Then and Now. Gay men and HIV

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This is the full version of the paper prepared beforehand for delivery at the conference. It was delivered on the day in an edited version in the interests of time. It was also accompanied by a powerpoint presentation in which the quantitative data were presented as tables rather than as text.

I begin by acknowledging the traditional owners of this land.

It is ten years since I was an invited plenary speaker at this conference and I thank the organising committee for the invitation to speak to my 2003 report *Then and Now* and the thinking that it embodies.[1]

Then and Now is a series of reflections on a number of matters including:

- Generosity and collegiality
    - amongst HIV social researchers
    - between researchers and educators
- Cultural shifts amongst gay men
- Changing relations between gay men and HIV
- The categories in use amongst social researchers
- The relation of sexual health agendas to lived gay cultures

[1] *Then and Now* can be downloaded in electronic form at http://www.latrobe.edu.au/arcshs/Outputs.html. My 1994 paper was published in a different form as Hurley, M. (1995) 'FF: A Film and a Funeral' in North,G , and McClean, S., (eds) *Divertika* City Media, Sydney.

In this paper I comment on collegiality, provide some context for *Then and Now* and revisit some aspects of how gay cultures have shifted.

Firstly, however a word on community reports, pedagogy and gay education. I have never believed in 'dumbing down' as an educational strategy nor in reducing everything to the lowest common denominator. I do believe that a community report such as *Then and Now* can be demanding. It can take educators and policy makers and service deliverers seriously. My intellectual approaches are fed by engagement with theory, empirical research, politics, and popular and gay cultures.

Gay cultures as I understand them are very mixed, however they are characterised in part by a kind of bower bird reflexivity: a capacity to use anything in available cultures as a resource, to reflect on it and to change how things are seen and understood. This is not a description of each individual who is part of that culture. Rather, it's a description of a systematic aspect of it. It is in a sense structural and is fed by various histories of illegality and legality, of personal experiences of exclusion and shame, of justice and injustice. It involves a history of touch and of eyes meeting. It's a history of the promise of the yellow brick road. .It's lived in relation to friendship, isolation, sex and love. It's fed too by a constant engagement with official and popular culture. It has a sense of wit, a keen eye, a capacity for mimicry and mockery. At its best it is deeply ambivalent about masculinity, about romance and love, about community. It understands masculininity as drag even as it desires it. It desires romance and love even as it ironises it. It's dynamic, heterogenous and constantly recreates itself in relation to wider social forces. Learning how to negotiate all this is a primary way of learning about how to do gay. Increasingly, it's not the only way.[2]

[2] Further commentary on these matters can be found in my forthcoming 'Contemporary Gay Cultures in Australia', in Hawkes, G. and Scott, J. (eds) (2004) *Perspectives in Human Sexuality*, Oxford University Press, Melbourne.

Gay cultures can also be harsh, cruel, racist, mysoginist, insensitive and discriminatory. They can live in deep denial about endemic problems. They can push individuals out, even as they include.

Even so, I've lived the last 32 years as an out gay man, joining with others in the making and changing of gay cultures. I spent the first ten years as an out gay man in deeply political activism. When the movement immersed itself in community in the late 1970s, I moved away from organised gay politics though I wrote for the gay media. When the epidemic began I chose to focus initially on gay rather than HIV. It was my way then of narrating ways of being gay separate from infection and disease. At the time I thought some of us needed to. I sustained that separation, briefly, and uncomfortably, but of course HIV was all around me. I became heavily involved in the making of gay writing cultures, and have written systematically on gay and lesbian writing.[3]

By the early 1990s my writing, research and engagement with HIV were merging. My first book *TwoTiming* is riddled with melancholy and playfulness. It's a balancing act many of us have found hard to sustain.

I've lived a small part of my life on the bar scene, but have only briefly felt of it. I lived a lot of it in the last fifteen years deeply inside public sex cultures. As it happens, I no longer do. All of that gives me experience, but no guaranteed insights. Nor do I put forward my own experience as 'representative'. Rather, these details are elements in how I would begin to construct an account of the speaking position(s) that I and other social researchers have developed over the years. It's a structured speaking position that constructs a series of relations between personal experience, collaboration, the requirements of academic research methods and cultural analysis. I have spoken of this elsewhere in various ways with other colleagues[4] and like them I have to put

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[3] Hurley, M. (1996) *A Guide to Gay and Lesbian Writing in Australia*, Allen&Unwin & Australian Lesbian and Gay Archives, Sydney; Hurley, M. and Hutchinson, J. (1991) *TwoTiming. Sex, Writing and the Writing of Sex* LCP, Sydney

[4] Hurley, M. (2003) 'Borders and boundaries; researchers and researched', annual conference, NAPWA, Cairns, October; Willis, J., Grierson, J., and Hurley, M. (2002) 'Living by (with) numbers: HIV, objectivity and clinical reductionism', HHARD Conference, National

my research and commentary out for academic peer review. One of my peer communities is the community most affected by HIV. *Then and Now* was written partly for them, partly for service providers and partly for research colleagues.

What I wanted to do in *Then and Now* was bring together in a considered way some aspects of what it has meant to be gay, live in an epidemic and practice safe sex over long periods of time. It's there I think I have had a contribution to make. In the report I try and bring out what the research tells us about the experience of constantly negotiating sex and a virus. I'm at pains in *Then and Now* to not let either sex or ways of doing gay be defined only through disease. I focus on the pressures and anxieties inherent in that long term negotiation of safe sex and on some of the elements involved in sustaining it. In order to do so I draw on the research of many HIV social researchers, shamelessly plundering them for that apt quote to illustrate my point. It's in those quotes I think that the whole experience begins to resonate:

> 'Two months ago a man rimmed me for the first time.
> You had to peel me off the ceiling,
>
> (Bartos et al 1994)

It's the wonder and delight I note here, the tone of being surprised by joy, not the risk of faecal contamination.

One of the consequences of the success of the early Australian responses has been that fatalism is an episodic element in the response to HIV by those most affected rather than being an endemic problem for prevention.

I tried to create a speaking position in *Then and Now* that was empathetic without being sentimental. One of my concerns is that the grip of the past doesn't blind us to the present and its challenges. Dennis Altman quotes American novelist Mark Merlis illuminatingly in this context:

Centre for HIV Social Research and the Australian Federation of AIDS Organisations, Sydney, May.

> we will never own our bodies again, as [earlier generations of gay men] did. We are vectors now, or vessels, sources of transmission; our bodies belong to the unseen (69).[5]

It's a complicated remark, even though, in an obvious sense, the 'unseen' is the virus, its threat and the history of its effects. There is a passivity inherent in what Merlis says ('vectors', 'vessels'), as well as a fatalism – 'our bodies *belong* to'. Complication comes when we understand that 'gayness' is being represented as the vector. In the quote the discourse of gayness has been collapsed into ('owned by') that of the virus and this collapse has become, for many, the experience of embodiment. 'We' refers to a commonality of lived experience, but it's a 'we' with a particular relation to an epidemic moment. For this 'we', that moment constitutes a continuous present in which gayness is always and only experienced in relation to HIV and its traces.

As I indicate later this is true for some, but not for all, and some of us move constantly between these continuous traces so that the continuing present is itself a negotiation of ways of living with one's own varying dispositions.

Though many are affected, not all are infected, and not all who are infected respond in the same ways.

The crime novelist Michael Connelly has a character speak in his most recent novel *The Narrows* (2004) of two kinds of investigator: morphs and empaths. Morphs are able to keep the search for the perpetrators of the crimes they investigate from getting to them. They are not dragged down by horror or guilt or what Americans call 'the true nature of evil'. They take on the burden and morph it into something else. So, for example, the site of a multiple body excavation becomes a beautiful hill. That is, they see the surrounding landscape rather than the horrors. The second kind of investigator is the empath who takes the horror in and keeps it in. The horror becomes a

[5] Altman, D. (2001) *Global Sex*, Allen and Unwin, Sydney.

warming fire that they use to motivate themselves in order to get the job done. The strength of the empath is that they go to the limit and beyond to get the job done, but the price of that is that the burden can become too much. It's healthier to be a morph says the novel because you can move on without any baggage. It's perhaps an over extended metaphor, but I think it offers some purchase for those who have spent much of their lives negotiating a way through HIV and its effects, nationally and internationally.

I'm a morph on Mondays and Wednesdays and an empath on the other five. That's in months which end in an R. We have a researchers' roster so that at any moment no more than 58% are morphing at the same time

1. Collegiality and Partnership

Collegiality refers to the ways academics try to work together co-operatively. It often involves great personal warmth, intellectual and personal support, but it can also involve competitiveness, tongues as sharp as a drag queen on speed and just as bad behaviour. Part of my intention in *Then and Now* was to acknowledge the forms of collegiality I have experienced in the field of HIV research. I name some of the names in the early pages.

Academic life has its own challenges, we are not a community service industry, and the brokering of relations between research and community while highly productive has tensions of its own. In HIV social research very few people have permanent positions. Contracts are the norm and funding is a perpetual issue. Directors of Centres spend much of their time managing and administering ongoing funding and policy issues. It's a never ending task and like much work in organisational infrastructures is often invisible and thankless. It's what makes much of the ongoing research possible. It's a form of collegial service that needs to be acknowledged, even though the glamour is in intellectual work, quality research, valued partnerships and the capacity to make an impact on the directions of the epidemic.

Researchers often have very close relationships with the researched. Sometimes, but not always, they come from the same groups, but whether

researchers are gay or male or lesbian, undecided, disinterested, or heterosexual or female, bisexual or transgenedered, there is no question that they too are part of the affected communities. Irrespective of identity or gender, their friends and colleagues also die, serocovert, require care. Research staff too are HIV positive, negative or don't know. These things need to be acknowledged.

Much of my understanding of HIV and AIDS has come from educators, people living with HIV and their advocates. I've been bitch slapped by the best and pulled into line. One of the things I most respect about educators apart from their perseverence and knowledge is their capacity to actively listen and then act. The HIV community sector works to standards of excellence.

Although HIV and AIDS entered my writing in the late 1980s, it was a combination of researchers, Gary Dowsett, Sue Kippax, and educators, Ken Davis, Ross Duffin, Greg Milan who pulled me eventually into HIV research. It's in the partnership between researchers, the researched, the advocates and educators that I feel most at home

'At home'. Like any domestic arrangement between friends and acquaintances, collegiality can have its problems. I come from a minority discipline in HIV social research, cultural studies. I'm neither a sociologist nor a psychologist, but I interface constantly with those disciplines and their methods and methodologies. I learn from them constantly, and however far I stray from it my disciplinary base is different. It allows me to bring what I do to HIV social research.

2. Text and Context

Note: this section was not delivered at the conference

Then and Now was written in the second half of 2003 and released at the end of that year. It's over 100 pages long and begins with a four and a half page thematic summary. The immediate context of the report included:

- three years of increased reporting of HIV infection in Victoria,
- and as I wrote, the emergence of increases in NSW, Queensland and South Australia.

Then and Now had several motivations as would be evident to any close reader. The issue of motivation is relevant to the genre of the report, to some of the angles it takes and to some of the tensions evident in the writing and I will discuss them as I go. Firstly, I was concerned to keep open the contexts of discussion amongst and between researchers, service deliverers, policy makers, and educators. The pressure in Victoria had been to instantly require community-based organisations to provide a political solution. However the framework of problem solving that emerged militated against this in ways which were of concern. Media blame had squarely been on gay men. Funding bodies appeared to be blaming VAC. The working assumption appears to have been that unsafe sex behaviours can be not only instantly identified, but also directly linked causally to individual new infections. VAC's difficulty as I saw it from the outside became keeping room for a multi-faceted response that didn't demonise either sex venues or gay men or promise unrealistic expectations of a quick fix. Privately, several key players in sexual health and service delivery again raised the spectre of closing sex venues, compulsory testing and the reintroduction of fear based campaigns.

This itself was occurring in a wider context where the Victorian government had a major commitment to the health of sexual minorities. There were two relevant ministerial advisory committees, one on HIV/AIDS and one on gay and lesbian health. They published three major reports in 2002 and 2003, including the Victorian HIV/AIDS Strategy, a research report on GLBTI health issues and an action plan on Health and Sexual Diversity. These were, in many ways, groundbreaking. Yet the interface between initially VAC and the Department of Human Services and then as a consequence of funding flows from the Department to VAC then PLWHA (Vic) was characterised by great tension. Key sources tell me that this situation is beginning to improve.

This tension was intensified, perhaps unwittingly, by the emergence of sexual health players who appeared to have little knowledge of the social history of HIV prevention, but were keen to impose their own sexual health agendas. They reinforced yet again discredited health belief models of education.

One way to describe all this is to say that political will was breaking down at the level of management and administration. It's also an example of how funding governance becomes implicated in attempts to socially manage affected communities in ways directly opposed to cultural relevance. My point here is not non interventionary. HIV education always intervenes. The question I am raising is one of how this occurs and in whose interests this occurs and the difference between financial and cultural accountability.

Media and policy responses to the increases in Victoria had bothered me. Too often they seemed short-sighted and moralistic. The then Chair of the then national policy advisory structure was much reported on the Victorian increases and received significant media coverage. Some of the initial coverage was inaccurate in that it reported that NSW was also involved in the increases and gave a focus to young gay men unsubstantiated by the epidemiology. The initial reporting preceded by some days the launch of the annual national behavioural surveillance figures from the NCHSR. Again the Chair of the then national advisory committee received much media coverage and the focus was on gay men and unsafe sex and sex venues.

There was no political willingness at the national level to engage with distinctions between unprotected and unsafe sex or to acknowledge that the affected communities had contained HIV for twenty years.

What we saw was the emergence of a powerful commentary in which a key national player linked the Victorian data on new diagnoses with national data on sexual practices in a media framework incapable of any sophistication of analysis. At the Victorian level it became a discussion framed by blame and the complacency of gay men. In the meantime the contribution of HIV positive gay men to safe sex cultures was being downplayed if not disregarded.

Much of the media discussion and Victorian discussion appeared to disregard twenty years of successful HIV education and a body of research data that had much to tell us about what was occurring. There was a sense of panic and a punitive take on gay men and their sexual practices. There has been, for example, no equivalent instant public Ministerial response on the decrease in the rate of new infections over the past two quarters in Victoria. There has been no public acknowledgement of, or indeed commendation for, the relative rapidity of what may be a turnaround, but is at least a temporary halt.

A second contextual factor was what appeared to be a deteriorating national policy infrastructure and a loss of political will. As I wrote this situation seemed to change in that the Minister announced a new Ministerial committee and subcommittees. However that structure itself was characterised by:

- the exclusion of both people living with HIV/AIDS and community-based organisations from the main committee
- a location of HIV/AIDS within a sexual health framework.

Thirdly, there was an increasing pressure on Commonwealth funded organisations to not say or publish anything publicly critical of government policy. This pressure was such that it made, and makes, even description of the current policy environment appear to be political criticism. For example, every issue of *HIV Australia* is now read in advance, article by article. What was to be the August 2003 [check] issue responding to increases in HIV was delayed by several months because all commentary on the policy context was scrutinised and editing was unavoidably implicated in a process of censorship negotiation.

Fourthly, there has been politicisation of the public service, making it very difficult for them to provide independent advice.

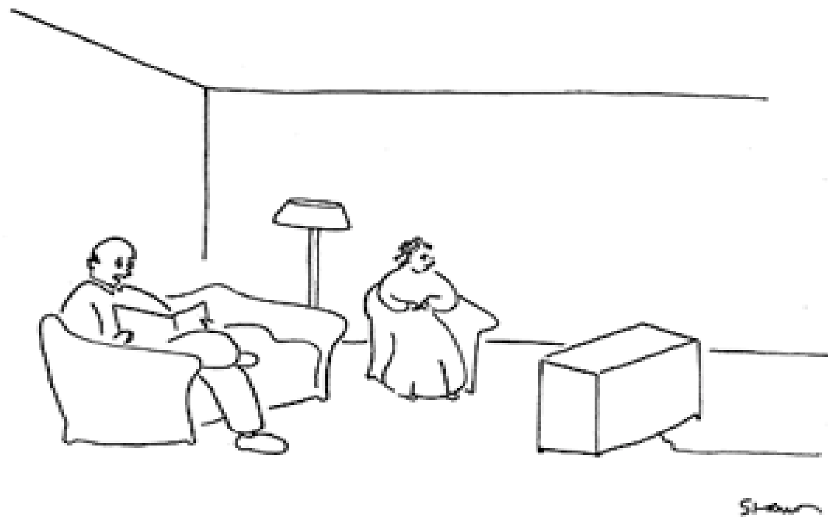
Some people I suspect have been puzzled by *Then and Now*. It doesn't report on new data about gay men and risk practices. It refused to put an instant

response to increases in HIV infections at its center. It didn't tell educators what to do. It wasn't a systematic literature review of what the research literature tells us about gay men and HIV prevention. I suspect some people saw it as a generic oddity: a community report that wasn't reporting. Well what did it do? My colleague Jon Willis referred to *Then and Now* as a meta-commentary on sociologies of gay men and HIV social research.

3. Shifts in ways of doing gay

When I spoke in 1994 the National Centre for HIV Social Research was based at Macquarie University and AFAO had just moved from Canberra to Sydney. The plenary occurred a week after a friend had died and two days after I had spoken at his funeral. At the plenary I spoke on the film *Four Weddings and a Funeral* and how it produced representations of gay men and their relations to safe sex and the HIV epidemic. I want to use some of what I said at the time as a way of speaking about *Then and Now*. That is, it's a handy way of introducing some of the themes of that report at the same time it reflects on different moments in time.

The 1994 presentation was a difficult paper to write for two reasons. Firstly, I was deeply ambivalent about the film. It represented on the one hand the love between two gay men, the death of one of them and the grief of the other and their friends. It normalised their presence and did so through grief. They became emblematic of a romantic discourse of love that was produced in opposition to conventional connections between love and marriage. It understood that intimacy was not a matter of official acknowledgement. Making that remark now strikes me as even more indicative of a shift between then and now in terms of gay and lesbian cultures. Consider, for a moment, this Michael Shaw cartoon from the New Yorker of March 1, 2004.



Published in *The New Yorker* March 1, 2004

What might be made of this?

1. Gay and to a lesser extent lesbian issues are now part of both a cosmopolitan consciousness in the west and of popular culture. They are part of urban cool. If you think about it there's a sense in which cool is signified here by the inclusion of a gay and lesbian issue - 'Gays and lesbians getting married' - but the cartoon is not actually about that. It's about marriage.
2. It's a media relayed consciousness: within the carton note the newspaper and the tv. Then remember where the cartoon is published –in a very high status magazine.
3. Part of that cosmopolitan consciousness is itself sardonic about marriage. It points to the question of whether marriage itself is worth

having: it's not just the attitude of what's said, but the setting: a lounge room, a heterosexual couple, spatial distance

4. Another part of the consciousness involves a refusal to represent gay and lesbian experience as a deficit experience. Empathy – 'haven't they suffered enough' – acts as an alibi for a critique of marriage. The words refuse to validate either marriage or an equal rights discourse for gay men and lesbians;
5. Marriage in the cartoon is not positioned in relation to love, but in relation to suffering. Cosmopolitanism here is jaded.[6]

In terms of *Four Weddings and a Funeral*, the situation is quite different. It's a romantic comedy that doesn't overly rely on cosmopolitanism. Rather, the inclusion of the gay male couple is adventurous, yet timid, and has an aspect of being groundbreaking. This is magnified by how the couple and the death of one of them are positioned in the film. The relationship between the gay men signifies the possibility of a true love that is not signified by marriage but by a meeting of souls.

Four Weddings and a Funeral gave a version of gay in which HIV was almost entirely absent, though death was not. When I spoke in 1994 that separation of death from HIV was difficult because I was sitting on the edge of being overwhelmed by grief. Grief can do that. Overwhelm you. It can pick you up by the scruff of the neck and shake you till you are filled by anger and dizziness. One way of not getting overwhelmed is to put it to one side because there are more important things to be done. Douglas Crimp talked about this in his essay 'Mourning and Melancholia'. For the purposes of my plenary at that time Crimp's essay provided in a way a counter reference to *Four Weddings and a Funeral* and a way of distancing oneself from grief without denying it.

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[6] For more discussion of cosmopolitanism, see Binnie, J. and Skeggs, B. (2004) '"Cosmopolitan Knowledge and the Production and Consumption of Sexualised Space: Manchester's gay village', *The SociologicalRreview*, 52(1).

Avoidal, however, can be also a form of inclusion. It allows something to be there unattended.

As it happens 1994 was the peak year of AIDS deaths in Australia. 753 people are recorded as having died that year. Of those 753, 634 were gay men.

The gay population is small and some friendship circles are large. The density of social networks is intensified when you connect with people via a job within the HIV sector. For some who lived and/or worked in the inner city gay communities it seemed as though they were surrounded by death. They were. Chances are there are people in the room who knew more than 20 of the people who died in that year alone. 1994 was the peak year in the sense that for every year of the ten years preceding it the death rate had risen. It felt inexorable.

Five years later, in1999 the number who died was 80% lower than in 1994. In 2002, 91 people died in Australia from AIDS. 70 of them were gay. It was the eighth year in a row that the numbers of people dying had fallen. In 2002 it was 90% lower than in 1994.

How many gay men knew someone who died in the two periods? Let's consider HIV negative and HIV positive men separately for a moment.

HIV negative men and deaths from AIDS 1994 and 2002

In the 1993-1994 *Sydney Men and Sexual Health Study*, 61% of HIV negative men knew someone who had died in the previous year. In the 2001-2003 data from the *Health in Men* Study 15% knew someone who had died of AIDS in the previous year. It's a large difference. It's a marker or indicator of differences between then and now in terms of how HIV is experienced in affected communities.

In 1995 Dowsett and Dowsett and McInness began to speak of Post-AIDS, particularly but not only in relation to the experience of HIV negative men.

HIV positive men and deaths from AIDS 1994 and 2002

Publicly available, reported data in the relevant time frames aren't directly comparable. I refer here to three studies: *Futures*, *SMASH*, *PH*

Futures only asks whether you have *ever* known someone who has died.

Futures 1 (1997 data) reports 81%. *Futures 3* (2001 data) reports a similar figure.

PH deals with a mostly male cohort of PLWHA, most of whom are gay identified. So any comparative use of the data is rough. Given that:

Of the HIV positive gay men in *SMASH* in period 1993-1994: 81% knew someone who had died in the previous year.

In the *PH* study, 54% of the PLWHA surveyed in period 2001-2002 had known someone who died in the previous year.

Not surprisingly, people living with HIV generally and HIV positive gay men in particular have much more exposure to AIDS related deaths. Some people jump at this point to seeing single markers such as these as indicative of a sero-divide. In the case of gay men, sero-divide is then made definitive. That is, gay men are categorised firstly by sero-divide or sero status and then by the experiences of being HIV positive. I don't believe this helps us understand things very clearly. Other data are relevant to this discussion.

Michael Bartos showed in 1998 that heterogeneity was characteristic of experiences of being HIV positive.[7] That is, the experience of being an HIV positive gay man varies enormously, in terms of experiences of illness, relations with other positive people, relations with PLWHA service

[7]Bartos, M. (2002) [1998] 'HIV-Positive Gay Men's Risk Assessment and the Changing Meanings of HIV Infection', in Hurley, M. (ed) *Cultures Of Care And Safe Sex Amongst HIV Positive Australians. Papers from the HIV Futures I and II surveys and interviews*, Monograph Series No. 43, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

organisations and in terms of how they do gay. This has been a challenge for PLWHA organisations.

Let's move from death to sex. In *Four Weddings and a Funeral* incidentally we never move to gay sex and sex is not how doing gay is represented. In that film, sex for gay men was entirely private, though there was some room for affection if you were amongst friends. In the film casual sex occurs between heterosexuals. When it does occur it's often very funny and if you'll pardon the crass it's inserted within social practice. Bodies in *Four Weddings* are social as much as biological and the weddings function as a place where heterosexuals meet each other for casual sex. (Perhaps reception rooms should be closed down.) In the film doing gay is represented as loving someone of the same sex, not as having sex with someone of the same sex.

Then much of this representation was based on a calculation about what was acceptable to mainstream audiences and would maintain a general exhibition classification. *Now* this calculation is likely to be done by television stations who determine which kinds of representation might work for ratings purposes so in prime time we get *Queer Eye* and at 10pm we get *Queer as Folk* - though only on SBS. and only after it was realised the extent of audience loss after the refusal to show the British series. And even now, lesbian representation is contested as in the dispute generated by the Christian right over advertising and *The L Word*. The difference now is that the advertising companies deny homophobia was the reason they pulled their advertising, but pull it they did.

As I say in *Then and Now*, TV programming managers and advertisers are now far more implicated in the competing estimations of what it is possible and desirable to represent in a media relayed public sphere. In this discussion, commercial media regulate both the link between sex and doing gay and the brokering of caution. In health promotion, HIV is the link between sex, doing gay and the regulation of caution. At issue is what can be represented in the name of gay sex.

In the film, it's the older man who dies from excess which includes too much partying at weddings. Wedding food it appears is a risk factor for heart attack. So is age.

The joint National Centres' *Health in Men* project gives us some data with which to think about age and HIV negative men.

Of the men who are in a regular relationship (n=894) older men are less likely to be in monogamous relationships (25u 45%, 26-39 41%; 40+ 29%)

This suggests to me the possibility that how love and romance are negotiated not only changes over time but also changes markedly in favour of more open kinds of relationship. The result reinforces the sense of heterogeneity in how gay men negotiate the ways they do gayness. Age is one of the factors relevant to the kind of long term relationship negotiated.

On the other hand, the *HIM* data indicate that irrespective of relationship status the mean number of casual partners in the last 6 months doesn't change significantly between age groups.

Before 50, age doesn't appear related to number of sex partners ie the number of gay male sex partners doesn't drop as quickly as one might expect.

In *HIM* the mean age of unsafe sex, not just unprotected sex, is: 36

HIM is a joint project of the national HIV research centres and I am grateful for the sharing of data. I particularly thank Dr Garrett Prestage for his generosity and support.

I'm not suggesting at all that ageing is a risk factor for unsafe sex amongst gay men. Rather, I'm seeing indications that as men who do gay in a certain way age, they become more deeply immersed in a particular kind of gay

culture and that in terms of being at risk for HIV it's aspects of the culture which matter not the age.

I complicate that discussion in *Then and Now* by projecting into it shifts in the way gay is being done and suggesting that this may affect future infections.

My intention was to initiate discussions on the next twenty years. It's perhaps a somewhat confusing strategy on my part and I need to reiterate what else I say. My sense is, along with other research colleagues, that most of the recent new infections have familiar causes and occur in gay men who are deeply immersed in inner urban culture either by where they live or forms of visiting and how they do sex.

I wish now I had given more extended consideration to questions of treatments uptake rates and what is known colloquially amongst some as 'community viral load'. These issues have a role in the contexts of unsafe sex that I had discussed elsewhere on several occasions, but in the face of media and policy blaming I tended to minimise this in the report. Frequency of testing too in the context of unprotected anal sex in casual contexts also needed more attention.

So what aspects of the culture matter?

I asked this question in relation to social practices generally rather than in relation to risk. By 'practice' I refer to ways of doing gay and to the degree of reflexivity and knowledge built into sexual practice. I use 'practice' in a dual sense of both what is being done and how well. Practice in the sense of a practiced understanding of what one is doing sexually.

Culture refers to the systematic and not so systematic ways sense is made in everyday life. Sense making in part at least is a structured activity. It is framed, for example, by the rites and rhythms of organised gay life. Gay culture is in part a structured culture: parties structure the seasons, clubs and bars and sex venues offer options and possibilities for the organising of social time. The rhythms are those of a spectacular culture: Sleaze in October,

precedes New Year's Eve, precedes Mardi Gras, followed by Pride, Hand in Hand. I do need to acknowledge here that the nature of the 'spectacular' may itself be changing, along with the rhythms of gay culture. For more on this see Kane Race's essay in the *Humanities Review*.[8] Parallel with these iconic events were and are the smaller sex parties and a substantial dispersal of the regular club venues. Oxford street isn't what it was ten years ago in terms of clusters of all gay venues. But then it wasn't like that in the early 1970s. It boomed in the late 1970s, it was disrupted by economic recession in the early eighties, then it burgeoned again until the mid 1990s and has changed again. That means some of the structures have changed. Arguably, what hasn't changed is the frequency of available events. It's still a culture whose rhythms are largely determined by bursts of frenetic energy interrupted by the ordinary. The ordinary becomes the waiting room for the extraordinary. Indeed the culture often consciously narrates itself that way.

However, just because the organised culture is structured this way that doesn't mean the lives of participants in it are determined by it. It's here that notions like 'ways of doing gay' developed by Couch, McInness, Bollen and Dowsett come into their own.[9] People do gay in very different ways, and local opportunity is, of course, a key factor in what's possible. I tried in that sense to include all the major cities in one way or another, without pretending to be exhaustive. I tried too to take into some account racial and cultural differences and the fact that Indigenous people experienced the epidemic in their communities in ways specific to them. When I refer to ways of being gay I try not to install assumptions of whiteness as a default position, though I acknowledge that some readers may find how I do this unsatisfactory.

Ways of doing gay sometimes involve:

- sustained interaction over time with the structured opportunities provided by bars, clubs, sex venues, politics and party culture;

[8] Race, K. (2003) 'The Death of the Dance Party', electronic journal, *Australian Humanities Review*, Issue 30, October 2003. http://www.lib.latrobe.edu.au

[9] McInnes, D., Bollen, J., Couch, M. & Dowsett, G. (2001) *Considering Gay Community in HIV Health Promotion. Gay community and the production of gay lives,* Institute for Cultural Research, University of Western Sydney, Sydney.

- episodic dipping in to particular events, places, venues;
- systematic distancing from 'the scene', 'scene queens', 'drug culture',

What do we know about these different ways of doing gay?

- People of course also sometimes move between these options at different points in their life;
- Some of them put you in closer proximity to HIV than others

One of the factors that puts you closer to HIV if you are an HIV negative man who immerses himself in the scene is HIV prevalence. Prevalence refers to the number of people who have HIV in every 100,000 head of population. Australia's overall HIV prevalence is something like .001. However the prevalence rate in 3 key inner city eastern postcodes in Sydney is roughly 15%. If you systematically or episodically immerse yourself in inner city gay culture your ways of doing gay are inevitably negotiated in relation to HIV whether you are aware of it or not.

Another of the factors that puts you closer to HIV if you are an HIV negative man who immerses himself in the scene is whether you have unsafe sex. What the data have now indicated is that many HIV negative men both have safe sex most of the time and sometimes engage in unprotected sex, and less frequently in unsafe sex.

If you are an HIV positive gay man, life in those postcodes will cost you financially, however it will also provide access to a structured gay culture, organised support, high quality medical services, social networks and social relations, sex partners and a safety zone.[10]

One of the other structures of organised gay culture is community viral load. That is, the amount of infectiousness you are likely to come into contact with

[10] Grierson, J., Misson, S., McDonald, K., Pitts, M., & O'Brien, M. (2002) *HIV Futures 3: Positive Australians on Services, Health and Well-Being.* Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

when you play in the same areas as people with HIV. That pool deepens depending on the rate of treatments uptake amongst HIV positive gay men. In the last 2-3 years for various clinical reasons the proportion of HIV positive men on treatment has dropped. At the same time, there has been some variation in STIs that can enable HIV transmission and the occurrence of unsafe sex in casual contexts though apparently changing remains high.

All the social research indicates that these are fairly well known aspects of life in inner Sydney. The notion of 'strategic positioning' was developed in relation to the self care management processes developed by gay men who wanted condom free sex in these circumstances.[11] It's a piece of knowledge that is built into self management and self care repertoires. The knowledge can be built in because it is updated, revised and disseminated, by HIV educators in AIDS Councils and PLWHA organisations and sometimes gay media and social networks. It is cycled and recycled in ways that constitute it as part of a culture of care.

However, there is management and management. Recent shifts in rates of new HIV infection appear to indicate that in certain key aspects practices of strategic positioning have developed leaks.

This is a complicated argument when communal institutions forged during the peak of the epidemic are reshaping themselves. It may well be the case that the self cultivation involved in practices of public and casual sex, whatever the kinds of relationships involved, is occurring in ways increasingly separate from official ongoing safe sex cultures, but not away from loud interventions announcing new information. This is not to say that safe sex education is not part of sexual practice, but to suggest that how it is incorporated in processes of casual and organised intimacy changes rapidly. This puts both strategic positioning and HIV education in a very difficult position. We are in a situation where:

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[11] Van de Ven, P., Kippax, S. Crawford, J., Rawstorne, P., Prestage, G., Grulich, A., and Murphy, D. (2002) 'In a minority of gay men, sexual risk practice indicates strategic positioning for perceived risk reduction rather than unbridled sex', *AIDS Care*, 14(4): 471-480.

(a) rates of treatments uptake is part of how sexual cultures are structured at a given moment, quite separately from what is *known* by participants in the culture and how that knowledge is distributed;
(b) sero-status is a factor in the choice of sex partners

It would seem however that in both NSW and Victoria at least the efforts of all concerned are having an effect on both HIV infection rates and the practices of unprotected sex.

I am under no illusion that *Then and Now* has many limits. It's not definitive. It doesn't offer answers. It does support ongoing discussions amongst those who work closely with issues of HIV prevention and education.