

HIV, HOMOPHOBIA, AND HUMAN RIGHTS

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From the beginning, the response to AIDS has been complicated by its connection with homosexuality. For a short time after its initial "discovery" on the two coasts of the United States it was known as GRID (Gay-Related Immuno-deficiency Disease), and even as awareness of its existence amongst other groups increased, both within the United States and other parts of the world, that link remained.¹

Now, fifteen years into the epidemic, we know that HIV most likely originated in Africa, that it is largely spread through sexual intercourse, and that in most parts of the world its spread is mainly heterosexual. In relatively few countries does homosexual transmission account for the majority of HIV infections, and the international approach to the epidemic has by and large tried to minimize the links between AIDS and homosexuality. It is of course important to distinguish behavior and identity. The majority of men who engage in homosexual sex in the world almost certainly have no sense of "gay" identity, and, there are many forms of homosexual behavior, some of which, e.g. mutual masturbation, carry almost no risk of HIV transmission. For the sake of the argument of this paper "homosexual" and "heterosexual" are sometimes used as identifiers, but we should remember, as Gore Vidal is fond of observing, that they are used most accurately as adjectives and not as nouns (thus that rather ugly neologism, "men who have sex with men (MSM)," is an attempt to describe behavior independent of iden-

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tity). "Homophobia," too, is used rather loosely, to cover all forms of discrimination/persecution/denial which are related to hostility to homosexuality.

From its original definition as a new and contagious "disease" in the United States there have been attempts to demonstrate particular links between AIDS and "the gay lifestyle." In the early 1980s, before HIV had been isolated and demonstrated to lead to AIDS, there were a number of attempts, some of them bizarre in retrospect, to find particular aspects of gay male life which might account for this new assault on the immune system. In the late 1990s there has been something of a revival of these themes, in the arguments of a new conservative gay push that seeks to explain the ongoing infection amongst gay men by reference to particularities of homosexual sexual practices. Most significant of these attempts, in terms of the attention it has drawn, is Gabriel Rotello's book *Sexual Ecology*.² Rotello not only traces the ways in which particular homosexual networks facilitated the spread of HIV, he seems to believe that safe(r) sex campaigns have largely failed, thus ignoring a great deal of available evidence, particularly from outside the United States. He is one of a number of high-profile gay men who have recently pushed for the closure of sex venues in the United States, arguing—against all known evidence—that prohibition is an effective way of altering human behavior. Some of the self-flagellation of writers like Rotello is due to their seeming disinterest in the rest of the world, where in addition to successful safe sex campaigns it is easy to find areas and populations—in southern Africa, in parts of southeast Asia and the Caribbean—with far higher rates of HIV transmission in which homosexuality plays a minor role. It is of course true that in the absence of protection the rates of infection will be greatly increased by large numbers of sex partners. But the most significant fact is that once a certain number of a population are infected, the rest of that population will be at risk. The mobility and sexual adventures of gay men made them particularly vulnerable to HIV, even if the scenario painted by Randy Shilts' invocation of "Patient Zero" is rather fanciful.³ It is unnecessary (and probably silly) to deny that there were certain aspects of "gay lifestyle" which facilitated the spread of HIV, even if it is somewhat absurd to postulate that

all homosexuals shared that lifestyle. But it is equally unnecessary and silly to ignore the evidence of very dramatic declines in transmission rates among gay men in the past decade, in Australia, Western Europe and the United States.⁴

Danger lurks in both stressing and denying the links between homosexuality and HIV. In the former case the danger is one of stigmatization, of linking all homosexuals and the entire gay/lesbian community to AIDS (the connection of lesbians to the epidemic is complex: while lesbians, as a sexually defined population, have probably the lowest rate of infection except for the celibate, the homophobic attacks around AIDS, particularly from the American religious right, have impacted on them, and in some countries lesbians have played a leading role in AIDS organizations). In the case of the latter, the danger is that messages about safer sex will not be available, and that men will put themselves at risk of infection because they are unaware of the risks. It seems evident that in a number of countries the total refusal to acknowledge homosexuality in AIDS awareness campaigns leads directly to false beliefs about what is safe; there are anecdotal accounts of men engaging in unprotected homosexual sex in the belief that it is far safer than, say, going to a female prostitute.

In some Western countries there was something of a campaign, often motivated by a desire to reduce homophobic links between the epidemic and homosexuality, to emphasize that AIDS was a disease which could affect everyone. In the Australian case—where AIDS has remained overwhelmingly restricted to homosexual men—this led to the infamous “Grim Reaper” campaign of 1987, a television advertisement which intentionally portrayed everyone at risk.⁵ This reached absurdity several years later in a mass advertisement which showed a room full of couples in bed, with the message that when you have sex with someone you have sex with everyone in their past. Only heterosexual couples were depicted in the advertisement.

Thus in most countries where homosexual intercourse remained the major route of HIV transmission, the great bulk of public expenditure went to reaching heterosexuals, often including people at very low risk. In the case of Britain particularly, this led to considerable anger amongst gay men,

who saw the deliberate “de-gaying” of AIDS as increasing the risks of those who were most vulnerable.⁶ The education of homosexual men was largely left to community-based organizations, and while, in some countries, programs were well-funded and capable of very sophisticated outreach, the resources were never commensurate with their share of the epidemic.

Gay writers and activists have sought ways of dealing with this imbalance throughout the epidemic. It has been underlined by the ways in which the mass media deals with the epidemic, still maintaining a divide, it seems, between “respectable” AIDS (that affecting children and blood recipients) and “other” AIDS. As New York writer Sarah Schulman said: “Today we see that the only publicly acceptable presentation of the AIDS crisis is one created by a straight man. What was it about gay-produced films about AIDS that was unacceptable and that was not present in a work such as [the film] *Philadelphia*? A short list would include gay anger, gay sexuality, the abandonment of gays and lesbians and people with AIDS by their families, the impact of mass death on the individual, and the dimensions and reach of the gay and lesbian community. Now, with the advent of a fake public homosexuality constructed for heterosexual consumption, we have *Philadelphia* saying it is heterosexuals who have defended and protected gay people with AIDS while other gays lurked meekly in the background.”⁷

This concern is matched by political analysis of the desire to constantly stress the universalizing nature of AIDS. American AIDS activist Phil Wilson has said: “As women and heterosexuals become increasingly drawn into the epidemic, attention is rightly shifting toward them. But this doesn’t mean that attention must shift away from gay men. The most important example of this trend: constant talk about the changing face of AIDS rather than the expanding face of AIDS.”⁸ This statement is as relevant to much of the developing world as it is to Los Angeles where Wilson lives.

In almost all of the “developing” world—and in a few “developed” countries—denial of the existence of homosexuality has made it very difficult for either government or community organizations to reach homosexual men effectively. There are, of course, strong parallels here with the link be-

tween HIV transmission and the use of needles for illicit drugs. In both cases many governments and donor agencies are dis-comforted by the need to address behaviors which are both illegal and embarrassing to admit are widespread.

One consequence is that knowledge of the extent of homosexual activity, and even of the HIV rate due to homosexual transmission, is very limited. Priscilla Alexander has made the point that "due to the repression of homosexuality in most societies, married men diagnosed with HIV or other STD often claim contact with a female prostitute as 'the source,' as such behavior is less stigmatized than either homosexuality or injection drug use."⁹ Equal resistance exists to accepting that male prostitution is a reality in most societies (and several people have told me they believe that in several Islamic societies it is as widespread as female prostitution). One early attempt by governments to estimate the numbers of male commercial sex-workers concluded there were "none" in China or Zambia; of the governments who responded only France, Colombia and the Czech Republic acknowledged men might make up ten percent or more of "commercial workers."¹⁰ It is not surprising that male workers often remain stigmatized and ignored in programs directed either at "MSM" or at "prostitutes." (The alternative scenario is that expressed by a Thai official early in the epidemic that the "only" homosexuals in Thailand were prostitutes—leaving aside the obvious retort of who, then, were their customers.)

Yet despite this, a number of groups have managed to establish outreach programs for homosexual men, and sometimes in countries that may seem surprising. A good example of what is possible is the work of Pink Triangle in Kuala Lumpur, the largest HIV community organization in Malaysia and one (note its name) with a strong gay commitment. With a certain amount of overseas funding Pink Triangle has been able to conduct a range of programs aimed at homosexual men; a part of its success has resulted from the strengthening of a sense of gay community and identity in the city (so far Pink Triangle has had little impact in the rest of Malaysia).

This example demonstrates that one of the major consequences of HIV/AIDS is to have rapidly diffused a particular

form of gay identity and community. The need to reach out to people at risk, and the commitment of international agencies, especially the WHO Global Program on AIDS (GPA), to community development and human rights, helped foster the small groups of self-identified gay men (in some cases working with lesbians) which already existed in a number of non-Western countries.¹¹ Over the past ten years AIDS has undoubtedly been one of the major factors leading to a rapid globalization of gay identities, and has helped create (and in some case generate funding for) groups in countries as diverse as Nicaragua, Zimbabwe, the Philippines and Kazakhstan.¹²

This, in turn, has had major implications for the ways in which homosexuality is dealt with in human rights discourses. The inclusion of homosexuality within human rights law is the product of the very recent past: the Universal Declaration of Human Rights, adopted in 1948, makes no mention of sexuality. However, the growing interest in human rights over the past several decades has included increasing debate about the inclusion of homosexuality within its scope.

Such debate has only occurred because of the rise of an international lesbian and gay movement, with the skills and resources to take advantage of the mounting interest in human rights. In 1978, the International Gay (later Gay and Lesbian) Association (ILGA) was formed at a conference in Coventry.¹³ Partly as a result of lobbying by ILGA and its affiliates, the European Court of Human Rights has upheld that the criminalization of private consensual homosexual acts contravenes the right to privacy.¹⁴ Amnesty International adopted support for those imprisoned for homosexual acts in 1991, after many years of lobbying efforts both inside and outside the organization.¹⁵ Simultaneously there was growing recognition of the interrelationship between gender and human rights due to pressure from the women's movement, reflected at the 1993 UN Conference on Human Rights in Vienna and the 1996 Women's Conference in Beijing.

Governments can allow individuals to bring complaints before the United Nations Human Rights Committee under various international treaties, and in 1994 the Committee ruled that the existing laws in Tasmania prohibiting sodomy (under Australia's federal constitution, states have jurisdiction in criminal matters) breached Australia's obligations

under the International Covenant on Civil and Political Rights.¹⁶ Meanwhile, various jurisdictions are moving to include sexual orientation under the provision of anti-discrimination legislation, as in various measures in force in some Canadian, Australian, and U.S. states, and in provisions for the recognition of same-sex relationships, either through "gay marriage" or through specific acknowledgment of such relationships for immigration and social welfare purposes. The new South African Constitution, adopted in 1996, was the first national Constitution to specifically guarantee protection of homosexuals from discrimination.

By the late 1980s the emergence of AIDS as a disease originally conceptualized as linked to male homosexuals, and the relatively quick realization that in most parts of the world this was not the case, made for a new linkage between the language of AIDS, sexuality, and human rights. The creation of a number of international responses to the epidemic at both governmental and nongovernmental levels required a new recognition of sexual behavior and of the ways in which sexual identities are socially constructed. Crucial to a view which linked effective prevention of HIV to opposition to stigmatization and persecution was the work of the GPA, which under the direction of Jonathan Mann placed heavy emphasis on human rights concerns both as directly linked to vulnerability and to HIV infection. While there was some hesitation to explicitly recognize the impact of HIV on homosexuals, there is no doubt that AIDS has been a major force in the widening of concepts of human rights to include sexuality. GPA's successor, UNAIDS, has already sponsored several workshops on men who have sex with men and HIV prevention in developing areas.

It is easy to overlook the vulnerability of homosexual men in much of the world. The fragility of organization, the existing hostilities towards homosexuality, often fostered by both state and church, means that most men engaging in homosexual sex outside the middle class urban enclaves of the first world are likely to be ignorant of the risk of HIV and face a range of sanctions, in some cases including murder and torture, where they identify as homosexual. In such situations meaningful HIV and human rights work desperately needs to be constructed.

References

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