The Way We Live Now: Eric Rofes & Dan Savage

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Dan: Two years ago, I wrote that the AIDS crisis -- the crisis, not the epidemic -- was over. At first, I attributed the end of the crisis to the new drugs, but I see now that there are many factors at play. A lot of folks went ballistic, especially in Seattle, where I live. Two weeks after my piece came out, you came to Seattle, and spoke at an event sponsored by an AIDS organization. You said that not only was the AIDS crisis over, but it never really happened -- communities and individuals had identified with a gay male urban first-wave city crisis that never hit their own cities. People clapped for your speech, and no one screamed. Why such different responses?

Eric: I argue that the new treatments are *not* the primary reason that gay men have moved beyond the crisis stage of dealing with HIV. Other factors are key: the fall-off in deaths due to when men became infected, the fact that we now know people can be long-term non-progressors, and that so many gay men under 37 came out after HIV was already on the scene. Hence they didn't experience the shock my generation experienced. I argue that the crisis stage ended around 1994 -- two full years before the new treatments.

Dan: But it was the drugs, imperfect though they may be, that woke up a lot of us to the reality of how much our lives had changed. And those of us who began to point this out -- the end of the crisis, which I regarded as a positive development for gay men -- were, I think, surprised by the number of people who were rabidly attached to the crisis model, AIDS Inc.-ers and lay people alike. Talking about the end of the crisis was like messing with the formula for Coke, and folks didn't care for it. "Crisis" jargon had been so successful that people are afraid to let go of it. "People are still dying!" the crisis fans point out, as if when a disease offs a certain number of people, it can be called "crisis." It's like an album going platinum. That people are dying -- millions of people -- from diseases that we not only don't call "crisis," but don't give a shit about, doesn't seem to register. Three or four million children die in Africa every year from dysentery, yet no one ever talks about dysentery, including those who are quick to label "racist" anyone who views the AIDS crisis as having ended.

Eric: Talking about a disease that cuts differently for different races is going to be highly charged and politically volatile. Even if the mainstream white gay community has moved beyond the crisis stage, what does it mean for black gay men that the African-American community may be moving

into crisis stage? A lot of gay men of color "go ballistic," as you say, because they are sitting on two decades of being invisibilized, both by their community of origin and by the mainstream gay community.

Dan: In my experience, it's white men who go ballistic. They hurl the charge around -- "Racist! Racist!" -- but in order to shut down the conversation, not defend the experience of men of color. It's a trump card strategy: You say the AIDS crisis in North America is over, so I'll toss out "Africa." It's imbecilic.

Many gay men, even ones who know, deep down, that the crisis stage has passed, are afraid to let it go for fear of how they might be misinterpreted. They think gay men might go back to sticking their asses in the air 24/7, no condom, no problem. Straights might think they can blow off the AIDS Walk, or cut funding for this, that or the other. The troublesome part is that some funding should be cut for some programs. If we circle the wagons and scream "It's still a crisis!" in order to save all our friends jobs at all these various agencies, the people doing the funding cuts won't know which agencies and services are expendable and wind up cutting things that we can't live without, like insurance programs and drug access.

Eric: I am not as cavalier as you are about de-funding AIDS groups, though I share your anger that these groups became obsessively greedy, constantly demanding more, and never acknowledging which programs could be diminished -- the many emotional support programs, for example, which were founded on the belief that urban gay men with HIV had no place to go with their loss and terror because of stigma. As long as there are large numbers of poor people with HIV, I want to make sure programs are there to serve them.

Dan: I'm not being "cavalier" about defunding AIDS groups. I bet we agree on the programs that should be eliminated, by and large, and the ones that should be preserved. But where you're living in a dream is the idea that AIDS organizations can refocus on poor populations solely and hope to attract donors at anything like the rate they used to. The quickest way to completely defund AIDS organizations is to focus them on the poor! This is the USA: This county hates the poor!

Eric: I'm not living in a dream. You're living in a yupped-up bubble, Dan. Many AIDS organizations in this country serve primarily poor and indigent people, they do it well, and they will continue to do so. There is an entire track of AIDS organizations parallel to the "mainstream" (read "gay") ones that focuses on druggies, homeless people, runaways, and sex workers, and they have been doing fine out of the limelight for years.

Dan: You're living in the bubble, my dear -- one of "shoulds" and "oughts" and not realities. Only when programs serve rich and poor in America do they survive in any viable form. Think Medicare, think Social Security. And, not to go all Trent Lott on you, it's not the government's money, it's all our money. So why shouldn't it serve all of us?

Eric: We can go back and forth on this all night, doll. Overall, my sense is we share the belief that the crisis period is over for gay men, but we have somewhat different analyses of what should be done with this infrastructure of AIDS Inc. And call me Ted Kennedy to your Trent Lott, but I still

believe there is a critical role for the state in providing a safety net to poor people.

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