How to Deal With Conflicts About Ex-Lovers, HIV, Trump and More

A provocative interview with author Sarah Schulman also reveals the most pressing issues facing gay people and the HIV community.

June 11, 2018 By Trent Straube

Want a simple way to massively improve your well-being? Then make the time to read Conflict Is Not Abuse: Overstating Harm, Community Responsibility, and the Duty of Repair. It's the latest book by AIDS activist and historian Sarah Schulman. As the title hints, the nonfiction work unpacks the ways we mistake conflict for abuse. Along the way, it offers methods that can be used to resolve a disagreement, whether it's a fight with an ex-lover, an ideological clash with a college lecturer, or a geopolitical quagmire (think Palestine and Israel).

"We're in a time in society where nothing is organized toward reconciliation and repair, and everything is about scapegoating and shunning," Schulman tells POZ. "Everyone is having this problem." Indeed we are. Which is why this book is so helpful.

During our interview, which takes place in her East Village apartment—where she has lived since 1979!—Schulman weaves in current controversies (Trump, HIV criminalization) and provocative viewpoints (white gay male oppression, the "myth" of female-to-male HIV transmission) while tracing AIDS history (ACT UP memories) and explaining new ideas (homonationalism).

Despite her intimidating résumé—distinguished professor at The City University of New York, Guggenheim and Fulbright fellowship recipient, cofounder of The Lesbian Avengers, codirector of The ACT UP Oral History Project and much more—Schulman communicates her ideas, both in the book and in this interview, in clear, accessible language. And both will leave you with much to think about.

Thanks for writing this book. I wish I had read it 20 years ago—it would have saved me so much drama and self-inflicted anxiety.

Me too.

It was especially interesting to read this book in the age of Trump.

He’s the proof that my theories were correct! He was elected two weeks after my book came out. Every day, he tells us, “It’s a witch hunt and [that] it’s so sad what a victim he is.” But he’s the perpetrator, and then he blames Muslims and immigrants for the things actually caused by the white 1 percent, like the globalization of jobs.

But he also uses this very nationalist concept of loyalty that’s part of the problem of why people get shunned by cliques and families. The problem is that loyalty is defined by joining with other people to hurt somebody. [In the book] I talk about Zionism in the Israel state, and they use this system profoundly.

Reading that section, I was embarrassed I didn’t know more about the issue, from the Palestinian point of view.

If you read The New York Times, you will learn nothing about it.

Your book also addresses conflicts that occur in more intimate person-to-person situations. What’s your general advice for those who find themselves in an argument or conflict? Any simple steps to move forward?

Real friends and healthy families encourage negotiation, and bad groups encourage escalation and shunning and blame. Our friends should help us talk to each other. When having trouble with someone, ask a friend to help you. We need to intervene in families and cliques at every level.

You also recommend no texting when having a disagreement.

There are people who don’t take phone calls, and it’s so wrong. You must talk to people.

Sarah Schulman's nonfiction book is like a self-help guide for personal and world peace.Courtesy of Arsenal Pulp Press

The book has an entire section related to HIV, and the title is a doozy: "HIV Criminalization in Canada: How the Richest Middle Class in the World Decided to Call the Police on HIV-Positive People in Order to Cover Up Their Racism, Guilt, and Anxiety about Sexuality and Their Supremacy-Based Investment in Punishment." Wow.

Why be cruel to people? That's the larger question. So when we look at HIV criminalization, first of all, it makes no sense in any rational system. There are 40 million people in the world who are HIV positive and they were all infected by someone. If we're going to say that's a crime, we're talking about incarcerating tens of millions of people.

So what purpose does it serve? When you look at empty scapegoating, in most cases it's a deflection of social anxieties. With HIV, even though there are a lot worse diseases you can have, the stigma remains and is in fact increasing—and that has nothing to do with the actual lived reality of the illness. But in the subconscious of the world, HIV is linked to queer anal sex and needle use, so there's an enormous amount of anxiety. And there's also anxiety about sex anyway, for everyone. This anxiety could be addressed in the complete opposite strategy, and that would be for governments to say, "Hey, everybody, it's time to forget about HIV stigma. Let's see what we can do to help people instead of punishing them." Instead, they're going in the direction of really brutalizing and subjugating people with HIV in a way that's [deflecting] from what's really happening socially, which is that the state is getting more and more power—because this whole incarceration system is based on sexual partners or lovers denouncing their partners to the state. A better alternative, instead of panic, is for their friends to help them deal with that anxiety.

Back to the HIV chapter title. You mention the middle class's "supremacy-based investment in punishment." Can you elaborate on that aspect?

It's this idea that people think they're better than others and need to reinforce that. Therefore, they subjugate others to reinforce the idea they're better. I started thinking about this when I wrote Ties That Bind about familial homophobia. And I realized that homophobia is not a phobia at all. [People labeled as homophobes] aren't afraid. They're enjoying it. Homophobia is a pleasure system because it makes people feel better about themselves. They need to demean others to feel better about themselves.

It's supremacy. And it's parallel to racism and any internal anxiety [like HIV fears] that we pretend is coming from outside. Instead of saying to ourselves, "Why do I feel bad when there's a Black person talking to me?" We say, "It's because he's dangerous." Actually, we're dangerous because we're having an anxiety we've been taught. But that anxiety has no basis in anything real, and instead of looking internally or getting support from other people to look internally, we're just blaming. And in this case, it's deadly.

I'd like to bring up some contemporary topics playing out in the HIV community and have you

assess them through the lens of conflict versus abuse.

Such as “U=U”?

Sure. Let’s talk about the “U=U” campaign, which conveys the message that HIV is untransmittable when one’s viral load is undetectable, even when condoms are not used.

It’s a strange argument because it’s accepting the frame of completely inadequate health care. It’s saying, OK this undetectable standard for condomless sex is going to stigmatize poor people who can’t access the standard of care. The problem isn’t the inequality of stigma but the inequality of care.

People ask, “Is there going to be an AIDS activist movement again?” [I say] only if it lives inside a broad health care movement will it be effective. I don’t understand why the arguments aren’t aimed toward universal health care. Because let’s face it, if everyone HIV positive had standard of care treatment, the need for something like PrEP [pre-exposure prophylaxis] would be way, way reduced. The whole existence of PrEP—a huge profit for Gilead [Sciences, the manufacturers of Truvada as PrEP]—is predicated on the lack of a [universal] health care system. If we had a health care system, they wouldn’t be making money.

I’ve seen some U=U campaigns that explicitly mention not to stigmatize those who aren’t undetectable for whatever reason (for example, see the video above and read about it here). And my understanding is that the U=U messaging has helped people who didn’t know the science behind the message because they had a lot of self-imposed fear about transmitting the virus.

It’s a reform on a larger problem that needs a revolution.

Have you observed areas where the HIV community has gone from being a victim to more of an abuser?

Sure. Look at the “end of AIDS” claims [messaging that the epidemic is basically ending, by HIV-positive journalist] by Andrew Sullivan. Or the David France rhetoric that “we’ve survived a plague.” And those voices, which are basically white gay men who have access to health care, have huge amounts of power in mainstream American media, and they have closed ranks around that decision. The fact that Andrew Sullivan is the person who reviewed David France’s book [How to Survive a Plague] in The New York Times is a clear example of how they own the media coverage and how other realities are not getting through. This has made it so much more difficult and so damaging for the one third of HIV-positive people who can’t access standard of care.

Also even in corporate entertainment. This year, there are revivals of three significant white gay male plays: Boys in the Band, Torch Song Trilogy and Angels in America. And I'm like, What is the point of reviving all this? It's a kind of white gay male oppression, when there are so many other voices that need to be heard. I don't see what it is serving, and I don't see discourse accompanying it by the people who are producing it. Because that constituency is not the constituency under attack and being oppressed now. What kind of gay men are under attack? Undocumented, people of color and poor people. And the way that people position these plays is to reinforce the brilliance of the playwrights but not to expand their concepts of which people need attention and support. Even in Angels in America, the message at the end is that AZT [an early HIV med] will save us, and that wasn't even true in 1991 when the play premiered. That's the plot point: He steals the AZT. It's so irrelevant. Angels in America doesn't really show people fighting. ACT UP was founded in 1987 and Angels in America premiered in 1991, and it doesn't acknowledge that there's an activist movement out there. It really bypasses that.

So are some people within the HIV community guilty of a type of supremacy ideology? If so, who would suffer from that?

It's about race. I was born in 1958, but in my generation, familial homophobia was a force of history. So many gay people were driven out of their small towns or families. Even though there was always incredible racism in the gay community, we were separated from the full privilege of white supremacy because we were kicked out of our families.

But once we started to get into gay marriage and the gay nuclear family and all that, a lot of people were let back in their families. A lot of my gay friends, when they had children, their families came around. You could kind of rejoin whiteness. So now we see that white gay people who are citizens have a whole set of privileges that queer people who are undocumented or poor or of color don't have access to. And we haven't addressed that.

If you ask me what is the most pressing issue for gay people, I would say poverty.

Actually, I planned to ask you what the most pressing issue for the HIV community is.

It's health care. In the history of ACT UP, there was a conflict between people who had a more radical view and wanted it to be health care reform and people who were focused on drugs-in-bodies ideology. Some were radical people like Vito Russo and Marty Robinson. They died, but initially, [health care reform] was their impulse.

What other HIV-themed topics have your attention nowadays?

I'm looking at a few things. Why are women responding more slowly to PrEP? [PrEP, or pre-exposure prophylaxis, refers to daily pill Truvada that can prevent HIV-negative people from

contracting the virus.] I think the answer is because there weren't enough studies done on women when the drugs were developed. And why are there big campaigns to get women to use PrEP, when I think PEP [post-exposure prophylaxis] is something that, culturally, women will respond to more. Because there's this stigma against being prepared to have sex. So because of sexism, it seems to me, PEP would be easier to take culturally.

Then there's a large question of female-to-male HIV transmission, which has never been proved in North America. It's been an issue for a long time. I mean, way back in the '80s this was an issue. Later on, the WHO [World Health Organization] studies saw that transmission [did occur but] was connected to circumcision. At first we didn't know that, but we could see anecdotally [in North America, where most men are circumcised, that if there were common female-to-male transmission], then straight men would have HIV and they don't. Yet even in Canada, [HIV-positive] women are incarcerated, and here it's been used primarily to oppress female sex workers when actually they are the people who are endangered. So that whole myth needs to be cleared up.

It's surprising this isn't discussed more often.

The reason it got suppressed as a subject is that if straight men realized that they couldn't get it from women, then they wouldn't use condoms. So in a way, the false myth saves women's lives. This was an overt discussion even in the '80s. There's a long thread in AIDS history as women being seen as vectors of infection.

Sarah Schulman in her home office Eric McNatt

Another fascinating concept brought up in your book is homonationalism. I'd never heard that term. Can you describe it for our readers?

The term was coined by Jasbir K. Puar, a, professor at Rutgers. This idea is that as white gay people—or Jewish gay people in the Israeli case—as they gain full rights [like marriage equality], they start to identify with the state and they start to turn on other people who are now the new scapegoats, and they become nationalists. We see movements like this in the Netherlands and even here and in England, where we see gay people turning against immigrants and Muslims and identifying with the state. Even the fight to get into the military in the United States was a fight to get into a machine that is arbitrarily killing Arabs and Muslims all over the world. So part of gaining

gay rights has been about becoming part of state apparatuses that are profoundly unjust.

Does homonationalism have any effect on the HIV community?

"Gay" and "AIDS" got separated in the marriage equality debate. If you analyze the propaganda of the gay marriage campaigns, none of the male couples in the posters were ever identified as HIV positive. And I think the subtext on which gay marriage was sold to America was that it implied monogamy, even though we know it doesn't mean that. But they thought it did. I think they saw it as a corrective to this uncontrollable gay male sexuality. In a subtextual way, gay marriage was sold as an alternative or end to AIDS. When that happened, "AIDS" and "gay" got separated so you stopped seeing gay things that have an organic HIV content.

How do you think this has affected younger LGBT people growing up in the age of gay marriage?

It's horrible. There's no public space for people who are HIV positive. There are no public gatherings. It's not anything people know what to do with. Which is probably why so many people don't want to get tested.

Pivoting to another topic: You have yet another book coming out, a reissue titled My Americana History: Lesbian and Gay Life During the Reagan/Bush Years. What's it about?

It's my journalism from 1980 to 1993. And, boy, is that an interesting, wild ride. It starts with Ronald Reagan getting elected and there's no sign of HIV, and then AIDS explodes and I'm covering all this stuff. For example, I covered the closing of bathhouses for the New York Native [a now-defunct LGBT newspaper]. That's an interesting event because why would they send me? I was never even allowed in the bathhouses.

Why did you get that assignment?

Because everything was so chaotic! We didn't even know what the stories were. And also, journalists were dying. And there was no internet. For that article, I interviewed every existing organization at the time and asked them if they opposed or supported the closing. And each organization had a different point of view, and nobody knew what was right. I think we all now know that that was a mistake because bathhouses were the gathering places, and if you wanted to do AIDS education, that is the place to do it.

I also covered the first case of AIDS in the Soviet Union.

What was that story assignment?

It was international AIDS. We have no idea there was a global pandemic, so the fact that someone in the Soviet Union had it was such an oddity. And another thing I covered that was very interesting was pediatric AIDS, which was huge in that day.

And I knew [activists] Michael Callen and Robert Hilferty, who are also dead. The two of them and I went to Germany to help start ACT UP. We were brought there by Rosa von Praunheim, the film director. And we failed miserably because it was too early in their epidemic and people didn't believe it was going to happen to them. But at that time, Michael believed that dextran sulfate worked [to fight HIV]. It didn't work. It was so sad. He was taking shark cartilage at the time. He was walking around with a big bag of shark cartilage he had to take through customs. And none of it worked.

Slated for a September 2018 releaseCourtesy of Routledge

One of the great [personal challenges] in all this was that we fought to get people in trials [for HIV treatments] that didn't work, and they died. That's a very difficult thing to deal with.

But another Russian thing: Jim Hubbard and I made United in Anger [a 2012 documentary about the history of ACT UP] and took it all over the world. And in Russia, it was right after the antigay laws were passed. They have a separate HIV movement that's straight [heterosexual] and mostly related to heroin use and one that's gay. So there were a lot of women who were desperate to get [the HIV prevention drug] Truvada because they wanted to have children. And in Russia, all the drugs are ordered by the government and the government was not ordering Truvada. And they were like, "How can we get it?" We're like, "We don't know. Ask Gregg Gonsalves [a U.S. activist who works in global health issues] or someone." Then we said to them, "So what do you think about these antigay laws?" And they're like, "Oh, well, they [the gay people] are going to have to leave, but Putin is a good father." And we're like, Why are we helping these people? It's so convoluted.

Back to people dying in the earlier AIDS trials and losing friends to the epidemic. What has been your self-care routine throughout all this trauma?

My psychology is a weird one. [I was born in] 1958, 13 years after the end of the Holocaust, and I come from a Holocaust family. So I grew up with this whole thing like, "They stood by and let us be killed. They knew this was happening, and they did nothing." I heard this my entire life. Children weren't protected like now. So I internalized that early, that I have a responsibility for other people. But also, the AIDS movement wasn't other people—it was us.

The interesting thing about old ACT UP people is, we fought like hell with each other and all that stuff, but we're bonded in this incredible way. It's remarkable. You'll see someone on the street from ACT UP and you'll hug them. Even, like, Peter Staley. And he and I didn't get along at all, but we made up. You're bonded because you watched your friends die. We're that generation. And no one else subsequently had the same experience because of us.

You changed history.

We did. We did a good job.

Thank you.

"ACT UP, fight back, fight AIDS."

Yes, there's that bond.

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http://beta.docker.poz.com/article/deal-personal-conflict-hiv-gay-trump