

often defines the class character of "hooking up" to health and social services.

The class character of "hooking up" is also shaped by the organization of race and ethnicity. Here we would include gay PHAs from First Nations as well as from visible and ethnic minorities, including immigrants, visa students, and refugees.

In respect to class, the demographics of AIDS is changing. There will be fewer and fewer "good" middle-class gays who have slipped into poverty because they do not have LTD benefits. This shift is already underway. It takes the form of an increase in the numbers of PHAs who present difficulties to case managers, like those described as "hard to house."

Gay PHAs from racial and ethnic minorities, along with street youth and homeless gay men, often find it hard to access health and social services from mainstream ASOs. So, it is important to strengthen the organizational relations between mainstream ASOs and their ethnocultural counterparts, as well as with agencies working with street youth, homeless people, and sex-trade workers. One example, would be development of more on-site benefits and assistance counselling and in-take for social assistance and housing.

In addition to these three areas of general concern-stigma, case management/advocacy, and knowledge about "hooking up"-, we would like to raise a number of issues.

1. Health care for PHAs has to be taken up within the context of social services and a more aggressive policy of health promotion. To focus only on treatments is to adopt a middle-class view of AIDS. For poorer, gay PHAs, treatments, nutrition, and dietary supplements come in a distant third after housing and income assistance.
2. Information about social services, particularly programs of income assistance and assisted housing be included as a standard part of post-test counselling procedures so that PHAs can plan their move from work to welfare.
3. Gay PHAs do not have a right to a home in which to die. For all practical purposes, housing for PHAs, apart from hospitals, that sometimes serve as housing of last resort, can be divided into four streams: middle-class PHAs, with long term disability benefits or some other form of secured income, can continue to live at home. Gay PHAs with good character references, who can live independently, can find rent-geared-