

Gay Bodies, Gay Selves:

Understanding the Gay Men's Health Movement

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Gay men are healthy, happy, and life affirming.

We're creative, strong, and resilient; more than almost any other male population, we think outside the box, take responsibility for our actions, and care for our selves and others. We know how to get what we want and we know how to create lives that are satisfying and fulfilling.

In fact, we've developed our own home-grown social networks, support structures, and communal rituals, all of which are more functional, nurturing and sustaining in today's environment than monogamous couples and nuclear families. More than most others, gay men know how to find community—even when it's hidden—and build community—even in the face of formidable obstacles.

I make these claims based on what I've observed over thirty years of living as a gay man who's maintained deep involvement in gay community life and lived most of his adult years in urban gay enclaves. I offer what I've learned to anyone hoping to become a contributing part of something called the "gay men's health movement." If you don't take as your starting point that most gay men are already happy, healthy, and successful, this movement isn't for you.

Nothing convinces me of the healthiness of gay men's communities *more* than our relationship to HIV/AIDS. I say this knowing that our infection rates for HIV are precisely what most concerns those who see gay men as tragic, diseased and self-destructive and motivates them to repeatedly harangue us. The annual incidence of new HIV infections among gay men, between one and two percent each year over the past 10 years, is put forward as proof that we've returned to our wicked ways. Because 1-2% of uninfected gay men become infected with HIV each year, many people believe we are an irresponsible population unconcerned with our own health and that of other gay men.

While we might wish we could reach a point when no new infections occur among gay men in a single year, we know that once a disease become endemic to a population—as HIV has become endemic to

American gay men—it requires radical interventions, such as vaccines or new technologies, to eliminate.

Twenty-five years into the epidemic, with a few geographic and population-specific exceptions—exceptions that are important and which merit resources and attention—gay men have shown that the large majority (between 70-80%) of us are capable of remaining uninfected. If we have brought the infection rate for gay men in most parts of the nation down below 20%, this suggests that more than 80% of us are capable of doing what needs to be done to stay uninfected. Likewise, if about 25% of gay men in major gay centers such as San Francisco and 15% in New York are HIV positive, this suggests that even there, almost three out of four of us remain uninfected.

This is a big deal, but it is never the focus of the doomsayers. It confounds what they think of us. In fact, it came as an extraordinary realization to me. If the majority of gay men can do what needs to be done to prevent HIV infection, we must be doing something right. If we were truly self-destructive, wouldn't more than 75% of us to be infected, especially since the virus is so efficiently transmitted through sexual activity that brings great pleasure to most gay men.

The past 25 years has been a time when an inaccurate and phobic portrait of gay men as sick and self-destructive has been put forward, accepted as true, and taken hold as a central part of deeply ingrained public beliefs of gay men. In fact, I believe that the very systems created to protect and care for gay men—HIV prevention, addiction recovery programs, even gay-oriented mental health programs—use as foundational building blocks a pathology-focused understanding of gay men. Perhaps most extraordinarily, this same belief that gay men are damaged and dangerous has started to infuse some of the projects that are being created in the name of the "gay men's health movement."

In most of America today—including most gay centers, health clinics, and AIDS prevention programs—one can find others who look at gay men's sexual practices, patterns of socializing, and cultural norms as troubling. Here one can find professionals who'll examine gay male subculture, shake their heads, and point out what's wrong. Whether the subculture involves urban street youth, bears, circuit boys, Black MSM's, bare-backers, muscle boys, or leather men, you can find someone who'll point out substance abuse, obesity, narcissism, low self-esteem, food disorders, and internalized homophobia as major themes of gay male life in America. You can create programs, write grants,

establish projects, and make speeches decrying the "epidemic of epidemics" facing gay men, expressing surprise and dismay at the sexual practices of gay men, and identifying homophobia, internalized or externalized, as the dominant force influencing gay male life today.

But you're wrong. You'll win grant funding. You'll get great press coverage. You'll sell books. You'll win community service awards. But you're wrong.

You would be popular because you would buy fully into the dominant thinking about gay men that reigns throughout American culture today. Whether taking the form of pity or disgust, sincere concern or superficial empathy, blaming or shaming, the overarching understanding of gay men's lives today is one of tragedy and pathos. Why are they so sex obsessed? Why do they do so many drugs? Why do they use steroids, work out obsessively, and dye their hair as they age? Why do they have to cruise all the time? You'd be affirming the overarching belief that gay male culture is immature, irresponsible, and irrational.

These views have been put forward for over 25 years by both conservative, Radical Right, up-front enemies of equality for gay people, as well as by liberal thinkers who rhetorically embrace the humanity of gay men, even as they condemn it. Why is the initial impulse of so many people—liberals and conservatives alike—to mistake creative and life-affirming pockets of gay male life as sick and self-destructive? What is the difference between arch-conservative Paul Cameron citing gay men's sex, sexual values, and sexual cultures with disgust and disapprobation, and liberal Larry Kramer citing gay men's sex, sexual values, and sexual cultures with disgust and disapprobation? What is it about the various ways we mix masculinity, sex, and pleasure that must be censured and derided by both the left and the right?

Those of us who were there in the early days of the gay men's health movement look at gay men today—and at the communities where gay men come together, establish bonds, and celebrate—and see creativity, caring, and audacity. We're delighted and impressed with new generations of gay male styles, rituals, identities, and subcultures, even as we remember that gay men have always had an amazing ability to keep inventing bold, new ways of being, even in the face of commodification, backlash, and internal civil wars.

In fact, we know that for many gay men, homosexuality is a helpful and protective factor, it

adds to the assets and gifts one gets from one's original or home community in key ways:

- Gay men are more mindful than most others and think out of the box, resisting limited social categories and societal directives. The simple experience of claiming our sexuality, identifying other men with whom to have sex with, and entering gay community encourages mindfulness and creativity.
- As a class, gay men are skilled at both caring for themselves and caring for others. What some mistake as selfishness in gay men is often a kind of self-care that is rarely criticized in other men: the ability to understand and prioritize one's own desires and needs. As David Nimmons has so well documented, Gay men balance this self-care with a large sense of altruism—caring for others in the workplace, neighborhood, and community.
- Gay sexual culture allow us to make contact with men of other classes, races, and generations and form alliances which are richer and more diverse than those of most heterosexual men. Not only do we have sex with men who are different from us, but we form friendships and build community—however imperfectly—across stark identity lines.

In some ways, we take our lead from the women's self-help movement of the 1960s, 70s, and 80s a movement that powerfully influenced gay liberation and gay men's health organizing at that time. When women declared "Our Bodies, Ourselves," they were shattering centuries of patriarchal pathologizing of women's bodies and their lives. By working with other women to create new models of empowered health care and disease prevention, groups such as the Boston Women's Health Book Collective, the Santa Cruz Women's Health Collective, the National Black Women's Health Project, and others, created a powerful model for marginalized populations—including gay men and people with HIV/AIDS—seeking to make a radical break with the dominant medical model along with all of its embedded biases, values, and priorities.

My Journey Into the Gay Men's Health Movement

I've been interested in the health and wellness of gay male communities since my earliest years as an activist, organizer, and writer. In my early twenties in Boston, I was a member of the *Gay Community News* collective and wrote regular feature articles on topics including anti-gay violence, queer youth, and depression and suicide among lesbians and gay men. I was fortunate to be involved in founding some of the nation's first advocacy projects for LGBT youth,

served as an openly gay representative on a state social service council and at the White House Conference on the Family in 1980, and wrote the first book on gay people and suicide.

I was drawn to this work, in part, because I believed that the silences surrounding homosexuality and the way gay people's life trajectories were impacted by homophobia needed to be changed. I was also drawn to this work *because* of challenges I faced as a young man coming out in the early and mid-1970s. I became part of a movement, in Boston and beyond, that took on the massive project of changing the social and political position of homosexuality in our nation in order to improve the health, well-being, and life chances of a socially stigmatized and much-hated population. But at that time I didn't think of myself as part of a gay men's health movement. I was part of the lesbian and gay liberation movement.

During this same moment, I was tremendously influenced by feminist organizing, including the efforts of lesbian feminists throughout the United States. At different times I have struggled to understand why feminism became so central to my early gay male organizing activities. I was often one of the few men at women's music concerts; I joined picket lines at reproductive health centers that stood up against anti-choice activists; I avidly read the work of Adrienne Rich, Barbara and Beverly Smith, Cherrie Moraga, Gayle Rubin, Amber Hollibaugh, Andrea Dworkin, Mary Daly, Jewelle Gomez, Dorothy Allison, and Audre Lorde. While always aware that my obsession with lesbian feminism was far from altruistic, only in hindsight do I believe that I was mining feminist theory and practice for ideas and models that could best be applied to gay men. Even when I disagreed with specific analyses of patriarchy or recommendations for specific forms of activism, feminism taught me more about issues of power, privilege, and resistance than any other literature during that era.

At the same time, I was diving head first into gay male social spaces and the sexual cultures of the 1970s. Like most young gay men at the time, I found myself entering a world with values and norms very different from the social worlds I'd inhabited previously. I was drawn to gay bar life, disco dancing and leather clubs. I found myself in rooms packed full of men; in discos where hundreds of men were gyrating, sweating, and shouting. I found myself meeting a wildly diverse array of men and going back to their homes. I was exposed to men living in conditions vastly different from my own college dorm: public housing, working-class shared apartments, upscale urban penthouses. I had the

privilege of observing men up close, often men from other races and classes distinct from my own middle-class Jewish, Long Island background.

My early time in gay community life was profoundly influenced by the Stonewall political moment and the hippie-counterculture gay lib society. By the time I was out of college in 1976, that moment had pretty much ended, morphing into both the commercialized disco-bathhouse culture of the 1970s and the mainstream gay rights movement. At the same time, gay liberation—influenced, I believe, by feminism—exerted a powerful influence over the ways many of us thought about health, safety, and the wellness of gay men. In fact, the only observations and analyses of gay male life that seemed to bear any resemblance to the worlds in which I found myself came from gay liberationists.

I now see myself as the fortunate recipient of the hard work of gay liberationists who had created new ways of thinking about gay men's health, thinking that is often either totally ignored today or diminished and mocked. Responding to pre-liberationist beliefs that gay men as a class were sick, sinful, and criminal, the gay liberationists broke new ground in seeing gay men otherwise. Among the key understandings I took from gay liberation were:

1. **Gay is good.** While many people now look back on the "gay is good" moment as inconsequential, simpleminded, even trite, this notion struck me in 1975 as truly revolutionary. Not only were gay liberationists challenging the idea that gay is bad, but they were challenging the liberal notion that sexual orientation is neutral. From gay liberation I learned that the enactment of homosexuality itself, and the claiming of a gay identity, were powerful, transformative, and good. Gay was not sick, diseased, or bad. Gay was not value-neutral. Gay was good. Gay was very good. Gay was excellent.

I've been struck by the different paths lesbians and gay men took on this "gay is good" issue. Back in the 1970s, through lesbian-feminism, dykes had no trouble asserting that their claim to a lesbian identity was a powerful and positive move into values and lifestyles that were healthy and life affirming. They understood that our movement was about creating new forms of social organization, cultural rituals, and worldviews that offered much that was valuable to the world. And over the years, dykes have provided a wonderful model of addressing health challenges in a specific population (in their case, cancer and substance abuse) without allowing the concept of disease and the illness construct to

merge into the community's self concept and take it over.

Gay men tried to do the same thing in the 1970s: address health challenges without defaulting to a "we are a diseased population" model. However, in the years following gay liberation, we lost most of the language and political analysis to rhetorically affirm the value of the new worlds we were creating.

Discos might be "fun"; leather culture was "edgy"; bathhouses were "wild" and "ecstatic," but, except on rare occasions, we didn't articulate the valuable political ramifications of the new social order we were creating.

Lesbians had feminism, which led to the creation of a huge array of publications, texts, cultural institutions, and organizations explicitly founded on the linkages between lesbian identity and feminisms. While a few gay men embraced the small and problematic "men's liberation" movement, gay men (for the most part) avoided a political meta-analysis of their lives and simply dove into the work of pioneering new cultural norms, new ways of being men, and new forms of social organization. Because so many of us stepped outside the arenas that served as intellectual incubators for new analyses of gender and sexual identities, and instead immersed ourselves in cultural spaces that were themselves incubators of new gender and sexual identities and new relationships to traditional forms of masculinity, we left ourselves vulnerable to a backlash against the new gay masculinities. The dykes could fall back on the words of Audre Lorde, and others; few gay men put forward books that articulated the political value of the emerging gay male cultures and these men (for example, John Preston, Ivo Dominguez, Jr., Dennis Altman, Michael Bronski) attracted few readers to their political writings.

The backlash against gay as good emerged subtly during the first decade of AIDS; debates about gay sex practices, illness, and contagion, and quietly but steadily eroded our new barriers of defense against pathologized notions of male homosexuality. Many of us were distracted by unanticipated and overwhelming demands on our time: our friends, lovers, and neighbors becoming weak, spotted, and demented.

It's not surprising that few of us could see this particular conceptual backlash heading our way. Even as we put forward to the public evidence

indicating that gay men were behaving responsibly, that the epidemic had chastened our cultures, and that gay men exiting the bathhouses and enrolling en masse in volunteer programs to care for the sick and dying, we were affirming—through our defensiveness—the pre-gay-lib beliefs that gay men were one-dimensional, sexually obsessed, irresponsible adolescents.

During that first decade of AIDS while we were changing diapers and emptying bedpans, society, including gay male society, was reevaluating its beliefs about gay men and gay male culture, after only a few years of the gay-lib-inspired rethinking of gay male culture. AIDS affirmed pre-liberation views of gay men as diseased. The backlash effectively erased any substantive memory of "gay is good" from gay men's understanding of themselves and their communities and cultures. In its place a powerful return of the "gay as pathology" or "gay is diseased" construct emerged, a construct that, by the 1990s, moved into a dominant position in the minds of gay journalists, AIDS prevention workers, and gay political leaders. .

By 1995, any one seriously expressing even a limited notion of "gay is good" about gay men was seen as delusional, in denial, or seriously disturbed. Instead, a pathologized vision of gay men and gay male culture took hold: circuit parties were bad; the leather scene was bad; the gay ghetto was bad; young gay men were bad.

2. **Gay men can take care of themselves.** I came into a community where I quickly learned that gay men could care for themselves and care for each other. Not that this was a community without internal problems and that, pre-AIDS, that there weren't significant health challenges facing us.

At the same time, my mentors schooled me in the caring spirit of the times: that we lived in a world where almost all institutions were hostile to our kind and, if we were to survive and thrive, that we had to take care of our own.

On the micro-level, this involved sharing information about health providers who were gay-friendly or offered non-judgmental treatment for sexually transmitted infections. It involved sitting out sex for a week when we were being treated for gonorrhea. It involved participating in fundraising efforts—before AIDS—to support the founding of gay centers, addiction recovery programs, STD clinics, and mental health

services. The decade preceding AIDS, often depicted today as a time when gay men selfishly pursued their own sexual urges and did little to support community wellness was actually a time when men in urban centers took on the public health establishment and forced it to create or support the creation of STD prevention materials and services specifically for us.

On the macro level, this spirit of caring for our own created dozens of organizations and projects devoted to gay community self-care. This was a time when gay men in dozens of urban and rural locations joined with lesbians and transgender people to force Alcoholics Anonymous and other 12-step programs to incorporate the specific needs of sexual minority alcoholics and addicts. It was a time when gay publications throughout the nation regularly provided coverage of STD threats, information on treatment locations, and detailed material about self-care and prevention.

Many people today believe that the massive and much heralded gay response to AIDS in 1980s was new and without precedent, providing evidence of a surprising shift in the commitments of gay male communities throughout the nation. Nothing is further from the truth. Our model of volunteer-based care for people with emotional, physical or practical needs emerged from the same hippie-gay-lib spirit that created drop-in centers, crash pads, and emergency job programs for gays and lesbians in the 1970s. Our fundraising walks and mass events built on similar already-existing events in urban gay centers that previously had raised money for gay STD clinics or mental health services or, in some cases, guide dogs for the blind, toys for tots, or other public charities. What the nation witnessed in the massive gay response to AIDS in the 1980s was an expanded version of earlier efforts focused on caring for ourselves and caring for others that emerged prominently in the 1970s.

3. Political action and protecting the health and wellness of the community are inextricably linked. Gay liberation mentors such as Morris Kight and Don Kilhefner in Los Angeles explained to me early on that there was a strategic connection between gay activism and social services, the same connection that many other marginalized populations articulated back in the 1960s and 1970s. The early days of gay liberation made it clear that many men needed venues that would assist them to heal from the assaults of societal homophobia and that gay

clinics and community centers and rap groups were designed as spaces to support that healing in a community-based model. Hence gay political activism was intended to change the world so that fewer people would suffer and be damaged by homo-hatred, and gay health work was about healing people so they might reenter the political movement as whole people. Activism, itself, was healing; health work, itself, was activism.

Back in those days I did not divide my work on gay community projects into "health work" and "political work," and I'm sure many other men did likewise. Working in gay STD clinics was political work. Working to end anti-gay discrimination was health work. One of the benefits of being cast outside of all traditional mainstream systems was that we were left on our own with our own renegade way of understanding our work. When we attended events such as the New England Gay Conference or the Southeastern Lesbian and Gay Conference or the Maine Gay Symposium, politics, activism, health, and culture were entwined. Our lives led us to understand on a visceral level the powerful political underpinnings of community health and wellness.

I brought these three foundational beliefs—gay is good, the value of taking care of our own, and the inherent linkage between gay politics and health work—to my work in gay community centers and AIDS organizations in the 1980s, even as the world around me was shifting rapidly back into a disease model of homosexuality and taking on a professionalized work force of medical providers, mental health counselors, and addiction recovery workers that favored distanced, academic knowledge over community-based home-grown wisdom and a view of homosexuality as a disease model. As director of the Los Angeles Gay and Lesbian Community Services Center, which Morris Kight and Don Kilhefner founded, I worked with a powerful team of gay men and women to provide an array of social services to LGBT people using models that empowered rather than infantilized or made people dependent on a human services bureaucracy. When I moved to San Francisco to direct Shanti Project, a pioneering AIDS care group, I found myself working with hundreds of volunteers under unbelievable pressure to provide care for people with HIV, using a model that allowed people with HIV to maintain the locus of control over their health and medical decisions, rather than passing it to professional case managers, as is now more commonly the case.

These models and systems of care were founded on the belief that people controlled their own bodies and should control their own health care. Professionals were there only to assist these activities, not to direct or manage them. Any attempt to shift control onto professional health providers was understood as damaging, disempowering, and, ultimately, anti-gay. Learning from the feminist self-help movement, we understood the central role of power and authority in promoting or undermining health. We wanted to support the creation of powerful communities.

How Gay Became Sick Again

During the first decade of AIDS response, many of us were so caught up in the day-to-day work of prevention, care, and political activism that we didn't note the profound shift that was occurring in the ways social institutions, health care providers, and gay men themselves looked at gay men's relationship to health. While internal community battles were clearly about whether we still believed gay was good or whether gay men could care for themselves and each other (I'm thinking here about struggling with how to have sex in an epidemic, the closing of bathhouses, or making a distinction between being an "AIDS victim" and being a "person with AIDS"), many of us were so focused on the tasks at hand that we barely had time for big-picture thinking. Before we knew it, the 1990s had arrived, the tidal wave of AIDS had crested, and we were looking out over a vastly different landscape of gay men's health with vastly different understandings of gay men's communities and cultures.

By 1993, it became clear to many of us that one of the most pernicious consequences of AIDS was the way it re-pathologized homosexuality, particularly male homosexuality. And the most painful part of this return to gay-men-as-diseased-pariahs was that gay men were the most prominent mouthpieces espousing these beliefs. The same voices that spent a decade over-stating, over-praising, over-citing gay men's "sensible" and "prudent" response to HIV/AIDS—the gay medical establishment, gay public officials, gay mental health workers, and queer journalists—now seemed intent to balance their earlier pronouncements with an intense demonization of gay men, gay social structures, and, particularly, gay men's sexual cultures.

All of a sudden, it seemed like the wisdom of gay liberation was seen as a relic: homey sentiments and sweet, dated rhetoric of another era. Clearly an epidemic as extreme as HIV demanded more than self-care, more than "*gay-is-good*" sloganeering, more than political action linked to health services.

In the minds of many, AIDS proved that gay liberationists were wrong. Gay men were, in fact, not capable of caring for themselves and others; in fact, not only did homosexuals bring this epidemic onto themselves, but they were responsible for HIV becoming endemic by repeatedly and knowingly infecting one another. All of a sudden gay men became damaged goods—damaged by homophobia, damaged by AIDS, damaged by out-of-control sexuality, damaged by addiction. Damaged goods demand a paradigm of health promotion different from a community empowerment model, one focused on surveillance, control, discipline, and punishment—a paradigm that treats adults like children, a model focused on the colonizer and the colonized.

Hence by the mid-1990s, the dominant understanding of gay men and health was one where gay men were seen as spinning out of control, incapable of self-care, and terribly self-destructive and irresponsible. Medical providers, researchers, journalists, and AIDS prevention leaders—gay and straight—looking at our sex, substance use, community rituals, and social structures seemed almost unified in their assessment: gay men sought pleasure at the expense of health, self-care, and community responsibility. Even a thoughtful, well-planned 1994 conference—the National Summit on HIV Prevention for Gay Men, Bisexuals and Lesbians at Risk, held in Dallas and hosted by the Gay and Lesbian Medical Association to draw attention to continuing seroconversions—deteriorated into frustrated finger-pointing and blaming. I recall one respected lesbian leader wagging her finger and expressing her frustration and her horror that gay men couldn't keep "keep their dicks zippered up" during a health crisis.

Throughout these years, some of us tried to offer more nuanced arguments rooted in our gay liberation values. When issues arose, we tried to understand gay men's behavior from our own perspectives: What were such behaviors really about? What needs were being met? We tried to approach community controversies with an eye towards empowerment rather than punishment. When debates flared in 1996 about circuit parties, bathhouses, and bare-backing, we tried to offer arguments that understood gay men's sexual cultures outside a pathology model. We held two "Sex Panic" summits alongside the National Gay and Lesbian Task Force's Creating Change in San Diego and Pittsburgh where about two hundred of us came together to provide ideological and personal support for fighting local battles, during an era when the tide of public opinion had clearly turned against us. But even those efforts were diminished in much of the mainstream media and the gay press that

depicted us as delusional, sex-obsessed perverts out of touch with the realities of the times.

The forces that saw gay men as essentially sick, diseased, and irresponsible became dominant on the pages of newspapers and at AIDS conferences. Whether the topic was new infections among young gay men, bare-backing, crystal use, circuit parties, or even same-sex marriage, the discussion was dominated by an overarching vision of gay men as sexually obsessed, self-destructive, and uncaring. At worst, we were seen as menaces to society. At best, we were excused as victims of societal homophobia, racism, and indifference. In both cases, we were seen as deficient: deficient in self-control, deficient in social responsibility, deficient in health and wellness.

This rhetorical frame for gay men's cultures began to seep into the consciousness of regular gay men and soon appeared to dominate the thinking of gay men themselves. It became common to run into friends, tricks, and social acquaintances who repeated the new party line about bare-backing or circuit parties or crystal use; some of us recoiled in disgust and disappointment. All of a sudden a rank and file gay male population saw itself and others through the disease lens. It was a return to pre gay-lib days. The homophobes had won the battle!

When we attempted to work in partnership with friends in HIV prevention organizations we faced surprising challenges. They'd repeatedly affirm that they shared our beliefs about gay men and health, embraced "sex-positive" values, and were committed to "empowerment" (a term that had, by the 1990s, been so overused and misused that it immediately made some of us skeptical), and then they'd launch advertisement campaigns that were condescending, patronizing, and deeply anti-gay. An AIDS prevention industry clueless about how to limit new infections tried almost anything, including buying into all the foundational assumptions of the Right that gay men were evil vectors of disease.

It came as no surprise that gay men began to see one another, not as brothers and caregivers and lovers and comrades in gay liberation, but as opponents, threats, and enemies to one another's health. HIV prevention asked us to treat every man we sexed with as if he were infected, in order to ensure compliance with the condom code, even when not necessary. We were told to distrust men's identified antibody status because "men lie." We were force-fed campaigns like "HIV stops with me," which worked ironically to drive home—in case anyone doubted it—that there were legions of positive men out there eager to pass on their virus to vulnerable, clueless uninfected men.

The sorry state of HIV prevention, the effective re-pathologizing of gay men as a class, and a rising sex panic emerging from the collusion of gay male journalists and neo-liberal public officials, finally drove some of us to organize. Not only did public conversation about gay men in the early and mid 1990s cause us tremendous heartache and inspire contentious internal community splits, but it also motivated some of us to intervene in the discourse and organize alternative sites where more progressive analyses might be shared.

The Creation of a Gay Men's Health Movement

In 1998, when the annual National Lesbian and Gay Health Conference, which drew together people working on LGBT health issues nationwide, ceased to exist—its host organization went bankrupt—discussions took place about finding a new organization to host the event. At the time, lesbian activists wanted to organize on their own for a few years and several key leaders encouraged gay men to begin "to get their act together beyond HIV/AIDS." This motivated me to work with a small group of other activists—all under the age of 30—sharing similar values and visions, to issue a call to the first national gay men's health summit.

Coming as much out of frustration with HIV prevention work as from the current sex panic sweeping over gay communities nationwide, our team of good-hearted organizers volunteered to do what needed to be done to create a space where people concerned about the health and wellness of gay male communities could come together and explore the issues outside of the paradigm of disease and self-destructiveness that had overtaken other venues. After eight years of intensive gay men's health organizing efforts occurring outside the purview of any national gay organization, we have finally succeeded in creating an alternative to the disease model of working on gay men's health issues, an alternative that, while far from dominant, is being embraced by more and more organizers and more and more rank and file gay men who sense that there is something very wrong with how journalists and medical experts continue to talk about gay men's communities.

The model we put forward at the first three gay men's health summits (2000, 2001, 2003) included at least three beliefs that contrast dramatically with the beliefs of the disease model. First, we believe that gay men, at root, i.e. radically are individually and collectively healthy, reasonable, life-affirming, and successful in creating fulfilling and meaningful lives. Second, we take an asset-based approach to gay men's communities, rather than a deficit-based

approach; we look at and build on inherent community strengths, resources, skills, and values that demonstrate gay men's commitment to survive and thrive even under formidable circumstances. Third, we share in a commitment to approaching gay men as savvy, reasonable people with a baseline commitment to self-care, community-care, and disease prevention. Ultimately, we believe that gay men do exist who appear unreasonable and destructive to themselves and others, but we believe the current paradigms misrepresent all gay men for this small group. At the same time, we refuse to separate ourselves and our movement from these men, create programs only for "goodies" and avoid the "baddies," or write them off as inhuman or inhumane.

We organized our small group of national summits with the intent of dispersing these ideas and values widely throughout the nation in a manner that was decentralized, unstructured, ultimately beyond our control. Inspired by Alberto Melucci's work on contemporary social movements and Michel Maffesoli's work on neotribalism, we believed that, in today's world, paradigm shifts can result from new, creative organizing techniques. We rolled up our sleeves, got down to work, and now, several years later, see a changing landscape to which we have contributed.

I know I share the joy and satisfaction of many organizers who've marveled at the growing influence our nascent gay men's health movement has had and the many projects and events that seem at least partially inspired by our work. Over 30 local and regional gay men's health summits have been held throughout the nation, including not only events in urban centers such as New York, San Francisco, and Seattle but summits in Wilmington, Delaware; Salt Lake City, Utah; and Hartford, Connecticut. Summits have been held focused on African-American and Latino gay men, rural Southern men and young gay men.

In the United States, the origins of the term "gay men's health" are rooted in the gay liberation movement and at least one organization utilizing the term in its title remains from that period (Berkeley's Gay Men's Health Collective). However, during the 1980s, after New Yorkers named their first AIDS organization "Gay Men's Health Crisis," the term seems to have become a euphemism for AIDS. As activist Chris Bartlett has pointed out, HIV so overwhelmed the community that "gay men's health" became synonymous with "HIV/AIDS."

When we began agitating for a national "gay men's health" summit in 1998, we seized on the term in an

attempt to strategically move its meaning beyond HIV/AIDS. Our intent was twofold: (1) we hoped to promote a holistic view of health that incorporated not only medical and mental health but emotional, political, spiritual, and community health concepts as well; (2) when we did focus on health threats to gay men, we wanted HIV/AIDS simply to be included as one of the many ailments facing gay men, alongside cancer, heart disease, street and domestic violence, syphilis, obesity, and addiction.

We find ourselves at an unusual moment now, where the term "gay men's health" has acquired a certain cachet and is being increasingly taken up by a diverse range of projects and used in several different ways. Not all of these projects attempt to tackle the range of health challenges facing gay men. Few of the projects attempt to shift to a wellness model and away from the disease model of gay men's cultures and communities. Also surprising to many of us is the way the term has been embraced in other countries, especially Canada, the United Kingdom, Switzerland, Australia and New Zealand, and, recently, France; we have been surprised by the large numbers of international participants at the first three national gay men's health summits.

Gay men's health activities currently take the form of organizations, projects, and campaigns and appear to cluster in at least three different models:

- **Projects focused on community wellness that tackle a range of health challenges facing gay men, and were not originally HIV organizations:** This includes not only many of the national, regional, and local gay men's health summits, but also organizations such as San Francisco's Magnet and Seattle's Gay City Health Project. These efforts tackle a broad range of challenges to gay men and attempt to utilize holistic, sex-positive, and gay-positive approaches. Outside the United States, programs such as Dialogai in Geneva include a strong health and wellness focus.
- **HIV/AIDS organizations that substitute "gay men's health" language for "HIV prevention," and also begin to work broadly on non-HIV health issues affecting gay men's communities:** Dozens of AIDS organizations throughout the English-speaking West have incorporated "gay men's health" in their organizational name or as the name of a project under their jurisdiction, but few seriously take on a broad menu of health issues facing gay men and fewer still resist the disease model. Such projects might that *do* take on health issues broadly include the Institute for Gay Men's

Health, a joint project of AIDS Project Los Angeles and Gay Men's Health Crisis that defines health broadly to include spiritual and community health and appears to conscientiously avoid utilizing the pathology model when scrutinizing subcultures of men who have sex with men. Philadelphia's Safeguards began as an HIV prevention organization for gay men and has now broadened into an LGBT health advocacy agency. Internationally, Australia's ACON has more recently also shifted from solely HIV/AIDS to a broad LGBT health matters, as has the Terrence Higgins Trust and Gay Men Fighting AIDS in London.

- **HIV/AIDS organizations that substitute "gay men's health" language for "HIV prevention," even as they continue largely to work narrowly on HIV/AIDS:** Tucson's Gay Men's Health Project, which augments a strong HIV prevention focus with social activities, is an example of this type of effort, or San Francisco AIDS Foundations' Gay Life program which maintains a narrow objective of HIV prevention, though might tackle it through other health issues affecting infection rates, such as programs currently being developed to fight crystal use among gay men. New Zealand AIDS Foundation's Gay Men's Health Teams seem to fit this model as well.

The work ahead seems daunting but the path forward seems clear. We must work hard to augment narrow HIV prevention programs for gay men with a full range of activities addressing the overall holistic wellness of local and regional gay men's communities. At the same time, we need to focus on affirming the overarching framework of community health that we bring to these efforts. Our goal is not only to blanket the nation with diverse gay men's health projects as we blanketed the nation in the 1980s with HIV prevention projects. Instead we need to shift from seeing gay communities and subcultures as problematic or diseased, to seeing them as healthy, happy, and life affirming. This is the bottom line for any gay men's health movement.

Recently I attended a dance party, one of the many evenings of intense music and cavorting available to thousands of gay men in my city each weekend. I looked over the crowd of primarily twenty-something and thirty-something men, shirtless, gyrating, arms reaching to the heavens. I thought immediately at how the doomsayers criticize this population of young gay men, saying things such as, "I didn't work my ass off during the past 30 years to create a culture of drug use and unprotected sex and self-centered

me-me-me attitudes. This is not what the gay movement was all about. This is not what we envisioned when we tried to save lives during the worst of the AIDS years. This is not the world we were trying to create."

And then I realized something, something surprising and simple. As someone who has spent the last 30 years working on gay liberation and AIDS activism and sexual liberation, what I saw before me was *precisely* the world I was trying to create. When we fought during the 1980s and 1990s to prevent gay men's sexual cultures from being destroyed, when we worked to preserve certain values about gender play, friendship, and erotic desire, when we quietly worked behind the scenes to ensure that certain spaces would survive gentrification and public health crackdowns, we were fighting to preserve the ability of new generations of gay men to create worlds of pleasure and desire. As I looked out over the sea of dancing men, I realized, despite all the battles we've lost in terms of politics and discourse and the media, gay men and gay sexual cultures had managed to survive and, indeed, thrive.

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