

We found it impossible to take up the issue of equity in health and social services for gay PHAs independently of the issues of class, race, ethnicity and gender. Conversely, given that a very high proportion of all AIDS cases are among gay men, discrimination against people with AIDS becomes a form of homophobia.

Two issues that surfaced in our interviews were, first, how health was less important than income and housing for PHAs who are poor. The second, was the knowledge a PHA has about accessing health and social services. We were particularly interested in the informal knowledge about "hooking up" stored in the various segments of the gay community.

We uncovered a lack of information about health and social services among gay PHAs. For example, a number of the gay men we interviewed told us that they did not originally apply for Family Benefits Assistance because they thought that it was for families only, and that single men could not apply. Another example is how PHAs knew very little about the home care program, especially the services to which they are entitled.

In the second phase of our research, we interviewed 40 individuals from community and local agencies in downtown Toronto about the work they do to facilitate PHA's access to health and social services. While we started with various AIDS organizations in the mainstream gay community, we extended our research to include hospital HIV clinics, services for street youth, hemophilia organizations, Native organizations, STD clinics, supportive housing, a needle exchange, a public health department, doctor's offices, community health centres, churches, legal clinics, drug treatment facilities and others.

We found that the case management and advocacy work done by both community-based and local organizations to be very important to the health and well being of the gay PHAs we talk with. This applied both to work done on behalf of an individual, or in advocating for broader, institutional changes. Overall, gay PHAs who are poor, often not well educated, or not as well connected to the gay community had more difficulty "hooking up" to health and social services than did their gay, middle-class counterparts. These would include street youth, homeless PHAs, and PHAs who work in the sex-trade. The situation of these individuals is sometimes made worse by going in and out of prison on charges related to drug use or prostitution.

In the third and final phase of our research, we interviewed people in government offices about their work in "hooking up" PHAs to health and social services. Our concern was to understand the everyday work