

WORKING IN THE GAY COMMUNITY

This article has been written by a member of the gay community. He is a member of a progressive gay organisation called "The Congress of Pink Democrats" as well as the Johannesburg AIDS Action Group. It addresses the problems that AIDS presents to this community. Measures being taken to fight the disease are outlined as well as steps being taken to support those who have it.

Myths about AIDS

Gay people have realised the threat of AIDS much earlier than straight (heterosexual) people. This is not to say that AIDS is the gay plague which the media have helped to generate and which heterosexual society has been quick to accept. This myth is just part of society's choice to deny the impact of the disease. The terror behind the denial links itself to a moral issue which represents a return to Victorian values in the spheres of medicine and health education.

This makes one wonder whether we have learnt anything since the cholera epidemic in the 1830's. At the time of this epidemic, doctors realised that cholera was more prevalent in poor urban areas with the lack of drainage and fresh water. But they said cholera was due to moral depravation. This is what heterosexual society, with its mass backing of institutions, from government to the church, is doing to AIDS. The blame for the disease is being directed at the morality of high risk groups instead of directing it at the particular sexual activities of these groups which puts them in a high risk category.

Support for people with AIDS

It is against this reaction that the gay community has been forced to work together to support the increasing numbers of dying and ill people. Few diseases produce as many losses for those afflicted loss of physical strength, mental ability, ability to work, self-sufficiency, social roles, income and savings, housing and the emotional support of family and friends. These losses are accentuated by social oppression and stigmatisation of people with AIDS. These people therefore have to rely all the more on social welfare and medical institutions.

Services offered in South Africa

Although the South African gay population is far behind its counterpart in San Francisco, we have begun to address the needs of the crisis in terms of some services to people with AIDS. These include the provision of continuous care from information and educational programmes, to screening, counselling, out/in patient, hospice and chore worker services.

Models followed in the United States

Generally the American hospitals have followed one of two models in treating people with AIDS. Some have set aside specialised units designed to meet the unusual needs of people with AIDS while others have found it more useful to follow the "scatter bed" method where patients with AIDS are integrated into the general hospital population. If the patient is gay, the primary health team includes a peer group counsellor, a trained volunteer from a gay organisation, who helps to reduce the alienation and isolation which invariably accompanies an AIDS diagnosis, as well as a doctor, nurse, psychiatrist and social worker.



People infected with the HIV virus often face discrimination socially and at work

AIDS in South Africa

AIDS was first diagnosed in South Africa in 1982. Initially relatively few cases were reported and therefore little was done to co-ordinate support services. It was only in 1986 and 1987 that an influx of persons diagnosed as HIV positive, as having an HIV related illness, or with AIDS, presented themselves at the existing gay counselling services. In Cape Town, where there is the most well-established gay counselling service, the number increased in this period from 16 to 44. This was possibly one of the most important events in getting the AIDS Action Group and the counselling group together. For the first time it was no longer uncommon for gay Capetonians to have first-hand knowledge of someone affected by AIDS. This experience has proved crucial in motivating preventative strategies and care requirements for those concerned. Often people with AIDS are loathe to approach the gay support groups or to identify themselves with them. This can be overcome by raising the profile of these groups, gaining credibility in terms of counselling and confidentiality and maintaining consistency with their visibility and activities.

The need for a positive approach

To learn to live with the reality of AIDS, a positive approach needs to be encouraged. The need for education, specifically education based on caring and understanding and not the type of "terror campaign" currently seen on South African television screens and in the media generally is very important. Education includes the recognition that certain life-style changes are necessary modifying behaviour relating to sexual practices, diet, rest and physical fitness. Ways in which the gay community has come together to counter the problem have been diverse. Major centres in South Africa have set up, or are in the process of setting up, counselling services with the specific aim of educating the population and assisting people with AIDS and people who are carrying the HIV virus in their blood.

Programmes of action

One of the first programmes of action to be put into operation is referral systems. These are made through private doctors, hospitals, blood transfusion services, welfare organisations and frequently clients themselves. However, partly due to the nature of the

disease and largely due to fear or a dislike of homosexuality in the medical profession, the system of referrals has had many complications. In South Africa 66.1% of AIDS patients is gay or bisexual; therefore a failure on the part of the doctor or therapist to deal with these negative feelings must seriously impair professional relationships with AIDS patients. It is also the duty of the government to explain to the gay community the need for safe sex procedures. It is possible that the government feels it cannot perform this duty, as homosexual activity is outlawed in South Africa. This situation shows how important it is to decriminalise homosexuality as part of a national strategy to contain the spread of AIDS. Because of the stigma attached to homosexuality, people with AIDS in many cases, have not come to terms with their own sexual preferences until they are tested positive. Even then it is often a difficult and painful process. The referrals are made to a team of professional therapists or counsellors and are treated in the strictest confidence. Any leak of confidentiality is likely to lose the organisation many clients who fear they may become known to the general community as HIV positive and this of course decreases the credibility of the counsellors. Once the emergency period is over, usually after 3 to 6 weekly 45 minute appointments after diagnosis stage, the person can choose to join one of various support groups.

Support groups

The HIV positive support team

This team is made up of people who themselves are HIV positive. Where appropriate and at the discretion of the counsellor, HIV positive persons are referred to a member of the team for shared experience. This is usually helpful during the first days and weeks following diagnosis of HIV positive status.

The HIV positive support group

This is not a therapy group. It has been formed for persons who are positive to get together purely on a social basis.

The AIDS service group

Members of this group befriend and assist people with AIDS or persons with AIDS related complex (ARC) with shopping, transport, banking, chores and outings. Not

only does the befriender help with practical daily needs, but is also a companion who makes a long term contract with the person who has AIDS along the lines: "I will help you until you die."

The AIDS action group

This group monitors research, liases with health care providers in the interests of the clients and undertakes the "Safer Sex Campaign". The latter campaign is undertaken by means of public addresses, the showing of relevant videos and the publication and distribution of information pamphlets at gay commercial venues around the cities. This preventative strategy has largely been conducted by the Cape Town group (called "6010" to which the AIDS Action Group is affiliated) and a few doctors. A survey of people frequenting gay social insitutions in the city has revealed that an excess of 80% know about AIDS, its mode of infection and the preventative safe sex practices required. New statistics suggest that the education campaign is successful.

Other Groups

There are also various other groups such as parent and spouse support teams and pre-test counselling dealing with issues such as the taking of a test and facing problems that could occur if the result is positive practically it may mean difficulties with employment and insurance).

Conclusion

The AIDS epidemic poses many problems. The answer is not celibacy but safe sex and a caring approach. The level of caring and insight that AIDS is generating must benefit the community ultimately, without displacing the devastation that dying means to any individual.