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S P E C T A T O R
SPECTRUM

*Gay and straight
fight AIDS virus*

By RALPH MERNIT

It was a 20 minute walk from my apartment to my job. Once I arrived in Chelsea, I walked past the coffee shops handling the great rush of coffee and bagels, the early morning quiet of gay bars, and the windows of bookstores. Then I walked up the stairs of my agency to my cubicle. Right inside the entrance of my department was a large, conspicuous poster of two men holding each other, and one was stroking the other's erect penis. As I walked to my cubicle I passed calendars of semi-naked men and a beautiful picture of Montgomery Clift. My cubicle had pictures of my wife and toddler son. There were postcards of paintings by Picasso and da Vinci.

For the past two years I have worked at an AIDS agency staffed largely by gay men. I am straight, married, and have a two-year-old son. During my wife's pregnancy, work colleagues threw a baby shower for me. One man came over and said, "So, you are adopting?" When I told him my wife was pregnant his mouth dropped in astonishment. He assumed that I was gay like the other ten men in the room.

The plague of AIDS is a war zone. The agency makes me think of a huge Spanish galleon lumbering back and forth to somehow negotiate and fight the virus. Amidst the throes of illness and wasting, many staff members seem to work continuously. Within the agency, the staff formed their own communities. There are staff members who have Tupperware parties or lose weight at the Weight Watcher's Club. Some last only a few months in the miasma of illness and loss. The helm of this ship

is manned by gay men. They clearly believe that only they understand the AIDS virus. There is a chain of command implicitly understood by the agency. Gay men who have AIDS sit in the Grand Tier of opinion and respect. Behind them are staff who are HIV-positive, but not yet diagnosed with AIDS. In the next rank are gay staff who are not HIV-positive. They shuffle back and forth, anxious and feeling guilty over their HIV-status. On a level separate from all the gay men are the lesbian and heterosexual women. Near them in a shadow are the very few straight men.

Quickly I realized that I was not in a clinical setting, but in a gay agency that had some professional staff. Sometimes on Monday I'd hear my colleagues tell each other of their weekend exploits. They'd talk of skirt parties, the cut of a man's jeans, or a beach visit to Fire Island. And I'd think of my weekend spent with my wife and son. It seemed we lived in different worlds; I became an anthropologist as well as the clinician.

One of my responsibilities was to develop a peer counseling program for clients who had a history of drinking or using drugs. I worked with another staff member. We needed peer counselors who were in recovery. After interviewing the first candidate for the program I told my co-worker that he would be good; he would hit like Dimaggio. "Hit like Dimaggio?" my co-worker asked puzzled. I explained the metaphor. He smiled and said, "Oh, you mean he would sing like Judy Garland." "Exactly," I replied, "he would sing like Judy Garland." We eventually found 11 peer counselors who could sing like Judy Garland. Metaphors that I learned playing Little League on Long Island became translated into stars of gay culture. It would take a while to learn the metaphors and new language of my work community.

There were staff who remained puzzled and

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angry that I worked at the agency. It was inferred that a straight man could not legitimately fight AIDS. Sometimes I encountered heterophobic reactions from staff. Some gay men, so often victimized by mainstream American culture, felt uncomfortable with an outsider at their table. One staff member asked if I had been in the gutter and somehow pulled myself up. His implication was, why would a straight man be here unless he failed in the straight world?

The moments of acceptance were my work with clients. Here, my explicit separation from the gay community of the agency made no difference. I was working directly with clients who suffered from AIDS dementia, peripheral neuropathy, KS, or the myriad of other conditions that persistently plague and eventually ravage clients. Clients were often scarred from years of bitter indifference from their families who would not accept their sexuality or diagnosis. Many had established new homes that did not include their biological families. I was in a place for clients to safely talk about their illness.

One of my clients, whom I will call John, had grown up in a homophobic family. They could not accept his sexuality or diagnosis. He had internalized his family's feelings and had strong feelings of self-hatred. When he found out that I was straight he was incredulous. He asked me if I could accept homosexuality as normal. When I told him homosexuality is not wrong, he closed his eyes and sighed. I became part of his accepting his sexuality and diagnosis. I told him about Paul Monett's *Becoming a Man*. He could read how Monett created a safe place for himself.

After two years of working at the agency, I decided to accept a new job. I had worked in a harbor of gay men who had crafted a shelter against the insidious stream of verbal stones and deadly infections sniping at people with AIDS. In their harbor of great energy and concern I fashioned a shelter of clinical work and a few friends. The empathetic bridge between John and myself was a ubiquitous

structure used by everyone at the agency. Empathy was the mortar and pestle mixed by staff and volunteers. It covered my hands as it did hundreds of others working at the agency, whether gay, lesbian, bisexual, or straight. In our work there were no strangers among us, only differences and surprises.

On my last day of work John gave me a biography of da Vinci. He must have known that I loved da Vinci from the postcards in my cubicle. The community I found at the agency was with volunteers and clients like John. It was part of the communities in the agency that assembled care and strength like filling bags for a seawall against the AIDS virus.