Get Well Soon

"Gay=Sick" has been science's diagnosis for centuries. In search of a second opinion, Michael Scarce finds both his doctor's medicine bag and the AIDS crisis model wanting.

November 1, 1999 By Michael Scarce

Moving from Ohio to San Francisco last year, I thought I'd have no problem locating a gay-sensitive doc through my new HMO. I chose a provider based on referrals from friends, and went to see a physician's assistant for a wart on my finger. The PA, whom I'll call Edgar, took a brief medical history and, noting that I'm an ex–Midwestern farm boy who's HIV negative, delivered a "Be scared in the big city" safe-sex lecture. He didn't suggest a vaccination for hep A or examine me for genital warts, though I'm at risk. He dismissed my request for an anal Pap smear to screen for cancer, despite previous "abnormal" results, and said nothing about my recreational drug use. I left the office disappointed and frustrated, as if I'd just had HIV pre-test counseling, and not a medical exam.

This incident drove home for me how our entire health care system now treats gay men almost exclusively as conduits of HIV, regardless of serostatus, and how AIDS has become the sole metaphor and measure of our health. What were once heroic and necessary measures—the emergency-driven focus on condom use and treatments for complications from a single virus—have, over the long haul, resulted in a dangerously distorted definition of gay men's identity, wellness and culture. As the barebacking subculture shows, attempts to project a Chicken Little state of crisis on people no longer in panic have provoked a backlash. But the vast majority of gay men are also reevaluating their health priorities. A positive guy with an undetectable viral load may be more concerned about the long-term consequences of hep C than HIV; a negative guy with a crystal-meth habit may be so far gone that getting HIV will have little effect on his survival. Certainly the current moment is a confusing one, as if we've woken up from a nightmare but haven't yet turned on the light. Are we safe or in danger?

Although the AIDS crisis erupted quickly, a long history of official "sexual pathology" set the stage for how we conceive of our physical and emotional health. Ever since AIDS was first coined as Gay Related Immune Deficiency, medical science has looked at the gay male body only through the lens of disease. While homosexuality had already been branded a psychological disorder, the epidemic ushered in a biological extension of "gay=sick"—with some bizarre consequences. Convinced that anal sex between men is inherently diseased, scientists have speculated that getting semen—even when it's uninfected by HIV or other STDs—up your butt is bad for your immune system. Other researchers have gone even further, claiming that cum's

immunosuppressive properties are activated only when absorbed by male bodies, magically exempting hetero sodomists from danger.

Just as gay sex is equated with spreading disease, so are the queer desires that drive them. Currently scientists are busy studying whether genetic differences that determine sexual orientation also predispose gay men to HIV infection. And Dean Hamer's infamous "gay gene" study was funded by the National Cancer Institute under the belief that AIDS-related Kaposi's sarcoma hit gay men disproportionately due to a genetic flaw.

But AIDS-as-metaphor's worst effect is evident in how we feel about ourselves. Gay men, who commonly come of age with a residue of shame, are directed to relate to our own and one another's bodies as sources of contagion, not pleasure. Instead of viewing our healthy behaviors as those that protect us from HIV, why can't we also imagine them as forms of gratification with benefits that surpass not seroconverting?

It's up to us to advocate for this shift in attitude. We need an action plan for promoting gay male health that stems from a vision beyond crisis. But we must also take our rightful place in existing health agendas. For example, the Healthy People 2010 document, a massive federal report that maps out long-term national health goals, mentions gay men twice—and only in relation to AIDS.

It remains to be seen how we'll escape the crisis model that saved us. But I believe we must. Its presence blinds negative guys from imagining what wellness is beyond the threat of seroconversion. And for HIVers, it accelerates the marathon of survival—with its myriad AIDS and other health concerns—to an unwinnable sprint where breathing is all one should wish for. So as we wake up from the AIDS nightmare, let's take care that we pay the fears of living with--and getting infected with--HIV their due, and no more.
