

Orders for communicable diseases are written under Section 22 of the HPPA. Orders for virulent diseases are under Section 35. It is possible to write a Section 22 order requiring the person to remain in isolation and if this is breached, an order under Section 35 can be written requiring hospitalization. There have not been any isolation orders under Section 22 written in Ontario, so the next step to Section 35 has never been used.

Section 22 orders have, however, been breached. In this case, Section 99 of the HPPA is used and the case moves into the courts for a judgement. If a court order is breached, the case is no longer in the health field.

The first case in the Ottawa-Carleton area was a man who donated blood to the Red Cross. The man was charged with an offense and received a sentence of 2 years less a day. As no public health order had been written before the man tried to donate his blood (the man had received HIV positive test results before donating blood), public health was not directly involved.

Most orders that have been written include a requirement for counselling (about 75%) and about half include a prohibition of transmission of HIV through sex and needles.

The first contact that public health has is at the time that a person tests positive. Public health follows up with the physician to complete the epidemiological information and to ensure that counselling has occurred and that partners are notified. Generally, inexperienced physicians are the ones who request assistance in partner follow up and may not be doing much counselling. None of the cases in which the Ottawa-Carleton Regional Health Unit have been involved in have been from physicians with large caseloads of people with HIV.

If help is requested, public health will repeat the post-test counselling and make referrals to agencies in the community for additional assistance. Some people with HIV ask for public health to do the partner follow up, others are comfortable doing it themselves. There have been two to three cases in which public health has issued an order to a person requiring that they reveal the names of partners.

Assessing situations in which orders are required is difficult. In the case of a person who is putting others at risk in an ongoing manner, the information may come from a



variety of sources. Generally, the four sources are: the individual admits that he/she is not protecting others; the individual presents with a second sexually transmitted disease after they have been counselled about HIV transmission and reducing risks to others; a partner complaint; professional referral (for example a physician who is concerned that the person is posing a risk to others or has not informed his/her past partners). All referrals to public health of a person putting others at risk are examined very closely.

The initial assessment explores why risk is ongoing and how to change behaviour. The medical officer of health in Ottawa accepts the recommendation of the public health nurse if there is a need to proceed to an order. The issuing of an order is really a formal requirement for behaviour - a requirement to not put others at risk either through sex or needle sharing.

Public health only has limited information on the effectiveness of Section 22's. Some people disappear and are lost to follow up, others are not identified to public health again and the assumption is that they are no longer posing a risk. I. Gemmill estimates that approximately 50% of the orders are effective and connections with appropriate people in the community who can assist with maintaining the behaviour change have been made.

I. Gemmill pointed out that informed consent should be standard and that the responsibility lies with the person with HIV. In addition, from some of the recent court cases, it appears that society and the courts will not tolerate unknowing transmission. Civil and criminal proceedings are punitive and may not achieve what is desired.

In the Ottawa-Carleton area, there have not been problems with people from culturally or linguistically diverse communities. People are asked to identify who is available for support purposes and are encouraged to seek out support. Public health can give other referrals as necessary.

Orders are in effect until a person is no longer infectious. With orders against people with HIV, the orders have never been ended.

#### Recommendations:

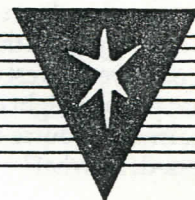
- . Guidelines for counselling to be used in both the voluntary and non-voluntary situations.
- . Guidelines for orders issued by medical officers of health should be developed and implemented (I. Gemmill did some for ALOHA which could be used as a starting point. He will send them to A. Bowlby).
- . Strengthen the counselling abilities of those who are doing it (training).
- . Allow medical officers of health the power to recommend psychotherapy.

#### Additional Ideas:

- . Develop and implement a review system for orders (e.g. to end Section 22).
- . The responsibility of medical officers of health must be made clear.



# PWAline



*A journal by, for, and about persons affected by AIDS*

*Spring 1993*



## PWA — Person Who's Accountable

BY EMILY CARTER

**I**MAGINE THAT IT'S YOUR JOB to care for a patient with advanced Alzheimer's who is prone to outbursts of abusive language and behavior. In fact, the back of your legs are black and blue because each time you turn your back on your charge, he smacks your calves with his walking stick, believing you to be some kind of barnyard animal in need of correction. Can you hold the patient responsible for his behavior? Likely not, no matter how infuriating. Now ask yourself who you would rather be: yourself with bruised legs or an incontinent and confused victim of an inexorable disease. If you pick option one, if you choose to be yourself, you are accountable for your actions. No slipping strychnine into the patient's metamucil.

Two extremes in the discourse over the accountability of HIV positive persons are highlighted by concerns over "non-compliant carrier" laws and a recent news story from Portland, where an HIV infected man was recently convicted for multiple episodes of unsafe sex with partners ignorant of his HIV status. There is a thin tightrope between laws that can adequately deal with such malice, yet don't trample the rights of already disenfranchised communities. Let me make it clear like

your Grandma Dodie's kitchen window that any legislation regarding sexual activity cannot be specific enough. If there is even the slightest breeze blowing through it redolent of homophobia or prudery, the legislation is ethically invalid, and, hopefully, legally void. However, having this disease is not much fun, and knowingly placing another person in a position where they might get it, is, quite simply, assault with intent.

The charmer in Oregon who's been up to some unsafe sex with unsuspecting partners gets no sympathy from me. What he is is a perpetrator. I've heard people say they might understand without condoning the rage and despair that could lead to this kind of violent behavior, but some things can neither be understood nor condoned. Our community, however, has reacted violently against legislative solutions to situations of this type, concerned that such legislation might be abused, and used as potential "anti-gay" laws. Again, I need to state unequivocally that no one in this Community is condoning intentionally unsafe sex. But there has been a lot of talk about any "non-compliant carrier" laws as a de-facto tool of oppression, rather than something akin to a sane

(continued on page 2)



handgun law. Of course we don't have sane handgun laws. Of course it's a creepy truth that our sex lives are of more interest to legislators than what people might do with their firearms. Of course we are oppressed. So what?

The ball is in our court. If we as a community can not effectively intervene on individuals who are knowingly spreading HIV, then we need to accept the fact that someone has to.

Beneath these facts, which should be obvious, lies a more fundamental issue: namely, how do we in the PWA/HIV community perceive ourselves? There are some who take the position that PWA's need not be pinned to the same terms of a contract to which other's are held. In a few cases this might be true, but there is no body of ethical decision

makers anywhere on this planet with enough moral clout to decide who should and who should not live up to his or her end of life's bargains. We're all supposed to at least try.

As a member of the PWA/HIV community, I have been thrilled with many of the actions taken on my behalf by AIDS activists. However, I get a little nervous when I get the idea that I am being held up as an example of someone who doesn't need to live up to her end of the social contract. To view me as a person to whom right and wrong do not apply diminishes not only my rights, but also damages my perception of myself as an autonomous, decision making individual.

My reasoning here is simple, and contains a healthy dose of self interest. Like many people in my situation, I've spent a great deal of

time and effort to establish myself as a functioning adult capable of negotiating a social contract. I refuse to accept the definition of marginal pariah that the world at large would like to impose. Likewise I refuse to be seen as a helpless, victimized martyr to whom the rules do not apply. If I should lose my faculty for making decisions, that would be another matter, but as yet I have not. With my faculties intact, I have not only rights but responsibilities. If I am seen as a person who need not live up to her end of a contract, who in their right mind would enter into a contract with me?

Just as medical, financial and political institutions bear a responsibility towards citizens with HIV or AIDS, I bear a responsibility in my daily life towards all those I come into contact with, regardless of whether or not various institutions are living up to their end of the deal. Let's take this whole argument out of the realm of the murderous and put it back into a realistic and relevant context. Simply put: the system may be stacked against me, I may not qualify for disability benefits until I'm legally dead; I still don't get to smack my kid or kick the dog with impunity.

If I accept the definition of myself as unaccountable victim, the results could be just as detrimental to my health as to my ethical base. Our health generally lies outside the realm of right decision: we just do the best we can and work with what we've got. But if we perceive ourselves as passive victims, we are entirely too dependent on the kindness of fate and strangers. As my doctor told me when I showed up at his office eleven pounds thinner from final exam stress: "We can keep you healthy a much longer time if you participate in the process".

It is my right to participate in the process, along with my responsibility. I intend to hold on to them both, right up until I start confusing my family members for errant livestock.

## PWAlive<sup>©</sup>

Volume 5, No. 1  
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*PWAlive is a journal by, for, and about people affected by AIDS*

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*PWAlive* provides information for those currently living, directly or indirectly, with AIDS/HIV. We report information regarding traditional medical approaches to the disease, as well as information regarding alternative and holistic approaches. We seek to provide ways for readers to obtain more information regarding approaches that seem interesting.

*PWAlive* is a forum for affected people to express opinions and to evaluate current services, legislation, and the social impact of AIDS. Opinions expressed are those of the author and do not necessarily reflect those of any supporting person, agency, or *PWAlive*.

*PWAlive* also publishes works of art, photography, and literature by, and/or of interest to, PWAs/PWHIVs and those who care about them. Remembrances of people who have died are welcomed, as are the celebrations of those living with AIDS/HIV.

*PWAlive* is distributed to individual subscribers and to offices and agencies where it is likely to be seen by those who will benefit.

*PWAlive* welcomes readers' comments and contributions as we strive to be a source of empowerment to ourselves and to each other as we live our lives with AIDS.

*PWAlive* publishes quarterly. Submissions and contributions should be mailed to *PWAlive*, P.O. Box 8393, Minneapolis, MN 55408.

*PWAlive* Editors are: Carlton Hogan and Louise Hoelscher.

Board of Directors: Jerry Beltt, Hank Jones, Kara Korach, Jim Maurer, Kevin Morgel, Sarah, and Cindy Zegers.

Volunteer staff: Morgan Brooke, Emily Carter, Rebecca Dahl, Mike G., Tom Holte, Kara Korach, Bob Miller, Cliff Shikler and Cindy Zegers.



# ACCOUNTABILITY

## *I have the right to be held responsible*

**T**he theme of this PWA Live is accountability. Accountability is a word that is often heard in the AIDS community, as well as most other communities that have a substantial social justice/social change commitment. In these contexts, the meaning is often artificially narrowed. "Who's accountable" too often gets transmuted into "Who's accountable to me". We hear a lot about the accountability of various organizations or services to their clients or constituencies, but it's rare to hear discussions of what those individuals are collectively or individually accountable for. Accountability, however, is without a doubt a two-way street.

A lot of the thoughts that catalyzed this theme came from a apocryphal story I heard. I have left the specifics intentionally vague, as I heard a different version of the story from everyone involved. At this point I will just categorize the whole thing as "possibly true". Regardless of it's factual truth, it is most definitely metaphorically true, and elegantly explicates something that deeply concerns me. In a nutshell here is the story as I understand it:

### A PWA IS AN ADULT

A PWA was receiving an essential service from one of the agencies in town. As a prerequisite to receiving this service, this person explicitly contracted with the agency that certain behaviors were unacceptable, and further, were cause for discontinuance of the service. These restrictions were for the protection of other clients:

they were not arbitrary or unreasonable, and had never been seen as such by other clients. Anyway, this person proceeded to break his end of the contract, and engage in the problematic behavior. He was then denied the service, as he had been explicitly told at the outset would happen.

A lot of people got really upset, and were advocating that despite the fact that the restrictions on the service were explicitly delineated and evenly and fairly imposed, this person *should not be held accountable* and should receive no consequences. He should be allowed uninterrupted access to the service, as though nothing had happened.

Now wait a minute here! Remember "PWA Empowerment"? This person contracted as an adult. To deny him all that entails, and say that he should not be held accountable because he has AIDS erodes his autonomy and power. After all, if people know you have free license to break a contract, no-one will contract

with you. To compromise an individual's ability to negotiate and contract with individuals and organizations is to deny them an essential facet of human society. It's treating a person like a child, or like (unfortunately) MI and MR folks are often treated. It takes away power, *it doesn't confer it*. It's only one short step from "You can break the rules because you have AIDS" to "We'll take care of you, why don't you just lie down until this whole thing is over."

Now I'm not saying this person or the agency involved was right or wrong. I know far too little about the whole situation, and frankly, it's probably none of my business. So I don't know all the specifics. But then again, neither did the persons who were pushing for this person to be reinstated. But I still would argue for the essential principle, which is that we should be treated as competent, functional adults until we prove otherwise.

(Editorial continued on page 4)





## NOW THAT YOU'RE PISSED OFF...

Now I know for sure that I'm going to get some angry mail on this one. Actually, that would be great, and we really welcome community letters on this and all other subjects. But just to ensure that the letters accurately critique my true position, I need to offer some clarifications. I am not saying that we need to be compliant with all authority, that we should be "good Germans" meekly accepting what ever arbitrary or draconian consequences that come our way. As a matter of fact, I kind of feel obligated to either protest or break (or both) laws and rules that are clearly discriminatory, patently ludicrous, or brutal and unfair. But an essential component of successfully interacting in any society is a tacitly understood "social contract", where at least some rough guidelines on the expectations are uniformly applicable to all members. Occasionally you may have to go along with things you don't like too much (unless you are some kind of Nietzschean superperson), but there is at least a framework from which to negotiate and measure your rights and privileges from.

I know that if the health or welfare of myself or those I care about was sufficiently threatened, there are virtually no constraints on what I might be willing to say or do. That certainly doesn't exempt me from all restriction and restraint. For example, I believe that I, as an HIV-infected person am 100% accountable to have safe sex every time I have sex, and only with partners that are aware of my HIV infection. I personally would have a hard time finding a "loophole" that would justify wriggling out of that obligation.

If it was a case of the policy being a poor or unfair one, I am relatively sure that this might have come to the attention of the community beforehand. As far as I know, this policy has existed for at least four years, and civil disobedience, up to and including intentional flaunting of the rule might be the appropriate response.

But it's difficult to portray your actions as "revolutionary" ones when you express no dissatisfaction with a rule until you are caught breaking it.

This is not to say that "Rules are Rules, and that's it" People with severe disabilities should not be expected to fulfill all functional tests and requisites that might apply to the rest of society. That way lies social Darwinism and brutality. I'm not sure there is a yardstick or litmus test to exactly delineate the specific accommodations and laxities that are reasonable in evaluating the behavior and performance of a disabled person. But I know what "smells" like human dignity. I know that

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### *IT'S DIFFICULT TO PORTRAY YOUR ACTIONS AS "REVOLUTIONARY" ONES WHEN YOU EXPRESS NO DISSATISFACTION WITH A RULE UNTIL YOU ARE CAUGHT BREAKING IT.*

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anything that takes away an individual's right to choose or act without substantial evidence that they are incapable of doing so without injuring themselves or others sure ain't it.

And lastly, I most certainly am not suggesting that this poor (at this point probably mostly hypothetical) person should have to go without an essential service or need, regardless of what happened in the original situation. There should be a place at the table for every one. If the (mostly hypothetical) agency did anything wrong, it was not arranging an referral to another resource that would be more appropriate. Unfortunately, the tragic and vicious reality is that such a service probably doesn't exist. In all probability, there is not another option. But the fact that we as a society have not been accountable (Aha, there's that word

again) in no way mandates that the agency concerned should take responsibility for the whole situation. If anything, they are to be commended for at least beginning to address part of the problem.

Before people wholeheartedly condemn the agency, or myself, for what might be seen as an apologist tone, I suggest that they themselves provide services.

The problem, as I see it, is that people who style themselves as "Activist" are compelled to be more accountable. Especially if they wish to criticize the actions of entities that are providing services.

It's easy to stand outside the system and protest the fact that PWAs are not given hot fudge sundaes every other Tuesday. But to do so is to demean all of the far more pressing and egregious wrongs that exist, and ultimately, the process of activism itself. We, as activists, are accountable to pick our targets soundly, pragmatically, and strategically, and not to waste our support and everyone's efforts on vendettas or capricious and frivolous targets. Reflexively attacking those who are trying to help for not entirely solving the problem is self defeating. It erodes the support that is out there, exhausts those who have consistently taken our sides, and scares away potential new allies who may still be a little naive, and who might say the politically incorrect thing sometimes, but who really mean well and are willing to learn. More importantly, it depicts us at best as buffoons, and at worst as a hopelessly torn community which is unable to find agreement or solidarity, even in the face of the literally deadly opposition that confronts us.

## NOT ALL PWA'S ARE DEMENTED

A couple of years ago there were a number of papers that came out that suggested that HIV did some neurological damage, even during the "asymptomatic" stage of infection. There was suddenly a huge outcry from the Jesse Helms-Richard-



Dannemyer-Don Nichols Fascist axis that Persons with HIV or AIDS should not be allowed to hold jobs where "public safety" might be an issue. No HIV-infected pilots, air-traffic controllers, school bus drivers, construction workers, or even teachers. It was a very scary time, and for a brief period it looked as though we might be deprived of a vast majority of our civil liberties, all in the name of "taking care of us." Any time that we as a class are treated as somehow less than competent or able to take care of our own behavior and needs, we verge on a slippery slope leading to the Helms-Dannemyer precipice.

You see this sort of thing to an even greater degree as folks get sicker, and become partially or entirely disabled. All of a sudden, out of the woodwork come teams of "concerned" people who want to make sure that the PWA is "taken care of". I've seen this go both ways: I've seen a wonderful, loving, nurturing phenomena, where people get together in a care team with great respect. They act almost as prostheses for the disabled person, helping her or him to achieve tasks or goals that would otherwise be impossible. The autonomy and dignity of that person is respected, and no one forgets who this is all for, and who (rightfully) gets to make the decisions.

But I have also seen far too often an alternative scenario. A person who is gravely physically ill, but quite mentally whole, starts getting treated like a child. All of their wishes and desires are treated as suspect, and any number of questionable things are done ostensibly "for their own good". Critical conversations that have great real world implications are held in secret "so as to not bother them with that". Decisions are made, and plans are set into motion, without consulting the person who they most affect. The classic example of this is the person who receives a "terminal" diagnosis, yet no-one tells them. "They're just to sick right now," "It would only depress them" "I can't take away hope" .....

And so in that moment, that person loses all ability to make a meaningful choice, because the information with which to make such is missing. Some times these situations come about when parents who have not seen their child for ten years come swooping into a situation that a gay, lesbian, or otherwise unapproved of lover had at least moderately under control. The covert power struggle then ends up being as much about life-style choices as it is about the matter at hand. Often, family members or other close associates have finally gotten a measure of power and control in the relationship that was impossible

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when the concerned person was well enough to safeguard their own interests. They are no longer *accountable*, and so are able to impose their wills rather than the PWAs.

Fortunately, this sort of thing is possible to safeguard against, even if you have no explicit fear of a formerly buried struggle rearing it's head. *Everyone*, HIV-infected or not, should have a living will, and a power of attorney, delegating someone you know you can trust to make the decisions. These are tools explicitly designed to keep a measure of control over your life, and to keep others accountable to your preferences. And the sad fact is that we are accountable to take these steps if we want the full measure of legal protection in a country that recognizes the rights of estranged parents over a gay lover, and trusts virtually anyone more than a disabled persons. Given all the possible ways in

which we might have decisions made for us while we are compromised, it is our responsibility to work to lessen that chance.

Another way we can safeguard our power, and keep others accountable is as simple as keeping our dignity and honesty: Holding up our end in bargains, honoring our commitments, and consecrating our entire community with integrity and pride. It may not be enough to keep the jackals at bay, but it will help convince others of good will to come to our aid when the jackals attack.

#### **SPEAKING OF JACKALS...**

Speaking of jackals, we might have a brand new climate in Washington DC, a chance to be treated as fully important and vital citizens of this country. I'm a little dubious, but until they prove otherwise, we need to behave as though the Clinton Administration really wants to work with us and safeguard our interests. And that implies a whole new level of accountability for our community.

There was always something inherently exhilarating and carefree about confrontational activism. We could throw blood on the FDA, and then go home. For those of us who are living with AIDS, there was a certain degree to which we could never leave the battlefield, but for the most part, we could choose when to engage, when to withdraw.

A long term, negotiated relationship with working partners is another matter altogether. We sit down at the table, cut deals, make compromises, make respective promises, and then follow-through. Our time lines, our actions, and our statements need to take into account those we have contracted with. It's a long haul type of proposition, and although we can initially ask to get our way entirely, we will inevitably have to agree to toil mightily for a compromise position. We will have commitments on all kinds of time scales, from our behavior during the meeting, to follow-up activities for as much as years later. We will need to

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be accountable in a brand new way. I like to believe that we have always had those standards for interactions *within* our community. Now, we must learn to do the same without. In the same way that one person who works in AIDS might extend a little more trust, a little more understanding, a little more effort, to a colleague or fellow PWA, we now need to extend that circle outwards.

If that was the only challenge, that might be "a cakewalk". Unfortunately all of us are now going to be accountable to those from outside our little world at the same time as we maintain an equal or greater commitment to all the diverse constituencies within the HIV/AIDS world. What may be an acceptable compromise to a middle class white man in Minnesota with health insurance may be totally out of line for an inner city dweller with little or no health care reimbursement. The many diverse communities, be they gay men, people of color, women, or IVDUs may have nearly as great a gulf between them as with the government. But we need to make all of our promises, cut all of our deals, with all concerned given due consideration. Now *THAT* is an awe-inspiring degree of accountability, but one that I have faith our community is ready for.

#### PWALIVE'S ACCOUNTABILITY

In this issue, I report on my trip to Washington, and the first fumbling efforts toward this kind of progress and maturity. We also have wonderful essays from Tom Holte and Emily Carter on what accountability means to them. Tom also gives more specifics on a way in which we can all be more accountable to our own health by being informed, and gets a plug for his new and revolutionary service. Mike G. gives his musings on the place where accountability ends, and the survival of the human spirit past that point, and artwork by Cliff Shikler, and Rebecca Dahl keeps PWALive accountable to being visually beautiful. Kudos go out to our board, including new board members Hank Jones and

Sarah. This magazine would not exist without their ongoing commitment to PWALive, their accountability to a community that needs alternative media. Their efforts and belief kept PWALive alive through a time when the magazine as such did not even exist.

Thankfully, I believe we are well on track now, with an enduring structure that will survive the staff deaths that we seem to have been plagued (*sic*) with. Along with other positive changes, we intend to consign that unfortunate tradition to the scrap-heap. And speaking of accountability, there is the matter of our mailing list, which has been notoriously poorly maintained. Please find it in your heart to forgive us: what might have appeared to be criminal indolence or contempt was just another manifestation of the "unmanageability" of the last year, and our many transitions. Jerry Beltt gives a brief description of our efforts to make sure that supporters and subscribers will actually stand a good chance of receiving PWALive by mail, rather than having to go to MAP or Aliveness to pick it up.

#### THANKS

Big XXX's and OOO's to *Aliveness*, for including us in *HEALING OF THE HEARTS*. It was even better than ever this year, and symbolizes a great rebirth in our community.

#### HAPPY SPRING!!

PLEASE send your letters, articles, comments, artwork, and love-letters to:

PWALive, PO Box 8393, Mpls, MN 55408, and we'll see you all at Pride, and then the AIDSWalk (look for our banner!)

Editors:

Carlton Hogan and Louise Hoelscher

### Another couple of additions to our HIV/AIDS periodicals Bibliography:

*World*  
PO Box 11535  
Oakland, Ca. 94611

*World*, which stands for *Women Organized to Respond to Life-threatening Diseases* is a monthly newsletter by, for and about Women with HIV or AIDS. It is a nice mixture of medical or scientific articles of particular relevance to women, and very personal stories.

*World* is evidently more than just the journal: they maintain a speaker's bureau, and may provide other services. It's a nice, straightforward magazine, and should be appreciated by the women in our community, who tragically still sometimes lack a voice.

*The Common Factor*  
The Committee of 10,000  
583 Plain St.  
Stoughton, MA 02072

The activism of hemophiliacs in the US, Canada, Great Britain, and other places is finally focussing attention on the issues and concerns of these folks, who are struggling with two life-threatening diseases. The committee of 10,000 is sort of the "ACT-UP" of the hemophilic community, and has been vigilant and vocal in making sure that their community is not short-changed in the elaborate political battles and complex scientific agendas that surround AIDS. *The Common Factor* is their newsletter, but it's appeal is certainly not limited to the hemophilic community. There are articles on treatments, legislation, and social issues that are useful for everyone involved in HIV/AIDS. Just as important, *The Common Factor* also features articles that are more hemophilic-specific that give valuable insight and help raise sensitivity toward a community that has often been ignored in the dialogue around AIDS.



maintained it was, in every flight of birds that passes. The only thing we could do to hold the fates at bay was to keep our own world full to the brim . . . ' (p. 24).

<sup>18</sup>Eileen Whitfield, 'Witness', *Saturday Night* (January 1988): 36-42.

<sup>19</sup>The Greek term 'psychomachia' literally means 'soul-war': i.e., a conflict in the soul between fleshly desires and spiritual aspirations. The late Latin poet Prudentius (c. 400 AD) used the term as the title for a long allegorical poem in which personified Virtues and Vices struggle for possession of the human soul. For a translation of the *Psychomachia*, see *Prudentius*, vol. 1, ed. H.J. Thomson (London: William Heinemann, 1949), pp. 274-343.

<sup>20</sup>June Callwood, *Jim: A Life with AIDS* (Toronto: Lester and Orpen Dennys, 1988), p. 3.

<sup>21</sup>*Ibid.*, p. 6.

<sup>22</sup>*Ibid.*, p. 7.

<sup>23</sup>Lyric (based on Zechariah 13:1) by William Cowper, *The Methodist Hymnal* (Nashville: The Methodist Publishing House, 1964, 1966), no. 421.

<sup>24</sup>On the symbolic connection between the Fountain of Life and the Blood of the Lamb, see Lotte Brand Philip, *The Ghent Altarpiece and the Art of Jan van Eyck* (Princeton: Princeton University Press, 1971), pp. 66-70.

<sup>25</sup>'The Impossible Dream', line 12, from *Man of La Mancha* (words by Joe Darion, music by Mitch Leigh: Andrew Scott Inc, Helena Music Co, 1965). By reprinting the entire text of this song at a critical moment in her narrative - just when Jim receives his Theatre Ontario award and his AIDS diagnosis (*Jim: A Life with AIDS*, pp. 136-7) - Callwood turns it into a grotesquely ironic gloss on her hero's far from romantic life. Unhappily Jim finds his Dulcinea in a rich but reckless Jehovah's Witness virgin named Iris Hrabovsky, whom he marries briefly in the mid-1970s. When heterosexual bliss proves to be an impossible dream for him, he simply switches roles from dutiful husband to gay Prodigal Son and heads for the wicked discos of New York.

<sup>26</sup>Callwood, *Jim: A Life with AIDS*, pp. 117-19.

<sup>27</sup>*Ibid.*, p. 119. So parable-like is Jim's life with AIDS that even in his life before AIDS he could hardly enter a store without transforming it into an allegorical locus of demonic depravity and sexual temptation. I shudder to think what the managers of Eaton's, Toronto's most respectable WASP department store, thought when they read Callwood's account of Jim's erotic experiences in the display department of their old College Street building, where his lust amid the mannikins compelled him now and then to masturbate (fortunately not in the display windows). Colluding with his own direly moralistic interpretation of this act, Callwood remarks that when he was finished masturbating he felt devastated: 'What he had done was wrong, demonic, bad, evil' (p. 78).

<sup>28</sup>*Ibid.*, p. 310. At Jim's memorial service, Callwood read excerpts from the transcript of his taped will.

<sup>29</sup>For a photograph of this memorial, see *Time* (17 Nov. 1986): 30.

## SEXUAL ETHICS AND AIDS: A LIBERAL VIEW

MICHAEL YEO

### AIDS AND SEXUAL MORALIZING

AIDS has been socially constructed according to moral categories in a way that few other illness have ever been. It has been widely regarded as a sign of immorality and even a punishment for moral transgression. People with AIDS have been stigmatized, scorned, and shunned as 'moral lepers'.

The dynamics of this process are easy enough to understand. Sex has always been a leading preoccupation of moralists, and when AIDS first appeared in the early 1980s it quickly became a target for moralizing because of its association with sex. Homosexuality, promiscuity, prostitution, and extra-marital sex, foremost among the 'cardinal sins' of the flesh, happen also to have become associated with AIDS.<sup>1</sup> The moralizing directed against these 'moral transgressions' came to be directed as well against AIDS: guilt by association.

From the start, I want to dissociate my analysis of AIDS and sexual ethics from the sexual moralizing that has been so pervasive in relation to AIDS.<sup>2</sup> In the first place, I am deeply suspicious about the way the 'cardinal sins' identified above have come to be designated as such. In matters of sexuality,

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