Changing the game = Changing the discourse

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Ideas and fashion spread faster than prevention messages

The “queer rebellion”

• In Central Europe (and also farther east) the discourse around gay rights is like it used to be 20 years ago in the west. It is about equality, the right to marry, the right to adopt children. The voices of "alternative" sexualities and identities are very weak, but there are already some who say that "gay marriage" is nothing more than another vehicle of heteronormative oppression, i.e. it is aimed at transforming gays into "surface straight" citizens who do everything exactly like "normal" people except for them being homosexual.

• Many MSM (regardless of their identification as gay or otherwise) will use sexual practices and sexual identity elements to rebel against this trend of heteronormative assimilation - this is one of the explanations for the fetishisation of barebacking, bug chasing, gift giving and the rest. This, in combination with novel forms of drug use (amphetamines, sexual performance enhancement drugs, steroids etc.) creates those pockets of the HIV epidemic that are so alarming right now - and this is very much happening in Hungary and elsewhere in Central Europe.

• We need strategies for clear and candid talk/discourse with organisations, where we are able to support our arguments through data rather than moral arguments.

• We also must work on developing and promoting a new, more neutral and morally unbiased discourse on risks and behaviour in order to be able to convince our audience and to avoid their fatigue concerning "safer sex", condom use and testing. Our approach should be based on data, and aimed at different patterns of behaviour rather than essentialist/moralistic arguments.
Mapping out the situation

• What are the key issues that we have to face?
• What are the key differences between the West and the East?
• What are the key differenced between high prevalence and low prevalence countries?
• Are low prevalence countries really low in prevalence?
• In the Eastern and Central European region, organisations (if functional at all) are usually stuck with fighting for survival
• Recognise differences instead of trying to spread one universal message based on Western values, morals and data
Pressing need for data

• Statistical data on prevalence from the East and Central Europe
• Social scientific data on behaviour patterns and possible explanations
• New, innovative research methods are essential
• What are the current narratives/frames/discourses in the community?
• Be more specific about vulnerable groups - Gay, MSM and Trans rather than LGBTI
• Recognise political and societal differences stemming from historical developmental trajectories - more social research is needed
Stigma and discrimination within the community

• Health fascism and the fetishisation of health and beauty
• The queer rebellion against this form of heteronormative control - diversion, transgression and deviance
• Lived experience of social rebelling against society and the “gay norm”
• Small, incremental steps, and the transformative power of good examples
• Examples of successful individuals who are willing to share their experience and show that life as gay (and even with HIV) is still life, and a very good one
• Look at working good practices like the "It gets better" campaign in the USA. Young gay suicide is a horrible problem - but so is the HIV infection of gays at the age of 17
Changing the game means changing the discourse

• Need to find new narratives and cutting edge discursive elements to reach the community
• Old narratives and prevention models have become tired and ineffective
• New behaviour needs new approaches (but first we need to understand)
• Cultural elements and fashion spread much more quickly than economic models and wealth
• The level of noise has become so high that we need to be very focussed, efficient and even provocative if we want to make an impact
Common narrative elements?

• We need common narrative elements as a core message, and messages and vehicles tailored to the communities.
• All approaches should be based on data rather than moralising arguments and sterile assumptions.
• The interest in health, and the drive to stay alive and healthy - even those who want to deliberately contract HIV want to LIVE with HIV and not die.
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Empowerment through information will contribute to more conscious citizens who stand up for their rights, defend themselves, and implicitly fight (and overcome) stigma and discrimination. This is a long process, but it can be started and facilitated by UNAIDS and other agencies.