

On The March



Maritime Gays and Lesbians Get Organized

By Anne Bishop

Gays and lesbians in the Maritimes are currently experiencing an explosion of energy, consciousness and organization. During 1988, in Halifax alone, the number of lesbian/gay organizations grew from eight to fifteen in the space of just a few months. Each summer for the past two years that city has been the scene of a Gay Pride March, something not seen for more than a decade previously. There have been numerous meetings where gays and/or lesbians have come together to discuss common problems. In Halifax, Fredericton and Charlottetown there are groups working to have "sexual orientation" clauses added to provincial human rights legislation. The United Church is embroiled in lively debate about its ruling that "homosexuals" are not to be barred from ordination as ministers. AIDS activities, organizations and cultural expressions are bringing gay/lesbian issues to public attention, and the press is covering these as never before. And, significantly, men and women are working together, something that had been lacking in most of the gay/lesbian community for a number of years.

This upsurge in activity is, for the most part, a response to the spread of AIDS across the continent. The disease has had two effects on the gay and lesbian

communities that have spurred reaction: gay men have been hit with a "holocaust of omission" and the "sleeping monster" of homophobia has been aroused.

A review of official responses to various other health crises over the past several years reveals this "holocaust of omission" by governments, researchers, universities, the media and the health-care system itself:

- in 1976, a mysterious ailment caused the deaths of 29 people who had attended a convention of the American Legion in Philadelphia. The media covered the catastrophe intensely for a month, and newspapers carried dramatic photos of flag-draped coffins. The American government promptly marshalled hundreds of people and millions of dollars to investigate. Within a matter of weeks, the cause of the disease had been pinpointed and health officials were in control of the situation;
- also in 1976, a virulent sexually transmitted disease called Ebola Fever killed 153 health-care workers in Central Africa. The government of Zaire called on the World Health Organization and the Centers for Disease Control in the United States. Response was swift and the fever was contained and controlled in just a few weeks;
- in 1981, Toxic Shock Syndrome hit the headlines across North America. Officials acted immediately,

Tylenol in Chicago. In short order, thousands of health professionals were put into action checking drug store shelves. Tylenol's manufacturer, Johnson & Johnson, spent \$100 million of its own in an effort to address the problem. *The New York Times* ran daily stories for a month, four of them on the front page, and then followed up with 22 more. In all, seven people died, and the crime was solved in five weeks.

AIDS was first identified in 1980. Within two years, there were 634 cases reported in the United States, 260 people had died, and the disease had been reported in eleven other nations. During 1982, *The New York Times* ran only six stories on AIDS, all of them buried in the back pages. The American government committed its first funding — \$1 million — in October of that year, during the peak of the Tylenol scare. And even that relatively tiny amount did not actually get delivered for another year. By then, 2,600 people had contracted the disease: more than 1,000 had perished. Most of them weren't American Legionnaires, health-care workers, or headache-suffering shoppers. They were, for the most part, gay men, poor Haitian immigrants, intravenous (IV) drug users, Blacks or Hispanics living in poverty. Officials didn't seem overly concerned.

American figures on AIDS are more easily available than Canadian ones, but Ottawa's reaction has generally echoed Washington's. Health Minister Perrin Beatty admits there is still no government strategy on AIDS and that spending has been miniscule. Last May, Dr. Norbert Gilmore, head of the National Advisory Committee on AIDS, resigned in frustration, saying "The program is in a mess. No one knows what's going on. I sometimes wonder how many kids out there are getting infected while we diddle around trying to decide if we can talk about diddling around."

Lack of government action on AIDS is certainly frustrating to well-meaning officials, but it is encouraged by the attitude in many circles that the disease is some kind of divine retribution, that its victims "aren't worth saving anyway." This outlook is reflected over and over again by statements of officials in many countries, and even here in the Maritimes.

In Britain, the Conservative leader of the South Staffordshire District Council offered his recipe for stopping AIDS: "I would put 90 percent of queers in the ruddy gas chamber. I'd shoot them all." Opposition parties demanded that he be disciplined, but to no avail. In fact, Prime Minister Thatcher has publicly praised comments from other officials that reflect similar attitudes.

The Medical Journal of Australia, ostensibly a publication concerned with science, offered this sage comment: "Perhaps we've needed a situation like this to show what we've known all along: depravity kills."

In April of 1985, the American Secretary of Health gave the keynote address to an International AIDS Conference, and said that "We must conquer AIDS before it affects the heterosexual population.... We have a very strong public interest in stopping AIDS before it spreads outside the risk groups, before it be-

By the time AIDS was first mentioned in an American Presidential speech late in 1987, 21,000 had contracted the disease. President Reagan expressed concern for hemophiliacs, blood transfusion recipients and spouses of IV drug users. The users themselves and men were, apparently, not worthy of mention.

In Nova Scotia, Dr. Wayne Sullivan, the Administrator of Community Health Services, said at a public meeting that there are only a few hundred people at risk in the province, adding that "When they're dead, the problem will be solved."

Lesbian and gay people have survived in the past through silence and invisibility. Now, many are beginning to understand that — to quote one button of worn by activists — "Silence Equals Death."

More and more, gays and lesbians are speaking out. Almost 700,000 people took part in a "March on Washington" in October of 1987, the largest civil rights demonstration that city has ever seen. The AIDS Memorial Quilt, launched during the March, has been touring the continent and was even recently nominated for the Nobel Peace Prize. In Canada, one Member of Parliament, Svend Robinson, has publicly proclaimed that he is gay. There has probably been more media coverage of gay and lesbian issues in the past year than there was in the previous five.

AIDS has roused the gay and lesbian community but it has also awakened the "sleeping monster" of homophobia. The word "homophobia" was coined in 1967 by Dr. George Weinberg, who said, "I recognize that fear, revulsion and distrust of homosexuals are often converted into rage toward them.... Like any phobia, it is an obsessive and irrational fear." As long as gays and lesbians remained silent and invisible, homophobia, although always present in our culture, was, for the most part, left to slumber. But now, entire communities are turning out for public meetings to express fear and anger. To some extent, these expressions are a reasonable response to a fatal new disease, but to a large degree, they are homophobic reactions. When people's concerns are about role models rather than contagion, they are taking about their own attitudes, not about the disease.

This newly aroused homophobia takes many forms. Single people who are merely suspected of being gays or lesbians are losing jobs and being denied accommodation, services and health care. The most visible evidence of this rise in homophobia is the increasing incidence of harassment, beating and even murder — "gay bashing" as it is called. In the United States, the National Registry of Hate Crimes records more incidents of gay-bashing than of any other crime of hate, even though 90 percent of it is thought to go unreported. It is estimated that one in four American gays will be a victim of gay bashing during their lives, as will one in every ten lesbians.

Less immediately threatening, but no less serious than gay bashing are the homophobic comments and conversations increasingly being heard, in every conceivable setting, by gay and lesbian people. Because we are, by and large, invisible, perfectly "nice" people fe-

presence. These cause a constant undermining of self-esteem and mental health, especially for those who walk quietly away.

The growth of homophobia has been costly to gays and lesbians, but it has also given us an opportunity. Some have reacted by crawling further into the closet, but others have responded by stepping out and speaking up for all to hear. These opposite reactions have caused tensions within the gay and lesbian communities. Some of the firings, vandalism and public scandal aimed at gays and lesbians in the Maritimes during the past year have come from within our own community: those who become more public pose a terrifying threat to those who feel their only safety lies in invisibility. But people who have spoken out have discovered that much of their fear is left behind. These are the activists who are responsible for the recent burst of energy in gay and lesbian organizations in the Maritimes.

This rising level of activism has also gained strength from the joining together of men and women in political activities. For many years past, most gay men's organizations were primarily social, while lesbians have put all possible effort into the women's movement. The two groups went separate ways, as women's consciousness of sexism grew and matured. But, of late, the two have found common ground in the face of AIDS and the need for better human rights protection. Predictably, the struggle over sexism has been renewed, but lesbians are finding very different attitudes in gay men they did some years ago. All gay men have been touched by AIDS — through suffering, worrying, supporting and grieving — and they have learned new emotional skills. As well, lesbians have brought new organizational skills, learned from our work in the non-hierarchical institutions of the women's movement, to the newly forged alliance.

When oppression is exposed to light, as homophobia has been over the past few years, rednecks emerge, but so do decent people. Members of the "straight" population have come forward to work with gay and lesbian people, and to express their solidarity politically. (Polls show that about three-quarters of the public feel that gays and lesbians should have the same human rights protection as the rest of the population.) As a result, Manitoba, Ontario and the Yukon have now joined Quebec in prohibiting discrimination on the grounds of sexual orientation. (This means that 68 percent of Canadians are currently protected by such legislation.) This has been very encouraging to gay and lesbian organizations in the Maritimes, where all three provinces are witnessing activity, if not success, on this front.

In New Brunswick, the Minister of Labour has ordered a review of the provincial Human Rights Code. A report is due imminently, and there is some talk of public hearings about the matter in the spring.

Prince Edward Island's Human Rights Act was reviewed in late 1988 by a special committee of provincial legislators which sought public input. Their recommendations will be included in a proposed revision of the Act that will be presented during the Legislature's next sitting in February. Unfortunately, the revised Act that will be put before Island legislators won't include sexual orientation as a prohibited grounds for discrimination because of the "need of further study due to the complexity

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and vast amounts of information available."

In Nova Scotia, a new Human Rights Act that included sexual orientation was ready to go to the Legislature last April, but was held back by the government. It had the support of Liberals and New Democrats, and a majority of the Conservative caucus (including most key cabinet members). It would have passed if presented, but the government has thus far failed to bring it forward. This leaves all Nova Scotians with an outdated Human Rights Act that is a patchwork of amendments.

The work towards broadening human rights legislation in the Maritimes is but one expression of the new energy in the gay and lesbian communities here. Other areas of work include: AIDS services, advocacy, lobbying and support; organizations of People With AIDS; cultural organizations and advocacy groups; public and internal education, and; Gay Pride activities.

There are three main challenges facing the gay and lesbian communities in the Maritimes today. We must find a way for men and women to work together against sexism. We must heal the rift between those who have come out of the closet and those who remain inside. And we must confront the deeply rooted, passionately felt homophobia of powerful sectors of our society.

Today, the battle over gay and lesbian issues is one of a number of issues on the cutting edge of Maritime politics. As both an observer and a participant, I'm sitting on the edge of my seat to see what will happen next. I know we can't stop: we are literally fighting for our lives. •

Anne Bishop is a member of Lesbian and Gay Rights Nova Scotia, a lobby group working towards human rights reform. New Maritimes adapted this article from a paper presented at an academic conference in Halifax last fall.