For their part, gay men have turned to doctors for testing, treatment, and reassurance, but never before. They have been encouraged to come out to their physicians and to be open about their activities. In addition, they are told to place faith in government health officials' handling of the crisis, to take part in experimental treatments and research and to wait patiently for medicine to solve the riddle of AIDS. Unfortunately, this is part of a wholesale and unctitudinal deference to the physician as expert, and goes on despite mounting examples of mismanagement in research, treatment and public health planning, and increasingly evident attitudes of anti-gay moralism. With current talk of quarantining and computer registries of test results, there is a dangerous vulnerability to this submissive, unquestioning posture.

The gay community would do well to look to the women's health care movement for an example of how a relationship between medicine and patient population has been changed. In the 1970s feminists documented how women were being treated by medicine (in particular psychiatry and gynecology) and how this reflected and reinforced sexism. A major focus of feminism in this period was aimed at changing women's consciousness through health education, encouraging women's exploration of their bodies and the development of alternative health services run by and for women. The strategy was direct: doctors have the knowledge; take the knowledge and with it will come control over women's bodies.

A number of things contribute to how AIDS is perceived by government, the health care system, media, public and groups at risk. As an incurable disease seemingly out of control, a plague mentality has developed. In addition, because the causative virus can be transmitted sexually, it takes on a menace of venereal diseases in history, is viewed as a punitive consequence of sexual activity and a symptom of society's moral decay. Lastly, that the original affected groups (homosexuals, intravenous drug users, Haitians) are socially marginalized, has allowed the mainstream to see AIDS as a threat perpetrated on them by deviants. Even the publication of AIDS among the rich and famous has done little to humanize the attitude to this disease; the desire to attach blame is still present, if not always admitted to.

In the face of the AIDS crisis, doctors have become more enlightened in their approach to homosexuality? Willingly or not they have had to acknowledge gay existence and deal more openly with them. Doctors have been forced to ask after sexual orientation and take sexual histories, which their training never equipped them to do, or to feel comfortable about. Now that homosexuals have become objects of interest to clinicians and Nobel Prize-seeking researchers, is it questionable whether medical attitudes to homosexuality have changed at all. Certainly in the past, the celebrated scientific objectivity of doctors has not kept them immune to moral interpretations of disease.
This movement has had far-reaching effects and is not often given its due. It informed an enlightened consumer approach to medicine that went beyond women's health care. It helped legitimize a number of non-physician sanctioned health alternatives, and influenced a demystification of doctors' power and previously unchallenged power base. Over the years it has forced dramatic changes within and outside the medical establishment, not the least of which is that patient-consumers tend now to be more critical and skeptical in their approach to medical practitioners.

This realization of knowledge and struggle for control should be a model for the gay community's relationship to medicine. In the midst of a health crisis like AIDS, when anti-sexuality and anti-gay attitudes are propagated so easily, gays cannot afford to defer so uncritically to a professional body whose best interests are not always with whom they treat.

Of added interest is that these issues of autonomy and control may have ramifications beyond the socio-political arena of AIDS. Slowly, western science is recognizing that determinants of illness entail social and psychological factors as well as biology. Psychosomatic research into the connection between stress and illness shows that certain psycho-social variables are associated with diminished resistance to disease. Specifically, the experiences of “loss of control” and “helplessness”, as best as those can be measured, seem to impair the part of the immune system responsible for defending against viral illnesses and cancer (and the part that the AIDS agent undermines). It is too soon for anything conclusive to be drawn, but it appears that autonomy and striving for control, as well as focused anger, are important in maintaining health and in fighting disease. That these are also appropriate responses to oppression show how the personal and political can be linked.

In this frightening time for the gay community, when beset by both AIDS and its political uses, it is encouraging to see an attempt to take a critical look at the medical and scientific establishment. As AIDS is being defended against it is best to keep a healthy sense of skepticism, and retain a measure of control regarding all aspects of the state — especially towards medicine which professes to help and heal, but whose agenda has always been broader.

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But let's not quibble. The task force has a monumental job to do, and I'm perfectly prepared to give it the benefit of the doubt...for now.

The single most important service the task force could perform would be to reaffirm the essential first principle of Canadian broadcasting, to wit, that it is above all else a public service, to be operated in the public interest. Everything else — ownership, structures, regulation, even content — must flow from this source.

In order to make such a reaffirmation, and support it with concrete proposals, the task force will need to overcome a variety of pressures, beginning with its own mandate from the Minister of Communications (which, incredibly, falls to mention in the first instance the public interest or public service as a criterion for guiding policy development), and extending to the very private and often arcane pressures from the “industrial” sector. It will also need to overcome the unfortunate myth that public service can only be thought of in terms of a mammoth, centralized, bureaucratic institution several reference points removed from the public it is intended to serve.

If the task force can find its way clear to surrounding these obstacles and bring down a report with proposals which reinsert the public into the system, it will have performed a major, lasting service to the multitude of communities that make up this thing we call Canada. But if it fails, it could very well go down in history as the grave digger of the Canadian broadcasting system.

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