



INVITED SPEECHES

(non-peer-reviewed)

Sometimes one of us is invited to give a presentation on a specific topic. In these cases, an abstract is not usually submitted and neither the talk nor the abstract is peer-reviewed. This allows for more freedom in presentation style and the resulting talks often stimulate the most discussion.

The following presentations were made at the invitation of various agencies and conferences. Also included in this section is a transcript of a radio interview.

LAYERS OF VULNERABILITY

Social determinants related to the risk of HIV infection and progression to AIDS

"This presentation was a critical opportunity to remind Members of Parliament that the National AIDS Strategy must be renewed if HIV research in Canada is to continue."

by Steffanie Strathee



Steffanie was invited to make this oral presentation to the House of Commons' Subcommittee on AIDS on November 5, 1996. The original text has been edited for space.

A shorter version of this talk was published in *The Clarion*, the newsletter of the Canadian Association of HIV Research, in 1997 (4,1:2-4).

As this article was published without the usual process of having it reviewed by other researchers, it would usually be called a "report" rather than a "paper," as the term "paper" suggests that the work has been peer-reviewed.

This research involves three different studies representing a total of almost 2000 study participants. Each study was partly funded by Health Canada. Without this funding, these critical studies bridging HIV/AIDS epidemiology and the social sciences could not have been undertaken.

Social Determinants

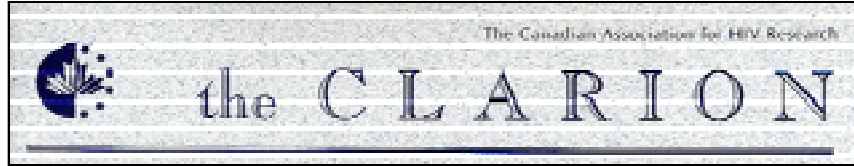
In the first decade of the HIV epidemic, researchers focused on sexual and drug using behaviours which directly relate to the risk of HIV infection. Now that we are well into the second decade, our attentions have turned to the reasons for these behaviours which represent avenues for change.

I will describe how poverty, unstable housing and a history of sexual abuse have created communities of vulnerable and marginalised people who take more risks and are in turn more likely to become infected with HIV.

The high-risk populations which have been the focus of these studies include gay and bisexual men (especially young gay men), injection drug users and those who are doubly affected because of multiple risks.

Three studies in BC which have shed light on the relationship between social determinants and the risk of HIV infection are: the **Vancouver Lymphadenopathy-AIDS Study** (VLAS); the **Vanguard Project**; and the **Point Project**, a study conducted in 1995 to identify factors related to a recent and ongoing outbreak of HIV infection among Vancouver's injection drug using community.

The full texts of this presentation and the report are available on the Vanguard web site at:
<http://cfeweb.hivnet.ubc.ca/Vanguard/PAPERS/HofC.html>
<http://cfeweb.hivnet.ubc.ca/Vanguard/PAPERS/Clarion97.html>



Summary of Results

One of the most important findings of the VLAS is that HIV-positive gay men with incomes below the poverty line were **twice** as likely to die within a 10-year period relative to HIV-positive gay men with higher incomes.

Since Canada has a universal health care system and medical care was provided equally to all our participants, our finding could not be explained by factors such as access to care. This study was the first to demonstrate that socioeconomic status plays a critical role in determining the health consequence of HIV-infection.

Through studies such as the VLAS, it has been shown that older gay men have adopted safer sexual behaviours as a result of the HIV epidemic. However, this is not the case for young gay men, such as those who have participated in the Vanguard Project. The latter study has shown that **over half** of young gay men reported having at least one episode of unprotected anal sex within the last year; **47%** with a regular partner and **25%** with a casual partner. In an attempt to uncover why so many young gay and bisexual men have unsafe sex despite high levels of awareness about HIV/AIDS, we studied "risk-takers" and found that those with less than a high school education were nearly **twice** as likely to be risk-takers and those with a history of sexual abuse were also **twice** as likely to be risk-takers.

These findings support the role of socioeconomic status and abuse in creating a climate of vulnerability. Similar findings have been reported in

San Francisco, Boston and London suggesting that a history of sexual abuse is one of the many missing pieces of the puzzle that may help to account for the inability to adopt or negotiate safer sex practices.

Striking similarities arose as a result of a study of HIV and injection drug users in the Downtown Eastside of Vancouver. The Point Project revealed that injection drug users with unstable housing were **twice** as likely to become infected with HIV.

We also studied why injection drug users continue to share needles in a city which is home to North America's largest needle exchange. We found that:

- male injection drug users who were gay or bisexual were **three** times more likely to share needles;
- male and female injection drug users with a history of sexual abuse were **three** times more likely to share needles; and
- female injection drug users with symptoms of depression or who live with a drug user were more likely to share needles.

Implications

Taken together, these results suggest that social determinants influence both the risk of HIV infection and the speed with which HIV infection advances to full-blown AIDS.

This research shows how social factors such as poverty, unstable housing and a history of sexual abuse create layers of vulnerability which influence sexual and drug using behaviours. Society creates

these social determinants and has both an opportunity and a responsibility to change them.

In present-day situations where there is discrimination, stigma and a lack of will to create a climate for social change and empowerment, diseases like HIV/AIDS will continue to cost taxpayers billions of dollars. The country awaits the federal government to provide the necessary leadership, without which this epidemic will continue.

Sadly, in the absence of a renewed commitment to the **National AIDS Strategy**, such research will effectively come to a halt after March 1998. In the absence of a renewed federal commitment, the research projects my colleagues and I work on all across Canada will grind to a halt.

Meanwhile, the US Congress has just approved a **7%** increase in US AIDS research funds, including \$2.1 billion per year to the US National Institutes of Health and more than \$500 million to the US Centers for Disease Control.

Not renewing the National AIDS strategy is a national tragedy. If our research is followed by appropriate action, perhaps someday we won't need a National AIDS Strategy. Until that time, the future of HIV prevention, treatment and care depends on it. ■

Acknowledgements

Thanks to: Bob Hogg, Julio Montaner, Michael V. O'Shaughnessy, Martin Schechter, Michael Rekart, David Patrick, Marianna Ofner and Chris Archibald.

"THIS IS NOT A DRESS REHEARSAL"

Sister C talks about what motivates her work and how she got involved in recruiting participants for the Vanguard Project



by Garry Johnson
(a.k.a. "Sister C")

This is (believe it or not) only a partial transcript of Sister C's final performance before retiring.

It was presented by invitation before an international audience as a talk entitled "Sister C's Angels" at the 4th Annual AIDS Impact Conference on Bio-psychosocial Aspects of HIV Infection, in Ottawa in July 1999.

All photos of Sister C
by Vaughn at Odin's Eye.

Hi! How are you? I am Sister C and I am a Drag Nun from Vancouver. I have been called many things in my life. Many, many things. "Nun of the Above" - that's my favourite. "Mother Posterior" - that's what they used to call me at F212, which is a steam bath in Vancouver. I have been called "The Nun of Your Fucking Business." It kind of says it all, doesn't it?

Whatever it is that you want to call me, what you've got to do is just get my attention, because I'm a pretty busy person and I'm usually rushing through a crowd or wandering down the street or skateboarding or trying my best to get out there and do all of the work that all of the research says that we're supposed to be doing.

This is not a dress rehearsal. This is the main event and we are all on stage, every single one of us.

How do you go from being kind of a regular, outrageous person living in St. Anthony, Newfoundland, to being a Drag Nun working the streets of Vancouver? It doesn't happen overnight. It is a kind of a process that happens. First you go get yourself some salted codfish-

No, that's not what you do. I actually got involved in a relationship with a drag queen when I was younger. And he had to do a performance at a show called "Christian Women in the Church of the Poison Mind." And you ought to know that I, like almost every gay man out there, have a few issues with churches.

So we got a group of people together and we put together this performance which was, I have to say, very outrageous. And when we walked off the stage, the audience either booed very, very loudly or they cheered very, very loudly. But nobody was apathetic. Nobody! Everybody was moved in some way. And I thought, "You know what? This is a really good place for me to explore some of those issues I have with the Church and I'm going to have an audience when I do it. And maybe other people will be able to relate."

So there started a number of years of performing and trying to understand my relationship as a gay man with the Church. It was not easy. It's still not easy. I still don't understand all of it. But I ended up meeting and making a lot of friends. And of course we were in the middle of the AIDS crisis and so there were no end of opportunities to perform.

So there we were, doing all this fundraising and all of a sudden, as you can well imagine, AIDS starts to have a personal impact on me. I knew lots of people with AIDS but nobody had really died. You know we were all kind of merrily prancing along and going out on stage and having these outrageous performances and then suddenly someone did die. And that person was somebody who had been in a choir. I had done this performance at the Commodore Ballroom. We were a bunch of nuns and I remember wearing the great big French wings and we did the song "Shout" - do you know the song "Shout"? It was so much fun. And I had what we called the Moron All Queer Choir. It was made up of women and men and gays and straights - very inclusive - and this guy named CJ, who was a drag queen.

And then CJ died. CJ was taken from Vancouver, where his support circle was and

The full text of this presentation is available on the Vanguard web site at:
<http://cfeweb.hivnet.ubc.ca/vanguard/PAPERS/Impact99sisterC.html>

For more on Sister C, visit her web page at:
<http://cfeweb.hivnet.ubc.ca/Vanguard/STAFF/garry.html>

"All you have to do, people, is announce to the world what you need and the world will provide it. It's taken me a long time to learn that lesson. You just announce what you need and the world will provide it."

shipped back east, which is where his family was, his family that he had been estranged from for many, many years. And then a couple of months later we got word that he was dead. And that was June.

And then in July...I had moved to Vancouver and one of the very first friends I ever made was this guy named Kevin. We worked at Hamburger Mary's. And if any of you have ever been to Vancouver, you know that Hamburger Mary's has got to be the gayest spot on Davie Street or at least when I worked there it was - we used to have drag queens actually waiting on tables in those days. I started out washing dishes and I'd be so excited when we got a new mop in, because it was a new wig and I'd walk out into the dining room, hop up onto table #5, it didn't matter who was sitting there, I just pushed the cups out of the way, put my apron on just so, put the new mop on, throw a quarter in the jukebox and it always had to be Aretha Franklin - "Chain chain chain...chain of fools." (It was kind of my own personal tribute to the customers, you know.) Those were the days!

And Kevin and I would go out dancing. Do you remember that song "This Time I Know It's for Real"? Kevin and I would go to a place called Numbers and Kevin couldn't dance. At all. But when that song came on he'd hit the dance floor and like somebody who was having an epileptic seizure, he would be out there doing his thing.

Well I knew that Kevin was HIV-positive. But I didn't really know, how far along, what his T-cell count was, what his viral load was,

whether he was on any of those new pills.

He never took any pills. When they packed up his apartment after he died, they found boxes of pills. He never took a single pill. Kevin was found hanging in a closet. He took his own life, at his moment. And don't think that that didn't impact me. That was July.

In August, something else happened. I have a hero whose name is Vampyra and Vampyra is

" Vampyra was courageous. She wasn't afraid about walking down Davie Street and letting everybody in the whole wide world know that she was gay. I hadn't gotten to that point yet. So Vampyra was my hero."

somebody who was an institution in Vancouver. Vampyra would go out to the nightclubs and she would sit on a barstool, cross over her legs, put her purse on the end of her foot, dangle it up and down and she'd say, "Come, Sister dear, I wanna talk to you, dear." That's the way Vampyra talked. And I'd come over and I'd sit down on the barstool and she'd say, "Not too close, dear. I'm expecting a gentleman caller. I don't want it to be mistaken to be you." Like there's a chance!

Well Vampyra was, as far as I could see, the biggest and best queer spirit I had ever seen. She was so far out there. She'd walk down Davie Street and if you were walking with her trying to get to the drugstore, count on 45 minutes for a block, because everybody stopped and talked to Vampyra. She had this purple rinse in her hair, which was at that time not quite fashionable for gay men, if I remember correctly. (More fashionable for the bingo crowd, if you know what I mean.) But Vampyra, she'd just bob along. She'd just mince along Davie Street and there she'd be, proud and queer. And you know what was the best thing about Vampyra? Nobody was useless in her world. It was wonderful! In Vampyra's world, everybody had a purpose.

Vampyra was what I wanted to be. Vampyra was not afraid. Vampyra was courageous. She wasn't afraid about walking down Davie Street and letting everybody in the whole wide world know that she was gay. I hadn't gotten to that point



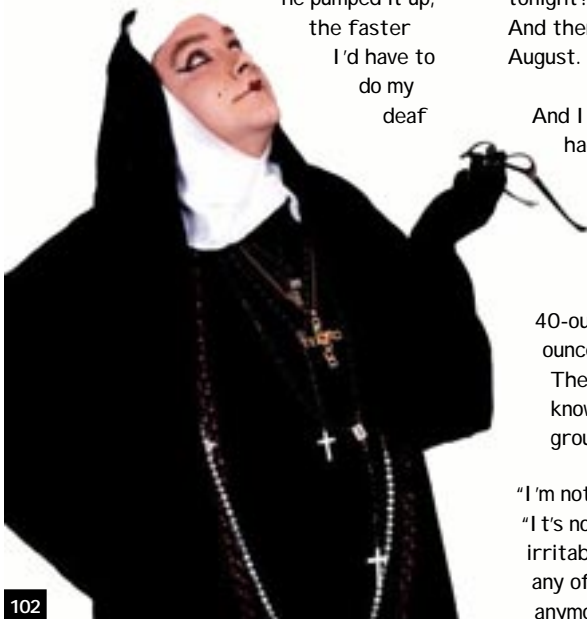
“This is not a dress rehearsal” (continued)

yet. So Vampyra was my hero.

And then, as it goes, Vampyra died. That was August.

You know, one of the great things about being a performer is you get to meet these other fabulous and amazing performers and one of those performers who was my age, born in the exact same month, March of 1965, was my friend Larry. He went by the drag name Zola. And him and I used to travel up and down the coast, from San Francisco all the way across to Edmonton and Winnipeg and we were famous for doing one routine: there's a song called “In the Mood” from the '40s. And we would captivate the audiences. I walked out on stage wearing my very customary black and white nun's habit and Zola would come out in some fabulous Las Vegas red sequinny slit-up-to-here and slit-up-to-there and cut-down-to-there kind of outfit and we'd start the song “In the Mood.”

Now I was there to do deaf interpretation for the people who were not quite with-it enough to understand exactly what my dear friend Zola was doing. And he'd work that runway or wherever we were, that stage and he'd pump the energy level up higher and of course the more he pumped it up, the faster I'd have to do my deaf



interpretation.

I cannot do a single bit of sign language, I'm here to tell you. Not one bit. As you can well imagine, as the performance went on, my sign language got more and more graphic to the point where they were no longer watching him, they were watching me, this crazy nun.

And we would do that all over the place, anywhere we got a chance, we just loved to do that number and in the afternoon we'd go

low. I'm really depressed. Maybe you could give me a bit of Prozac. But it's not grief.”

And he said, “You know, why don't you just go and check this out.” And I did. And Andrew Johnson, who is now the director of AIDS Vancouver, was the person who facilitated that group.

And we sat around at Friends for Life. His mother had died of cancer, his partner had died of AIDS, her dog and cat had both

“When I went up to the Gay & Lesbian Centre to steal yet another box of condoms, there was a little sign: “These condoms are for personal use only.” Well I felt like I was personally using them! I mean how were they to know that I don't sleep with 144 men in one evening?”

for coffee and if I was working he might call me at work and say, “Hey, what are you doing tonight?” We had that kind of friendship. And then he died. That was the end of August. That was number four.

And I was starting to lose my mind, if I hadn't already lost it. And then I went to some grief counselling. I actually went to my doctor and said, “I don't know what's the matter with me doctor. I've just done an eight-ball of cocaine, I've downed 40-ouncer after 40-ouncer after 40-ouncer and it's not getting any better. The pain is still hard.” And he said, “You know, there's this really great grief group.”

“I'm not suffering from grief,” I said to him. “It's not grief. I can't sleep. I'm a little bit irritable. I really, really don't want to go to any of the gigs that I used to go to anymore. Uh, you know my mood is a little

died in the same week and his mother and father had both died in a car crash. We introduced ourselves, we went around and I said, “You know, I really don't think I need to be here. You know, you've lost your mother, you lost your partner, that's awful. Oh and you lost your son, I feel so terrible. I just lost a few friends; it's not that bad.”

Andrew called me at home after that first night and he said, “You know what? I hope you're going to come back.” I said, “Well, I was kind of thinking not, cuz you know those guys are really bad off, you know but I am not bad off. I mean, let's face it: nothing a good stiff drink couldn't handle.” He said, “No, please come back.”

About 10 weeks later I had finished it and Andrew said to me he was so worried because I was experiencing that kind of compound grief thing – you know, you never really recover from the first one and then

you're on to the second one and then you never really recover from that one and you're on to the next one? – it was that kind of a thing. And you know what? That process of recovering from that or whatever that is, is ongoing. You never ever stop.

And you know what I've learned, though? Is that I can celebrate the lives of my friends because I've introduced you to all of them, to those four, you know who they are, they're here: CJ is here; Kevin is here; Vampyra is here; and Zola is here. Because I'm here. They're always here. I take those people with me everywhere I go. It is my job to keep them alive. That is my job.

That was the motivation behind what I was doing. One of the things that we had to do was we had to take back a little of our own power, that's what Andrew Johnson told me.

So I was at the show one night and I was working with this young drag queen. And this guy walked over and he was kind of a handsome stud and he said to her, "Hey, what are you doing after the show?" And she said, "I'm yooooouuuurrrrsss!!!" Something just like that. And I had a couple of condoms in my purse. And it was the simplest thing in the world that I could do and it was the words of Andrew Johnson that came through into my head. I pulled the condoms out of my purse and I put them into her purse. That's all I had to do. And I said, "Have a good night, sweetie. Have a really good night." And I went home feeling a little bit better. It was all about me; it really was. Nothing to do with her.



So there I was, feeling a little bit better about myself and you know, I got to thinking, "Well, I like that Carlotta. I wonder if she ever actually goes out and buys a box of condoms?" You know what I mean? And then there's Vivien – I know Vivien don't have no money. And I wonder if they've ever been up to the Gay & Lesbian Centre where you can get free condoms? So the next day I went up to the Gay & Lesbian Centre and I stole 144 condoms. And that night we went out to do a show and I handed out most of them! Those girls were eating those things up like they had never seen a condom in their lives! They were sucking them up like it was a double rum & coke! So I ran out of condoms. Backstage! Never made it out to the front. The next day, up to the Gay & Lesbian Centre I went and stole another box of condoms. (They were so nice back in those days, they would just put them on the coffee table underneath and think nobody'll ever see them there.) Well the third day when I went up to the Gay & Lesbian Centre to steal yet another box of condoms, there was a little sign: "These condoms are for personal use only." Well I felt like I was personally using them! I mean how were they to know that I don't sleep with 144 men in one evening?

So I stole another box of condoms but I then went down the hallway and I saw this guy sitting there and he had no hair and I thought he was really cute when I first saw him and I still think he's kind of cute today and his name is Steve Martindale – many of you know him. And I had, tucked under my arm, like Robin Hood, a box of condoms and he said to me, "Oy! Where are you going?" And I said, "Oh...home." And he said, "What are you doing with those condoms?" And I said, "Oh, gonna hand them out." And he said, "To who?" And I said, "Just, you know, to my friends." And he said, "Who are your friends?" I thought he wanted a date, you know? I really did. He probably did! I said to

him, "These condoms are for my friends."

Well, that started a beautiful marriage. Steve Martindale and I became very good friends. Steve Martindale is like Vampyra. He thinks there's a use for everybody. And that's magic. If you've got that, you've got it going on. He doesn't think that this is a dress rehearsal; he knows this is the main event. And Steve would look at me and he would think, "You know, we can do things together." So, without knowing it and I didn't really realise what was going on at the time, people started to become aware that I had these condoms with me and people started to ask me for them. And I can recall quite vividly the day I was at a big, big nightclub in Vancouver called Celebrities. It was packed. It was a Friday night, we were doing a show and this person came backstage. He was adorable. And he came up to me and he said, "I hear that you have condoms. Is it true?" And I said, "Maybe. Who are you wanting to do it with?" (Thinking that it might be me.) And he said, "Well, my boyfriend." I said, "Oh. Huh. Well all right." And I gave him a couple of condoms. Well, then I got an idea. Maybe before we do the show I could give out a few more condoms.

So I started to stock up with the help of Steve Martindale and before the show I would go and hand out condoms to all of the people in the club or as many as I could get to. And it didn't matter to me whether you were gay or straight or whether you were male or female or black or white – I didn't care. Because I knew that this is not a prejudiced virus and it will go the path of least resistance and if you are the one who is the least resistant, it will find you. And so I thought everybody needed to be protected. And people started to recognise that I was coming through the crowd and I had condoms. Well, my purses started to get bigger. No longer could I carry a smart little clutch. It now had to be a lunch kit. And then beyond that, they started to get bigger and bigger and bigger. So it looked like I was a nun on my way to a bingo parlour. (It would have been the safest bingo in the world...) ■

BAREBACKING – RATIONAL CHOICE?

Michael Botnick reports on qualitative data from Vanguard participants at AIDS Vancouver Island's annual general meeting



by Michael Botnick

This is a partial transcript of a presentation made to the annual general meeting of AIDS Vancouver Island in July 2000 in Victoria.

Michael Botnick is a research associate with the Vanguard Project and an instructor of Sociology at UBC. His first book – *Gay Community Survival in the New Millennium* – was published by Haworth Press in June 2000, appearing simultaneously as *The Journal of Homosexuality* 2000 (38,4).

* All names of participants in this article have been changed to protect their identities.

When I was invited to speak to you today, I began to think about some emerging issues in the field of HIV and AIDS: prevention, statistics, drug therapies, testing and so on. And to be sure, there are many new developments in these fields. But the more I thought about it, the more I realised that what I wanted to talk about is people – gay men in particular – and why many have chosen to “follow another drummer,” often disregarding the “100% safe, 100% of the time” messages that have been so popular with health departments, AIDS service organisations and the media.

Deliberate risk behaviour – and that's what unprotected sex really is – is a social action. It has particular meanings for different people and it happens in a social environment; not in a laboratory, a statistic or an advertisement.

Late last year, as part of a larger undertaking, I interviewed 14 participants in the Vanguard Project and today I would like to illustrate why so-called risk behaviour is the emerging issue, in part using their words. I say “so-called risk” because I want to distinguish between the “oops!” moments – “broken condoms/had too much to drink/was stoned” type of reasons for unprotected sex – and the deliberate, calculated, often negotiated decisions not to use condoms.

First of all, it's very important to emphasise that one of the most consistent findings of behavioural research is that unprotected

sex occurs far more frequently between “regular” partners than it does between “casual” partners. In other words, unprotected sex takes on a kaleidoscope of meanings when one considers the variety of types of relationships that the term “regular partners” conjures up.

There was a time – and I am ashamed to admit that I was in part responsible for this – that we told gay men to automatically

“Deliberate risk behaviour – and that's what unprotected sex really is – is a social action. It has particular meanings for different people and it happens in a social environment; not in a laboratory, a statistic or an advertisement.”

assume everyone was HIV-positive and to use condoms all of the time. What many of us now realise is that what we were doing in essence, was being sex-phobic – scaring people into both reducing their number of partners and treating all gay men as carriers of contagion. Well, I'm past that and I hope that some of you here are too!

In the interviews, the issue of trust came up very frequently. When I asked one of the participants – let's call him Max* – what

would change his mind about using condoms all of the time, he replied:

"Would you at some point - if you had a long-term partner - would you stop using condoms? Part of me says yes, part of me says no. I don't know if I could ever come to a point and just stop using them. Even in a 'committed relationship.' Because if I watch the 'committed relationships' around me...I think a large portion [of them], if it comes to decisions, trust in the person that you're gonna be sharing it with."

Harley,* another participant, was suitably terrified about the risk factors. His decisions were based on fear. He was in a relationship that ended and then picked up again. When I asked him about what percentage of the time he felt that he had unsafe sex, in the traditional sense of "safe sex," he replied:

"Like condoms? Yes, because the trust piece is tricky. Because with the off-and-on thing with the guy there were times when we didn't use condoms and we probably should have, because other partners had been involved in between. But I just know how phobic he is about AIDS and so on and he knows how phobic I am."

"To decide it with a partner is based on a pretty complex assessment of criteria over a long period of time. I know that sounds

ridiculous but I look at their professional life, I look at how they conduct themselves financially. I look at how far back their friendships go and look at what they put into the community. How internally consistent that is with what I've experienced



happening with them. I look for inconsistencies. And once those pieces are decided, we have a lot of discussion about

"There is a process going on that defies epidemiology or number-crunching. The only way to get at this information is to talk to the people involved and really listen to what they have to say."

monogamy - if it is important to each of us the same way. Why either one of us would want to be monogamous - because I don't accept the sort of Christian heterosexual model reason why."

So the decision whether or not to use

condoms, in this case, is based on trust - but trust that that this is a "good person," not necessarily a monogamous person. There is an implication that sex outside of the relationship is okay, provided that it is "safer sex" and as Harley suggests later on in the interview, there is some form of disclosure that sex outside of the relationship took place and that it was "safe."

This relationship eventually broke up and with it, Harley's resolve. One of the emerging issues, that I am certain many people "in the field" intrinsically know, is that people are fed up with AIDS education, being

told what to do and what not to do. The safe sex message has been blunted by both over-use and over-kill. As Harley states:

"Like anybody else - I hate sex with condoms. Since then, I have had unprotected sex and it was very risky. I didn't wait as long as before when I knew the person. But I still felt pretty grounded in finding out about their feelings towards me, their feelings about themselves and so on. It's kind of like when you first come out - especially in Toronto, it was huge. It was like educate, educate, educate. So I just HUNG UP on getting educated and hit on all

sides by all this education - pamphlets, materials, do this, do that, don't do this and so on."

A third example is Martin.* He doesn't like condoms. His definition of unsafe also involves a relationship model like Harley's

Barebacking – Rational Choice? (continued)

only this time the issue is not so much empirical evidence, as much as it is subjective.

I asked him, "The sex that you've been having in the last six months, would you define that as safe sex or not safe sex or somewhere in between?"

His answer: *"Somewhere in between. Sometimes I've been safe and sometimes I haven't. I define unsafe is when you use penetration without a condom. Unsafe is having sex with somebody YOU DON'T KNOW and you're not using condoms, at all. I find safe is when you are using condoms and I find safe WHEN I FEEL SAFE not using condoms with friends. I feel safe."*

"What percentage of the time, would you say, would you use condoms for receptive anal sex?"

"About 80 percent of the time."

"What about insertive anal sex?"

"More like 40 [percent]."

These are but a few examples, from their own mouths, as to why gay men are having unprotected sex. It's not based on rebellion, nor is it a devil-may-care attitude. There is a particular meaning in their choices of sex partners and sexual behaviours.

To some, it may sound totally irrational, mindless and misguided. Others may want to applaud their honesty, frankness and independence. Regardless of what position you personally may take, this is the emerging issue – there is a process going on that involves rule-making that defies traditional Knowledge/Attitude/Behaviour education, epidemiology or number-crunching. The only way to get at this information is to talk to the people involved and really listen to what they have to say.

I would like to turn, for a brief moment to how I see this issue.

I appreciate that to listen to a gay man

talk about getting fucked and taking semen up his butt, without the usual expressions of horror, regret or "I've learned my lesson!" is more than many people can stand. However, some of us are trying to break through the silence and expose the lie that was the basis upon which so many people defined their public identities as "respectable" gay men.

By standing here as an example of a sexual gay man who appears before the public

"I believe the use of shame, terror and punishment as central tools of disease prevention is a key cause of men's alienation from their bodies and desires, from their abilities to make rational choices."

unapologetically as neither a member of a monogamous gay couple nor a de-sexed celibate sacrificing my entire personal life to the demands of community work, I have achieved a "bad-boy" status among those who struggle to maintain a community self-image as the "best little boys in the world." And, perhaps most importantly, like many others, I am trying to create a space for an alternative voice within gay male communities, a critical voice of resistance to the dehumanisation of gay men's sex. During an era when many forces discourage people from speaking out, as one of those who believes in the power of the erotic as a

central component of social change, I believe that we have begun to find a way to assert our vision and our values into the community dialogue.

I believe the use of shame, terror and punishment as central tools of disease prevention is a key cause of men's alienation from their bodies and desires, from their abilities to make rational choices. I have no doubt that our work will contribute to improving the sexual health – and the mental and spiritual health – of gay men.

A major challenge to this work is the difficulty in conveying messages about sexual liberation to a hostile media and a public – which increasingly includes a queer public – which hears of our work and beliefs and thinks, "WHAT PLANET ARE THEY ON?" How do we articulate our beliefs that promiscuity may be as moral as monogamy, that the right to choose an open relationship may be as ethical as choosing celibacy? I don't know but I do know that by speaking out, first steps have been taken.

There is no need to create a false opposition between health and freedom, sex and the spirit. Nor is there any need to pretend that sexual cultures do not face their own specific health challenges. Yet to allow those who advocate for the displacement of sex from a central position in gay cultures, to represent themselves as health-minded and us as disease-promoting, is not only wrong, it is dangerous. Let our work continue to integrate a commitment to democratic freedoms, social change and sexual health.

I am reminded of the person who invests all of his capital in insurance, denying himself any earthly pleasure but guaranteeing that in the event of a catastrophic disaster, he will be totally covered. This seems to me to be a Faustian bargain, one that I would most assuredly not rationally make. I encourage you not to make it either. ■

** All names of participants have been changed to protect their identities.*

In January 2000,

THE BILL GOOD SHOW

Staff members of the Vanguard Project, The Centre and the Man to Man Program interviewed on CKNW AM 98



Bill Good interviewed:

Steve Martindale
of the Vanguard Project,

Andrew Barker
of AIDS Vancouver's
Man to Man Program,

and **Justin Jagosh**
of The Centre.

This is a transcript of the interview, which has been slightly edited for this format.

Bill Good: A study published in *The Canadian Medical Association Journal* says gay and bisexual men continue to have risky sex, despite constant warnings about the threat of HIV and AIDS. According to the study, within 20 years, 25% of gay men who are currently HIV-negative could become infected. Steve Martindale is coordinator of the Vanguard Project. Good afternoon.

Steve Martindale: Good afternoon, Bill.

Bill: What is the Vanguard Project?

Steve: The Vanguard Project is an ongoing study of HIV rates and risk factors in young gay and bisexual men in the Lower Mainland. We have almost 1000 young men in the study and the analysis that was published recently in *The CMAJ* looked at 681 men.

Bill: And the key is that this is an ongoing study?

Steve: Yes. We've been running for almost five years now. We hope to continue and what was published recently is just one of many papers that we're working on.

Bill: We'll come back to the study in a moment. Andrew Barker is coordinator of something called the "Man to Man" Program. Good afternoon to you and tell me what the Man to Man Program is.

Andrew Barker: Good afternoon, Bill. The Man to Man Program is a peer-driven program that provides education, support, advocacy and research for gay men in Vancouver. We operate under a holistic model focusing on sexual health and

HIV/AIDS.

Bill: How concerned are you about this study and what it tells you?

Andrew: It's concerning but it's not really news to me.

Bill: Justin Jagosh coordinates education and outreach with The Centre – the Lesbian, Gay, Bisexual, Transgender Community Centre – and I welcome Justin to the program. Quickly, your reaction to what you know and what you've read and we will get more to the detail in a moment.

Justin Jagosh: Hi, Bill. I think it's a serious topic and I think we have to look very carefully at what are the underlying factors that cause individuals to engage in high-risk behaviour.

Bill: Does it concern you that they still are engaging in high-risk behaviour and does it surprise you?

Justin: Well, it definitely does concern me. I think it doesn't really surprise me, as it's a concern that I've been aware of for some time.

Bill: Steve Martindale, tell me more about the study if you would: why it was done, what did you find out that you didn't expect to and do we see trends emerging here?

Steve: Well we wanted to do this study to look at young gay and bisexual men because there really wasn't anything like it in Canada. The studies that were around were looking more at the older population – men who

The Bill Good Show (continued)

were around in the '70s and '80s – and we really didn't know very much about young gay and bisexual men and their risk for HIV infection in this country. Often we would rely on American statistics, from San Francisco and New York and we couldn't be sure that they were translatable to the Canadian situation.

So the study started about five years ago and it involves HIV testing and the participants complete questionnaires, so we collect data on their sexual behaviours and their substance use behaviours. And what we found was that the risk behaviours that these young men were engaging in were more common than might have been expected. We found about half of the young guys would have unprotected anal intercourse with a regular partner in the previous year and about a quarter of them had done so with a casual partner. So those rates were quite high and higher than what some other similar studies had reported.

Then we went on to look at HIV incidence, to see how common HIV was within this community and how quickly it was spreading. And although the rates we found were much lower than they were in the '80s in the gay community, we nonetheless found that they were higher than we would have expected. Initially we found them to be about twice as high as American cities that were reporting from similar communities.

Bill: Do you know why?

Steve: There's a whole series of possible explanations for what's going on. In terms of the trends that we found, when we looked at people who had changed their behaviour from one year to the next – most of the participants didn't change their behaviour, they were either at risk or not at risk consistently – but of those that did change their behaviour, we would hope to see that more of them were changing their

behaviour towards sexual safety and what we found actually was the opposite, that they were twice as likely to start taking risks rather than to stop taking risks.



Steve Martindale of the Vanguard Project.

Bill: Do they tell you why?

Steve: Well it's more of a behavioural study, so we've collected data on what people have done and are doing rather than the rationales. But I think there's a lot of things going on in the community that might help to explain it and maybe some other people want to jump in and talk about some of those things. There are things that have been suggested around too much optimism around the new drug medications for HIV...

Bill: Right–

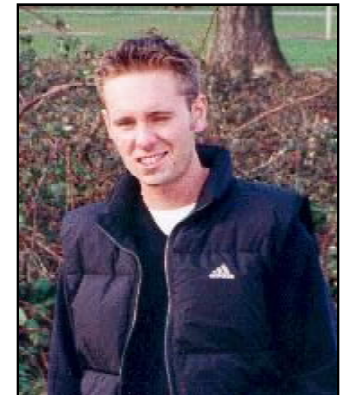
Steve: ...a sense of fatalism or inevitability that young men may have towards, you know, "if I'm gay I'm going to get HIV and there's nothing I can do about it" and the lack of health care or social support that a lot of young people face.

Bill: But looking at young people, Andrew, it seemed to me this morning when I was thinking about this, that despite an entire generation growing up with an awareness of HIV and AIDS, far too many aren't taking the threat seriously enough. And we're talking about a generation that has always known about and lived with the threat of AIDS, unlike the older men who came to this at some mid-point in life, their sexual attitudes were already set in place, their behaviour was set in place and suddenly somewhere in the early '80s they discovered it could be deadly. Your generation's really started their sexual lives with an awareness, at least, that there could be a high risk here.

Andrew: Well, that's right, Bill. But I think there's a number of things here to take into consideration and one of that is that even though younger gay men have grown up living

with HIV and AIDS, a lot of them haven't seen their friends and lovers dying, as the men in the '80s did. I'm 26 years old and when I came out I met a lot of people and very few of them disclosed that they were HIV-positive. I haven't had friends around me dying of HIV/AIDS so it's not something that is in your face as much for these people. And as much as we'd like to think that everyone's got the information, the education in the public school system in BC is still not up to where it should be and there's been a number of struggles getting into the school system and trying to get that information out.

Steve: And I should also point out that there's never been a national campaign in this country targeting young gay and bisexual men around HIV education. So we assume



Andrew Barker of the Man to Man Program.

that people have all the information they need, we assume that the education efforts have been done and really we haven't explored prevention education to the full extent.

Bill: Justin.

Justin: With regards to education also, I think it might be useful to think of unsafe sexual practices among gay and bisexual men and make the analogy to smoking and teenagers. There's been a huge campaign in the last, let's say, 20 years trying to educate people about the risks of smoking and while a lot of people have quit, we see an

upsurge in the rise of smoking among young teens. And it might be the case that traditional modes of education, for example with safe sex – you know, using a condom, understanding what happens when you have unsafe sex, what are the risks of AIDS – that doesn't work anymore and we have to constantly look at creative ways of addressing prevention strategies.

Bill: Smoking is an interesting analogy, because I think most teenagers, whether it's smoking or sex, tend to think they're invincible.

Justin: Exactly. And I think that's part of the problem here as well.

Bill: So HIV is something that may happen to somebody else but it's not going to happen to you.

Andrew: Yes, I think any kid is like that, you know: You're not going to die in a car crash; I'm okay, I can drink and drive; it's all right, I'm not going to get cancer if I smoke now; I can go out and have sex, if I'm having sex with other young guys and they're not sleeping with older guys then I'm going to be okay. So there's a million and one ways of rationalising it and saying, "It's not going to happen to me."

Bill: But is there a difference between those of you who have the information and make good use of it and make sensible decisions and those who you work with, who you see are not? Justin?

Justin: Well, definitely there's a diversity of reasons within the community as to why somebody would engage in unsafe sex. There are some people who don't have the information; I would say those people might be fewer now than before. I think a lot of people have heard of AIDS, they've heard of condoms, they know all the routes of transmission. So I think more and more it's

other reasons.

Bill: But Andrew makes an interesting point and Steve, perhaps you can relate to this – I'm not sure exactly how old you are – but I do remember in the late '80s, there were many of us who worked with people or knew people who were gay – or sometimes we discovered they were gay – because we discovered they were sick. And people we worked with and people who were neighbours and colleagues did die. Andrew says his friends haven't really experienced that, but even those who aren't members of the gay community saw people literally falling around them at a certain point in time.

Steve: Yes, there's certainly a generational difference, depending on when people were born and when they came out, as to what their experience is with AIDS. And I think Andrew makes a very good point about people either feeling invincible or feeling like it won't affect them and I think the reverse is also true, because I don't think there's any one explanation that works, that helps to explain this situation. The reverse is true in that often people might think that because they're gay then it's inevitable that they're going to get HIV. The two things have been so closely aligned in the media and in the public perception. A lot of people, as you say, are outed or come out as gay when they test positive for HIV or when they start to get ill. A lot of young people will tell their parents that they're gay and the parents' first question is, "Does that mean you have AIDS?" So the two are very closely aligned in

people's minds and if they have a sense of inevitability, that there's nothing they can do to prevent it from happening, then why

take steps to prevent it?

Bill: The numbers are quite stunning. According to the BC Centre for Excellence in HIV/AIDS – and this is for people who may not think that this is of particular interest or concern to them – 10,000 people in BC are living with HIV today, 6500 of those living in downtown Vancouver, maybe another 2500 in the Downtown Eastside not diagnosed or taking medication. When you telescope those numbers out five or ten years and think of the implication to health care and the health care cost that's involved – not to mention the human cost – it's pretty staggering.

Steve: Yes and I think people need to put that kind of thing in perspective, when you look at the outrage that was heard in response to the recent thing about [federal Minister of Multiculturalism and the Status of Women] Hedy Fry funding lesbian and gay groups and people getting all upset about tax dollars being directed there. But if that kind of support for young people helps prevent a few infections with HIV, we save the health care system hundreds of thousands of dollars per person.

Bill: It's estimated that every person who is diagnosed with HIV and AIDS will cost the health care system in the neighbourhood of \$150,000 over the remainder of their lifetime.

Steve: And that figure's probably going up because the new treatments are increasingly effective, which gives people a lot longer –

Bill: If you're talking 10,000 people, simple math tells you that's probably a billion and a half dollars down the road that we already know is going to have to be spent.

Justin: And we should also add that not only will it cut health care costs, it will also improve the quality of life of the



Justin Jagosh of The Centre.

The Bill Good Show (continued)

people, the prevention strategies will, so I think for that reason alone, that should be upheld as a very strong value in our society.

Bill: Let's take some calls and see what people are thinking on this topic. Kevin, hi.



Caller #1 (Kevin): Thanks. Admirable to have the guests you've got there, Bill, but I have three points. One is, you'd have to be living in a cave in this society to not know what unprotected or protected sex is. The fact is that when you have the chief medical officer saying that condoms only work nine out of 10 times and most people's general practitioners suggesting that, it's no wonder that we have an epidemic on our hands and it's obvious to most of us what safe sex really is. However, that community does not want to hear that message and so is searching for another kind of cure.

Bill: Kevin, hold that, because I know you've got other points to make but Justin is anxious to speak to your first one.

Justin: Yes, I just wanted to address that I think when we do read articles about increasing rates of HIV among gay and bisexual men, there is this feeling of panic about why aren't we practising safe sex but we have to recognise that there are a multitude of factors that underlie these behaviours. Growing up different in a society is a relatively stressful thing and issues around housing, issues around homophobia, discrimination, a lot of internalised homophobia - which is self-hatred - can prevent people from practising safer sex. So it's very easy to say that it's just disregard but I would say that that is a very superficial and inaccurate analysis of what's going on.

Kevin: Well, okay, lack of housing doesn't cause AIDS but I appreciate your response to it. The other thing is, just getting back to the education part of it, going into the schools, see, when I smoke a cigarette, I don't run the risk that I will die of cancer from smoking one cigarette or a cigarette, however, when we say to somebody, "Don't drink and drive," we don't say, "but if you're going to drink and drive, here's how you mix your gin and tonic." We don't say, "Don't play with guns but if you are going to play with guns, this is how you load the shotgun." But when it comes to sex, we say, "Don't have sex or don't have this kind of sex," but if you are going to have sex, we give them a whole manual on how to have it "safe," when in fact even the health industry says that is not a fail-safe method. We know it's not: condoms slip, they break, they don't get put on and people lie, they say, "Oh, ya, I used a condom, gee I don't know how I got HIV." We know what causes HIV, we know what causes AIDS yet none of us are prepared to take



the responsibility for our own actions and we want to place it on society or this "homophobic" thing or housing or whatever or different upbringings, when in fact I think all of your guests, Bill, know that there really is only one cure to it - and hey I would love to see a cure of it, because there is a lot of innocent people being hurt and killed by this - but I think that there's an obvious answer and I think they need to 'fess up and say, "We know this kind of safe sex doesn't work." And let's not preach it to the school kids, because it's a fallacy.

Bill: Steve?

Steve: Well I think your caller's wrong, because we know that condoms prevent HIV, so if he thinks condoms don't work, he's simply wrong. Condoms do work, the problem is that they're not being used as frequently as we would like to see them used. So the issue is not the effectiveness of condoms.

There are a lot of other issues and he's wrong also when he says housing doesn't cause AIDS, because lack of housing is a very big issue for people: if you don't have a roof over your head, are you really that concerned about a disease that may take you down 10 years from now? Your concern is going to be where are you going to sleep tonight, where are you going to get food. People have a lot of other concerns. HIV is not the only health issue in this community.

Bill: Andrew?

Andrew: I think another issue to take into consideration is that even though people may have the information - although I would guess that a lot of people don't have the information growing up, about how to have safer sex - a lot of people don't have the skills or the ability to negotiate sexual safety. For instance, if you have a young person who's just come out and he's very insecure in himself and someone suddenly says, "Hey, I'm willing to have sex with you," if that person doesn't bring up using a condom, then the young person might not be able to feel comfortable saying, "What about a condom?" Because then he might say, "Sorry, you're out of here."

Bill: A lot of straight kids have gotten pregnant, despite what education they may have had -

Andrew: Exactly.

Bill: A lot of kids smoke, despite the education that's there. Young people don't always or even often, necessarily, follow the education model at that age.



Steve: We know that education works, we know that behavioural interventions and education works to a point. It works for some people and it works to a certain extent.

But in and of itself it's never going to be enough and as you point out, with smoking and with teenage pregnancy – and any other issue – education only goes so far. People need more than just education; they also need support to implement sustained behaviour change over time in their lives. And with callers like we've just had, obviously people aren't getting the kind of support they need from people like that.

Bill: We want to get back to your calls and we'll do that right now, because we just have a few minutes left. John in Richmond, hi.

Caller #2 (John): Yes, hi. This program reminds me of something and I guess it's what I would call "the human condition," whether you're heterosexual or homosexual, whatever you are. They had a guy on "60 Minutes," he actually taught programs, just like these guys, he had lost friends due to AIDS and he said he took risky sex. He admitted it on the program and they said what was it? And, basically, it wasn't knowledge, it was just passion. He got caught up in the moment and that can unfortunately happen to anybody no matter what their inclination is in life.

Bill: A lot of very judgmental people seem to forget that. They must have short memories. Justin, you wanted to make a point.

Justin: Yes, I think it's true, that's a very good point. Risk is a part of life and to some extent it's something that some people want to do; they want to shake up their lives a bit. But I also want to talk about the broader issues affecting gay and bisexual men, because I think a lot of times in news, journal articles and shows like this, we always talk about AIDS and HIV but unfortunately that overshadows other issues that affect the community, for example like alcohol and drug use and abuse. I think there is a huge problem with substance abuse as well as domestic violence. There are issues with regards to power dynamics in gay male relationships and issues around body image and self-esteem. These are issue that aren't addressed and I think that it's important to

address them. I think we may see HIV/AIDS as the problem but we have to address the underlying factors as well.

Bill: Well if it's any help, 20 years ago, 25 years ago people weren't talking about it on the radio. People your age weren't speaking to it, probably weren't even coming out and talking about their lifestyle or their sexual orientation. Andrew, you wanted to make a point.

Andrew: Yes, just to follow up what Justin was saying, that's actually a change we've made in the Man to Man Program over the last few years. Traditional HIV/AIDS prevention work was to hand someone a condom and say, "Use this or you're gonna die." And that worked for a while, while people saw people around them dying but when we're not seeing that so much today, people take it as a bit of an affront and there might be a bit of a tendency to rebel and say, "Don't tell me what to do." So what we're trying to do now is give people the

information and then empower them to make informed decisions that are right for their lives, however that's best going to fit for them.

Bill: A final thought from Steve.

Steve: I think the last caller makes a very good point around the human condition and passion. One of the reasons that came out in our study around people not protecting themselves was that they were in relationships or that they were in love with somebody. And that's the same for gays or straights: you get together and maybe you start using condoms initially and after a while you stop because you're involved with the person. And that might help keep you safe, if you're both monogamous and it might not, because people often find out that—surprise, surprise – they both end up with HIV.

Bill: I thank you all. ■





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