

In the past year AIDS has come under the media spotlight, generating a climate of anxiety over the disease's threat to the heterosexual community, and drawing an unprecedented degree of attention to the lifestyle of the gay community. Much of the discussion has been hostile to gays, with such Right-wing spokesmen as Jerry Falwell proposing that male homosexuals be quarantined. Television newscasts constantly elaborate on the nature of the threat to the public's health, with particular emphasis on how this epidemic may affect heterosexuals.

But what of the effect of AIDS on the gay community itself, the most susceptible population so far? How has it been trying to cope with the disease, and protect itself from public suspicions and derision?

In this week's feature, Paul Armstrong examines two aspects of the gay community's reaction to AIDS. In the first part, the plight of one gay man with the disease is examined.

In part two, AIDS' effect on the gay bar scene is examined, in addition to the new support services which have been created in Toronto to deal with the crisis.

# AIDS and the gay community

## One Man's bout with AIDS

### Part 1

His name is Brian K. He's 35, lives in downtown Toronto, and he has AIDS. I approached the interview with mixed feelings. Would he resemble the ravaged and haggard-looking Rock Hudson of late summer? Would he have large, open sores on his face, his hands? Would his hair have fallen out? Would I say the wrong thing and hurt his feelings? Would he pour out his heart and cry unashamedly, making me feel uncomfortable at his misfortune? Would I feel guilty that I am so well and strong and that he is so ill and weak?

The door opened and a tall, blond-haired man greeted me. I shook his hand. With a slight apology, he settled back into the couch to watch the final fade-out in a bad made-for-TV disaster movie about a comet striking the Earth. "I love movies," he said.

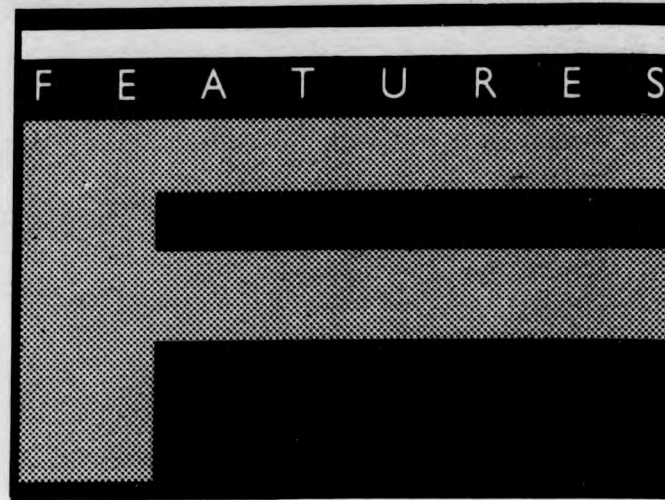
In the months preceding his diagnosis of AIDS, Brian had been suffering from a range of ailments, not the least of which was arrhythmia or irregular heartbeat. Two of his uncles have died of heart disease. Brian also has asthma. He had experience bleeding in the gums, had developed ulcerations in his mouth, fell asleep often and had had diarrhoea intermittently for four straight months. Finally in early July he was hospitalized with pneumonia and diagnosed to have AIDS. When he was released from hospital 34 days later, his weight had dropped from 190 lb. to 123 lb.

When I interviewed Brian in mid-November, his weight had climbed back up to a near normal 170 lb. He had not had a cold or the flu or any other infection since leaving the hospital in August. His tiredness and malaise had left him three weeks previous to our conversation and he still had 75 percent of his muscular strength. He did not present a picture of ill health when we spoke.

Reaction to Brian's diagnosis of AIDS was mixed. His parents were understandably shocked. The common perception of AIDS as a "gay disease" is doubly disturbing to the heterosexual parent, friend or co-worker. Whether or not the AIDS sufferer who discloses his illness is actually gay or not matters little to most people. The label "gay" is affixed anyway. This is a double-stigma which the unfortunate AIDS patient must endure, beyond the ravaging indignities of the disease itself.

While Brian's mother has accepted her son's illness, others have not been so understanding. He told me of an encounter with a friend on a street corner one day. The friend recognized him, blurted a hello, then turned on his heels and strode away. On another occasion a friend was visiting at Brian's apartment. When coffee was served he drank from the side of the cup so he wouldn't "catch anything." This was despite the fact that we know that AIDS cannot be transmitted by casual contact or eating and drinking from the dishes of an AIDS patient, as long as they are normally washed. According to a study conducted in 40 states in the US since August, 1983, in conjunction with the Centers for Diseases Control in Atlanta, 261 health care workers who have actually been exposed to the AIDS virus in the course of their work have not been found to be seropositive to the AIDS antibody.

Another severed friendship has proven more damaging to Brian. A male teaching nurse who has been a friend of his for 10 years just recently "dissolved" their relationship. The 'friend' and his lover were planning a visit to Toronto and had asked Brian if they could stay with him at his apartment. After Brian told his friend he had AIDS, both agreed that a hotel might be a better idea for the visitors. As he had arranged the hotel accommodation Brian knew his friend would be in town, so he called the hotel. That was when he learned that their friendship had been "dissolved." The man's lover refused to visit Brian and would not allow Brian's friend to visit for fear of "catching it." Even though Brian's friend was a nursing instructor who was, presumably, well acquainted with AIDS and the facts concerning its transmissibility, he chose to not visit and curly ended the friendship. "You begin to wonder about your friends," Brian said.



By PAUL ARMSTRONG

He has told me how AIDS has affected others he knew or knew of. One man, who lived in an adjacent apartment building, jumped 27 floors to his death immediately upon receiving confirmation of the AIDS diagnosis. He knows of another man who has already bought a coffin and picked out a headstone for his grave.

He told me of a conversation he overheard one day in a parkette near his home. Two women were seated on a park bench discussing AIDS. Brian flinched as he heard them say that all "faggots" should be "exterminated" because of AIDS.

He bristled when I mentioned the moral arguments that some religious figures have espoused in relation to AIDS. His response: "Was God angry at the Jews when six million were exterminated by the Nazis, or when World War II started and soldiers and civilians were slaughtered? What do you want to do with us? Take us down to the city square and burn us as witches? Just like the 16th century?"

When I asked him how AIDS has changed his life I meant to find out how he has changed in terms of his priorities, plans and philosophies. Instead, he told me of how he has restricted his movements; now he stays in on rainy or snowy days for fear of catching a cold. He told me the AIDS Committee of Toronto has assigned a volunteer to accompany him to the doctor's office when he is unsteady and who helps him shop and who brought him mats for the shower so he wouldn't slip and hurt himself. A public health nurse also visits every two weeks and has brought him a cane to help him walk and an ambu bag (a manual respirator) should he suffer a heart attack.

Brian also told me that he may be turned down for insurance payments by the company he has paid premiums to for well over 10 years. His doctor has advised him to not go back to work for risk of infection. Brian works in environmental medicine and much of his work is with monkeys and other primates. A bite could cause a potentially fatal infection.

Before I left I asked him if he had any personal statement he would like to make to the public about AIDS. "It's most unfortunate that anyone gets any disease," Brian said. "So, I think about the ones who've got it (AIDS). We can't go anywhere without being reminded of it. They (AIDS patients) are the ones who are suffering and will be alone when they die. Maybe I've got one or two years. We have to suffer with it—not them. Think about us. Don't get rid of us. We're not witches. We're human just like anybody else."



Pictured above, a lay preacher who gave York students an impromptu lecture in October on God's intention to punish gays with AIDS.

at right:  
The Barracks



## The Gay community responds

### Part 2

In the face of the increasing incidence of AIDS, the Toronto gay community has had to take various steps to protect itself from the disease, and a highly suspect public. In view of the controversial nature of AIDS, it is perhaps unsurprising that, with a few notable exceptions, everyone I spoke to during my research asked not to be identified—those within the gay community and those not in the community.

One person who didn't mind being identified was Tom Alloway, a professor of psychology and zoology at the University of Toronto and chairperson of the AIDS Committee of Toronto (ACT), which was set up in response to the alarming increase in numbers of AIDS cases since the disease was first identified in 1981. When discussing the public reaction to the AIDS crisis, he identified four main elements: 1) the disease is fatal; 2) there are few guarantees from the medical community; 3) media hype; 4) AIDS is a sexually transmitted disease.

All of these factors have combined to make the public perception of AIDS a mixed bag of questions and a terrifying threat.

I spoke with the managers of two gay bars in Toronto. Neither reported a drop in business. One has, in fact, observed an increase in clientele. Both thought that the general attitude of gay men has changed and casual sexual encounters are far less frequent than before. "People want to get to know one another better now," said the manager of Buddy's. Another gay establishment, The Toolbox, has taken a step in the direction of "safe sex" awareness by installing a condom machine in the washroom.

The manager of the Club Baths of Toronto told me that condoms are given out to customers free as they check in. This, too, is a new development. An attendant at another gay bathhouse, The Barracks, said they also provide condoms for customers. Both establishments (and the aforementioned bars) also have been provided with pamphlets from ACT which are available on the premises.

Lee Waldorf, of *The Body Politic's* (a "magazine for lesbian/gay liberation") classified advertising department, believes that although the number of personal ads has not dropped, there has been a subtle shift in the nature of such ads. More people are advertising for friendly or social meetings, rather than just sex, and many are stating explicitly that they practise safe sex only. Interest-

ingly, the gay baths are no longer advertised in either *The Body Politic* or its supplementary edition, *X-tra*.

Gaycare is a downtown support centre for gay men and lesbians. They also have a phone-line and make referrals to trained counsellors who will discuss problems of a personal nature with people experiencing difficulty in their lives, particularly with their sexual orientation. Gaycare has received information from ACT and has, in fact, detected an increasing concern on the part of callers about AIDS. Although calls have not increased, many more people phoning the centre seem to be concerned about AIDS.

Another organization, Lesbian and Gay Youth Toronto (LGYT), also has a downtown drop-in centre and a phone line. This group deals primarily with gay men and lesbians 25 years of age and under who are just coming to accept their homosexuality. When I spoke with a representative of LGYT, I wanted to know if their membership reflected a rising tide of fear of AIDS. Specifically: is AIDS causing people to stay in the closet for fear of the double stigma of being known as both gay and a potential (at least in the minds of some) AIDS carrier? Kevin Reel, of LGYT, did not feel that AIDS was slamming the closet door shut, though some of the others I interviewed did think that this was a very real possibility. In fact, LGYT has experienced somewhat of a growth in membership, no doubt in part because of recent media exposure such as the CITY-TV documentary on gay youth.

The Metropolitan Community Church of Toronto (MCCT) is a church with a special ministry to the gay community. A spokesperson for the church, who asked not to be identified, informed me that a special AIDS spiritual support team was being set up, involving four to five church people, and would be underway by February. This support team will meet on a one-to-one basis with AIDS patients, their lovers and families, to fill the "spiritual vacuum," while attempting to answer some of the questions of AIDS patients not being addressed by the medical professionals. Apparently, some MCCT members with AIDS are asking the question, "has God given me AIDS because I'm gay?" The special support team will strive to answer this question and comfort those members with AIDS who have expressed a need to reconcile themselves to the disease and explore its effect on their spiritual lives.

Although calls to The Campus Connection at York University are confidential, I was told by coordinator Shawn Hill that there have been no specific calls regarding AIDS to date. It is, however, viewed as a

"prevalent concern." On November 26, 1985, Sue Johansson of the North York Board of Health conducted a training seminar on AIDS and other STDs for the counsellors at Campus Connection. Campus Connection also has pamphlets on AIDS and can make referrals to other community organizations for more specific information.

Perhaps the most eloquent statement on the gay community's response to AIDS has come from gay community leader George Hislop: "Now we have a face for the disease. We've always thought that happens someplace else (New York, San Francisco). But now it's at home." Now that it's at home, the gay community has responded to it. There is ACT dealing with it on a day-to-day basis. There are phone lines and a spiritual support team. Now there is a film.

*No Sad Songs* is a feature-length documentary film about AIDS, produced by ACT and currently screening in Toronto. In it George Hislop relates a childhood memory. It is in the 1940s and he has asked his mother about a neighbor who has recently died. "She had cancer," he says in sottovoce, mimicking his mother. When I spoke with him, he informed me that in the '40s not much was known about cancer and it was thought to be contagious. After her death, the family of the woman burned her bed sheets.

The film is concrete evidence of a community's response to the spectre of AIDS. Narrated by Kate Reid, *No Sad Songs* chronicles the reactions of Toronto's gay community to the AIDS problem, while focussing on the personal situation of AIDS patient Jim Black and his friend Kevin Stacy.

Seeing the film elicits an emotional response. That is what it is intended to do. It is difficult to watch a woman cry in a close-up as she describes the few precious moments she still enjoys with her brother who is stricken with AIDS. It is difficult to watch a man talk about his inevitable death, while his friend sitting next to him, describes how he will try to deal with this loss, once his friend is gone.

Because this film is so powerful, it is regrettable that it and other films about gay people and issues of human rights, which are excellent vehicles for public education, are not shown on television to a wider and more heterogeneous audience. As it is, they are, like *No Sad Songs*, placed in limited release in large urban centres. Rather than going to see a praiseworthy and courageous documentary about AIDS on a downtown Toronto movie screen, it would be better to watch it at 8 p.m. on the CBC and know that at least several million others are doing the same.

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