

they do in assessing both entitlement and eligibility. We wanted to know how they processed PHA applications for social services. For example, how does the work of a housing office transform a PHA into a good tenant" and, as such, eligible for housing. Or, how does an assessment by a home care worker make a PHA eligible for complex care? The individuals we interviewed worked in programs of income assistance (General Welfare and Family Benefits), the Home Care Program and some housing programs along with drug rehabilitation programs.

A major finding of our work is that in the downtown core of Toronto there has been an considerable improvement in the delivery of health and social services to gay PHAs over the past decade. None of the PHAs or workers in gay community-based AIDS organizations reported systemic forms of discrimination on the basis of sexual orientation.

Individual complaints of discrimination made to a supervisor usually resulted in having the offending worker removed from a PHA's case. These conditions appeared not to be true outside downtown Toronto. These changes result from the work of many dedicated individuals at both the community and local level, and within government. Moreover, we see these forms of cooperation as an important strength in the fight against AIDS.

To say that homophobia and AIDSphobia do not have the grip they once had on service delivery in downtown Toronto is not to suggest for a moment that the stigma of AIDS, especially in the wider society, has disappeared. This stigma, with its own brand of homophobia, is a major barrier to health and social services for PHAs. It often affects a gay PHA's connections to his job, family, community and friends. For example, it produces many of the psycho-social problems PHAs face. There are still PHAs who abruptly quit good jobs without collecting their sick pay or short term disability benefits because they are afraid to come out at work as either gay or HIV positive.

These organizational features of the lives of gay PHAs have a direct impact on "hooking up" to health and social services. Another example is how some gay men at risk for HIV/AIDS do not test early, and so are unable to plan their transition to welfare and subsidized housing, as painful as that might be.

Gay PHAs, particularly those who do not have long-term-disability (LTD) benefits from work, are an especially vulnerable population. Without LTD, a middle-class gay PHA can slide into poverty. So, access to LTD