

# 1999 QUEER HEALTH & MEDICINE LECTURE SERIES

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## I. Welcome

- o Self-introduction
- o DRY BONES BREATHE: GAY MEN CREATING POST-AIDS IDENTITIES AND CULTURES
- o My talk includes some slides and will last about 45 minutes / time for discussion
- o My objectives here today:
  - (1) Provide you with a deeper understanding of some of the social and cultural changes occurring in gay men's communities-->So important for medical providers to maintain a deep understanding of the cultures in which their patients are immersed.
  - (2) Broaden your thinking about two specific controversies which have emerged over the past two years: circuit parties [explain] and barebacking [explain]
  - (3) Suggest what medical establishment might respond to post-AIDS gay male cultures.

## II. Background on DRY BONES BREATHE...

- o Motivation for the book...RTT: Regenerating Gay Men's Sexuality and Culture in the Ongoing Epidemic...
- o Qualitative research focused on one-on-one and focus group interviews, participant observation, action research, and critical readings of cultural texts.
- o Book explores gay men's shifting relationship to HIV/AIDS and social and cultural transformations occurring in gay male communities.

III. Primary Finding: The collectivity we know as "the gay community" has moved past the "crisis stage" of AIDS mobilization.

Let me explain:

- o 1985: The Rock Hudson Moment: 3 key tenets of gay men's communal understanding of AIDS:
  - o swift and ugly death
  - o voluminous loss
  - o sexual wasteland
- o We called this crisis
- o Recall the images of PWA during this era: frail, face covered with lesions, weak, in wheelchair...
- o Recall the images of gay men during this era: funneling into volunteer caregiving organizations, Mother Theresa's, heroic response [contrast with 1970s images]
- o Think of the Rock Hudson Moment as the process we used in setting the table for a dinner of fine dining...
- o 1996: The Protease Moment /Vancouver International AIDS Conference changed everything...
  - o The news out of Vancouver

- o I argue in Dry Bones, that PI's have simply accentuated and brought to the surface cultural changes which had been occurring since early 1990s and already punctured the understanding of AIDS gay men had forged in 1985:
  - (1) Other treatments
  - (2) Long-term non-progressors
  - (3) Scaling the epidemic hump / falloff's in deaths
  - (4) The passage of time...young gay men dominating discourse with markedly different understandings of HIV
  
- o Furthermore, my own research during 1995-1997 suggested that at least five groups of gay men did not subscribe to the "crisis" construct as defined in the mid-1980s.
  - (1) Young gay men
  - (2) Gay men of color
  - (3) Rural gay men
  - (4) Long-term HIV negative men
  - (5) HIV-positive men
  
- o Primary populations still subscribing to crisis understandings:
  - o those working in HIV organizations
  - o some men with HIV
  
- o The three tenets of the Rock Hudson Moment no longer hold on anything other than a rhetorical level:
  - o Not a swift and ugly death
  - o Loss is mitigated

- o Sexual cultures have come alive again
- o I believe gay men have passed beyond the crisis stage of HIV/AIDS and are currently trying to define and carve out the meaning of the new stage we have entered.
- o Crisis / Cure paradox

IV. Hence, the Protease Moment for gay men may be characterized as a period of

- o great uncertainty and debate as we negotiate new communal understandings of HIV/AIDS--> slides will take you through some of this
- o powerful shifts in gay communities and some startling emergent subcultures
- o changing relationships to sex and sex practices.

### ***Turn on Slides***

- o What I aim to show you in this short set of slides:
  - o Key texts focused on post-Vancouver debates about the meaning of AIDS / post-AIDS controversy

### ***Stop Slides***

V. Cultural Changes Occurring During the Protease Moment: Circuit Parties

- o Describe circuit parties / contrast with raves
- o Why this is important for medical providers to know

### ***Start Slides***

- o The subculture of circuit parties

- etc.
  - o Key sites / The White Party etc. / Universe
  - o Is the issue unprotected sex / drug use /both
  - o The debates: partying during an epidemic; The Morning Party
  - o The genesis of these parties in generational aesthetic and cultural shifts
  - o Responses by prevention and gay leaders: in formation now, heavily contested.

### ***Stop Slides***

- o Responses from medical providers...-->focus on substance use / abuse: crystal meth, special K,
- V. Cultural Changes Occurring during the Protease Moment: Barebacking
- o Distinguish "barebacking" from unprotected anal sex
    - o Why this is important for medical providers to know
    - o The subculture of barebacking
      - o Key sites
      - o Virtual or reality?

### ***Start Slides***

- o The debates
- o The genesis in AIDS absolutism
- o Responses by prevention and gay leaders: in formation now, heavily contested.

### ***Stop Slides***

- o Responses from medical providers...

VI. How should our health promotion work with gay men shift in a post-AIDS era?

Is the best approach fear-based, corral gay men back into the bomb shelters of the 1980s? Do nothing? Keep doing the work we've been doing?

I argue in DBB that we need a new generation of prevention work which is suitable for a post-crisis period. Effective public health responses to catastrophe, or an emergent crisis are different from responses to a sustained, longer-term challenge to health.

I call for three key shifts:

- o Embed HIV prevention in a stronger effort focused more broadly on gay men's health
  - o Implications for medical providers: holistic approaches not a narrow focus on HIV: substance use, mental health, non HIV STD's.
- o Our HIV prevention campaigns should intensify where the needs are greatest: not circuit boys, not barebackers, young gay men of color.
- o Use harm reduction approaches rather than absolutist techniques.
  - o Here the implication for medical providers involves your approach and communication with gay male clients.

For those of you interested in additional involvement in this shift out of the narrow crisis-based prevention approach of the 1980s, keep an eye out for a special summit at the end of July: a group of health providers, activists, academics, and physicians are meeting in Colorado to launch a multi-issue, multicultural gay men's health movement.

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