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MAPPING HIV PREVENTION IN POLAND: CONTESTED CITIZENSHIP AND THE STRUGGLES FOR HEALTH AFTER SOCIALISM

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ABSTRACT OF DISSERTATION

Jill Teresa Owczarzak

The Graduate School
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ABSTRACT OF DISSERTATION

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in the College of Arts and Sciences at the University of Kentucky

By
Jill Teresa Owczarzak

Lexington, Kentucky

Director: Dr. Mary K. Anglin, Professor of Anthropology

Lexington, Kentucky

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This ethnographic dissertation research project examines HIV prevention programs in Warsaw, Poland to explore the concurrent processes of democratization and privatization as Poland begins European Union accession. As inherently political public health interventions, HIV prevention programs provoke discussions of risk and responsibility, and visions of the moral social order. Therefore, they can be used to understand the ways in which politically and socially marginalized populations invoke claims to citizenship status through attention to health issues. From an epidemiological perspective, HIV/AIDS arrived in Poland relatively late (1985) and never reached the anticipated “epidemic” levels. In the 1980s, drawing attention to the potential threat of AIDS served as a forum through which the perceived failures of the socialist government could be publicly addressed. In the 1990s calls for improved access to AIDS information suggested that to be “democratic” meant to have open and easy access to scientific information, and debate surrounding the establishment of AIDS care facilities suggested that to be European was to be “tolerant.”

However, issues of information and tolerance were problematic in reference to homosexuality. Prior to the advent of AIDS in Poland, socialist gender and sexual ideologies converged with Catholic notions of proper morality to marginalize and pathologize homosexuality. Nascent gay organizations saw the potential of HIV prevention as a way to justify the value of such organizations for the greater good of society. The possibility of controlling and participating in the task of HIV prevention presented an alternative to state-
sponsored surveillance under the guise of HIV prevention and encouraged public dialogue about the issues gays face in their daily lives. Whereas the national HIV prevention agenda focuses on risks as equally distributed across Polish society, a central component of the HIV prevention programs within Polish gay rights and drug abuse prevention organizations is “harm reduction.” As practiced by Polish gay organizations, a harm reduction philosophy draws attention to heterogeneity within gays and challenges the construction of them as a coherent risk group. These programs deemphasize sexuality in favor of a wider constellation of factors that contribute to finding oneself in situations that can lead to risky behavior.

KEYWORDS: HIV prevention, Postsocialism, Citizenship, Poland, Gender/Sexuality

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TABLE OF CONTENTS

Introduction........................................................................................................................................ 1

Chapter One: Theoretical Perspectives on Citizenship, the State, and Gender
  Interrogating HIV and its prevention.......................................................................................... 14
  Theories of citizenship and the state ......................................................................................... 16
    States, citizens, and power ..................................................................................................... 16
    Neoliberal governance and postsocialism ............................................................................. 20
    Citizenship and biopolitics .................................................................................................... 23
  Gender and sexuality in socialist and postsocialist contexts ................................................. 26
    Gender and socialism ...................................................................................................... 27
    Gender ideology and politics in postsocialism ................................................................... 31
    Adding sexuality ............................................................................................................... 33

Chapter Two: Linking it Together: HIV Prevention as a Site for Anthropology
  HIV prevention, harm/risk reduction, citizenship ................................................................. 37
    Harm reduction .................................................................................................................. 40
    Risk messages .................................................................................................................... 44
  Researching HIV prevention in the Polish context ............................................................... 48

Chapter Three: On Fieldwork and Methods
  Introduction ............................................................................................................................ 57
  The role of the Catholic Church in Polish politics and society ........................................... 61
    Before World War One: the Church and building the Polish nation .................................. 62
    Socialist Poland and state opposition .................................................................................... 64
    Postsocialism, democracy, and authority ............................................................................. 66
  Researching HIV prevention and the Catholic Church ....................................................... 68
  The “public” and the “private” .............................................................................................. 72
    Social circles, private life, and surviving socialism .............................................................. 73
  The public and private as spheres of activism ......................................................................... 76
  States, citizens, and civil society .............................................................................................. 81
  Redefining civil society ........................................................................................................ 87
  Methods ................................................................................................................................. 91
  Summary ................................................................................................................................. 97

Chapter Four: Burning Beds and Throwing Stones
  Introduction ............................................................................................................................ 98
  Poland responds to AIDS ....................................................................................................... 103
    Anticipating the epidemic .................................................................................................... 104
    AIDS comes to Poland ......................................................................................................... 107
  HIV and social critique .......................................................................................................... 109
    Democratic change, social panic, and AIDS policy ............................................................ 117
    Questions of responsibility, visions of democracy ............................................................... 120
  Conclusion ............................................................................................................................. 133
Chapter Five: Defining the Terms of Prevention
Introduction................................................................................................. 136
Religion, the Church, and morality in the creation of a prevention strategy........ 137
The Church and prevention in Poland........................................................... 138
Criticisms of the Church’s involvement in HIV prevention.......................... 147
Discourses of homosexuality in socialist Poland............................................. 151
The advent of AIDS and rewriting discourses of homosexuality .................... 158
HIV vulnerability and the formation of the Polish gay rights movements........... 162
The Polish gay rights movements and HIV...................................................... 165
Conclusion....................................................................................................... 173

Chapter Six: HIV Vulnerability, the Polish Nation, and the Legitimation of Knowledge
Introduction.................................................................................................... 174
National HIV prevention campaigns and creating the “AIDS victim” ............... 176
Changing the face of AIDS and confronting stereotypes.................................. 191
Redefining Risk and Suffering........................................................................ 192
Contemporary Social Critique through HIV/AIDS Risk and Suffering .......... 194
Safer Liaisons: Defining and Serving the Gay Community................................. 202
Creating an HIV prevention strategy.............................................................. 203
Being Polish, gay, and “normal”.................................................................... 215
Conclusion....................................................................................................... 223

Chapter Seven: Proper Sexuality, Proper Citizens
Introduction..................................................................................................... 226
Citizenship, sexuality, and the state................................................................. 230
Rights, responsibility, and desexualizing risk in HIV workshops ...................... 236
Harm reduction and sexual risk..................................................................... 251
Teaching and practicing proper sexuality......................................................... 257
The rules........................................................................................................ 258
Conclusion....................................................................................................... 264

Chapter Eight: Conclusion
Leaving the field............................................................................................ 269
Reflections on the fieldwork experience......................................................... 273
Lessons from the Polish case......................................................................... 274
Future directions............................................................................................ 275

Appendix
Data Sources.................................................................................................. 277

References..................................................................................................... 279

Vita ............................................................................................................... 304
LIST OF TABLES

Table 6.1: Targets and messages of HIV prevention campaigns developed by the National AIDS Center, 2001-2006.................................................................188
LIST OF FIGURES

Figure 2.1: HIV infections, AIDS cases, and AIDS deaths in Poland, 1986-2005 ............53

Figure 5.1: Expenditures on HIV prevention and treatment, 1994-2002 .........................141

Figure 5.2: “Test na HIV” National HIV prevention campaign, 2004..........................146

Figure 5.3: “Jestem wierna partnerowi,” National HIV prevention campaign, 2004......146

Figure 5.4: Risk of infection and sexual activity brochure ..............................................150

Figure 6.1: ABC zapobiegania, (“The ABCs of prevention”)
National HIV prevention campaign, 2005............................................................179

Figure 6.2: Billboard for prevention, ABC zapobiegania, 2005.................................180

Figure 6.3: “Normalnie Test” ....................................................................................191

Figure 6.4: Miss HIV playbill ....................................................................................199

Figure 6.5: Condom packaged by National AIDS Center and distributed to
Safer Liaisons Clients .........................................................................................213

Figure 6.6: Photo of Pope John Paul II following his death, hung on Warsaw’s
Palace of Science and Culture ...........................................................................217

Figure 7.1: “Live passionately; love safely” brochure for men having sex with men.....227

Figure 7.2: “O życiu decydują chwile,” cover ..........................................................248
INTRODUCTION

While conducting my anthropology master’s research on HIV in the United States, the coordinators of the project on which I served as a research assistant went to Africa in order to discuss the possibilities of expanding their HIV prevention paradigm to non-US, non-Western settings. Upon their return, they gave each of us research assistants a hand-made, red and white, beaded pin in the form of an AIDS ribbon. In the United States and then later as I conducted my dissertation research on HIV in Poland, I placed this pin onto the inside flap of my black messenger-style book bag. Whenever I opened my bag and saw it, the pin served as a reminder to myself and to others why I had dedicated my academic career—from my undergraduate honor’s thesis through my dissertation work—to the study of this disease. I wanted to be sure that in the moments of frustration, such as sitting on the curb in a dark parking lot waiting for an interviewee who never shows, and in the weariness of being away from home, I could recall the worldwide suffering that has been experienced as a result of HIV, and the hope with which millions face the fight against this disease.

On a cold fall evening towards the beginning of my time in Warsaw, I had stayed late at the headquarters of Poland’s United Nations Development Program, past the evening rush hour and past my usual dinnertime. I left the UNDP office together with Gosia, the woman with whom I had been working, and headed to the nearby underground metro station just south of Warsaw’s city center. After only a few moments of waiting in silence, a bright headlight and whoosh of wind heralded a train approaching from beyond the slight curve in the track at the station’s southern end. When this train stopped at the platform, we boarded and took seats next to one another in the less-than-full wagon. As the train started to move, I opened my bag to retrieve something from inside. When I lifted the flap, I unawarely displayed my AIDS pin to both my acquaintance and the other passengers. When Gosia saw the internationally recognizable symbol of the worldwide battle with AIDS, her eyes grew wide with panic and she quickly, quietly, and sternly reprimanded me for publicly displaying my connection to AIDS. She told me that I should remove the pin or risk becoming the victim of some sort of verbal or physical
attack. I tried to laugh off her warning, but when I returned my apartment in Warsaw’s northern residential district, I removed the pin and placed it in the bottom of my bag, out of sight from myself and others.

This story highlights both the history and contemporary landscape of HIV and its prevention in Poland, and touches on the complex relationships that inform this dissertation. As a new and naïve fieldworker on HIV in Poland, I had yet to understand the histories of violence and discrimination that surrounded HIV. The contours of the HIV epidemic in Poland and the responses to it reflect local histories and contemporary politics, as well as international developments in epidemiology, prevention, and treatment. I had researched HIV in the United States for several years prior to beginning my fieldwork in Poland. As an undergraduate, I wrote an honor’s thesis that explored the cultural construction of AIDS in a comparative framework between the United States, Haiti, and Africa. As a master’s student, I developed a more sophisticated appreciation for the complexity of this disease’s cultural history in the United States, including its cultural exclusions and political abuses. I began my fieldwork in Poland with a keen sense that AIDS, as with any other disease, is never purely biomedical, and is always reflective of broader social and political questions.

Since its earliest days, HIV/AIDS has been caught up in social, political, and moral debates, and these debates have had profound effects on the ways this disease is diagnosed, how risk is defined, and how resources for treatment and prevention are allocated. In the United States, the problem of HIV was first recognized in gay men in large cities such as New York and San Francisco. In 1981, cases of the rare cancer Kaposi’s sarcoma and the rare parasitic lung infection pneumocystis carinii pneumonia were noticed to be increasing in gay men. Both diseases are opportunistic infections, meaning they only occur in people with compromised immune systems. The first couple hundred reported cases of these diseases occurred in gay men, leading this new disease to be unofficially labeled GRID—gay-related infectious disease. Later, these symptoms were officially labeled AIDS in recognition that they were most likely part of a single syndrome. Cases of the same combination of symptoms and other rare diseases in women, many of them injection drug users, were largely unreported and not classified as AIDS deaths. In fact, in the early years of attempting to find the causative agent of
AIDS, scientists, epidemiologists, and physicians largely believed that women could not even get the disease, despite increasing evidence that it was a sexually transmitted disease and no known STD only infected men (Corea 1992:11). In fact, the Centers for Disease Control’s classification system of AIDS did not even include the possibility of heterosexual transmission.

Denying that heterosexual women could get this disease had serious consequences: funding for exploratory studies to determine if women could get AIDS was denied, despite evidence from Africa that women could indeed have this disease. A growing number of pediatric AIDS cases focused attention on fetuses rather than women. In addition, women—due to their childbearing potential—were excluded from clinical drug trials for promising therapies such as AZT as late as 1989. Other consequences included a lack of organizational and institutional supports for women. Gay men had organizations such as the Gay Men’s Health Crisis to advocate for and support them, but lack of women in these institutions created a general discomfort—on the part of both the men and the women—with women’s participation in these organizations. Moreover, white middle-class men dominated gay communities in the United States. Their access to social, cultural, and political resources translated into an increased ability to advocate for attention to this health crisis in gay men. In contrast, drug users and other marginalized poor were unable to effectively mobilize in the same way (Epstein 1996:65-66). In the United States, black gay men and ethnic minorities more generally were excluded from discussions of risk and were therefore not the targets of prevention efforts. Finally, the women who were getting this disease, such as African women and prostitutes, were thought to be somehow different or exceptional, and thus at risk for AIDS.

These trends in the United States had repercussions for the international response to the epidemic. In the mid 1980s, the World Health Organization developed a framework for classifying HIV cases by mode of transmission. This tripartite system divided the world into three geographic regions. In Pattern I areas—North America, Western Europe, Australia, New Zealand, and urban Latin America—HIV began to spread through sexual transmission in gay and bisexual men, as well as by blood through injection drug use and transfusions. In Pattern II areas—sub-Saharan Africa and the Caribbean—heterosexual contact was the primary mode of transmission. In Pattern III
areas—Eastern Europe, the Middle East, North Africa, and Asia and the Pacific—
injection drug users and commercial sex workers constituted the majority of cases. While
this classification scheme was useful through its acknowledgment that AIDS was a global
problem, it was problematic in several ways. First, it meant that cases that did not fit the
pattern determined for a given region were ignored or denied, such as HIV infections
among heterosexual women in North America. Second, it was a static system that was
slow to respond to shifting infection patterns in different regions (Mann et al 1992:15).
Third, this typology created an approach to the epidemic that ignored diversity in the
epidemic, and minimized questions of poverty, modernization, colonization, and
development that shaped the spread of the disease (Treichler 1999:115).

These international developments shaped Poland’s response to the epidemic. There, the first HIV infection was officially acknowledged in 1985, four years after the
first AIDS cases in the United States and two years after scientists in France and the
United States isolated the virus. The focus on white gay men as at risk for infection in
the United States meant that in Poland, gay men were also the targets of surveillance
activities, including efforts to test gay men for the virus. In addition, the links between
this new disease and homosexuality prompted medical scientists and epidemiologists to
look at behavioral and lifestyle factors as causing AIDS. As I describe in chapter four, a
similar focus on behavior, lifestyle, and homosexuality marked the Polish response to
AIDS as well. In other words, behavior and lifestyle were and continue to be the primary
focus in AIDS prevention in Poland, rather than a “complex set of interrelated ‘vectors of
disadvantage’” (e.g. underemployment, lack of social services, and lack of personal
safety) (Quam 1994:150). Furthermore, early Polish reports on the epidemiology and
causes of HIV/AIDS drew on information surrounding scientific developments and
investigations in the United States and Western Europe. For example, one article in the
health services journal *Służba Zdrowia* focused on connections between AIDS cases in
these locations and possible connections to Africa (e.g., people traveling between Europe
and Africa) (Służba Zdrowia 1983). Other reports focused on Pattern I infections, rather
than Patterns II or III, reflecting the priority given to research on links between
homosexuality and AIDS (e.g., *W Służbie Narodu* 1986). Reports also focused on
epidemiological developments in Haiti, Africa, Western Europe, and the United States in an effort to assess the possibility of AIDS coming to Poland (e.g., Bańkowicz 1984).

As I discuss in the remainder of the dissertation, international developments continue to influence the direction of Poland’s response to HIV. For example, during the 1980s, women were largely believed to be not at risk of HIV infection. One theory as to why this disease was only found in gay men suggested that sperm destroyed the immune system, and men had not evolved to receive the large volumes of sperm that resulted from homosexual contact. Women, in contrast, were seen as having evolved immune systems to deal with these “foreign invaders” (Treichler 1998:20). Therefore, in Poland as in the United States and Western Europe, women were not the targets of epidemiological surveillance activities, nor were they the targets of prevention and education efforts. However, international organizations such as the World Health Organization and UNAIDS shifted their perspective on the epidemic and began to recognize women as particularly vulnerable to AIDS, along with the growing problem of mother-to-child transmission. Furthermore, changes in AIDS case definitions allowed for a more comprehensive approach to women with HIV. For example, in 1993 the Centers for Disease Control recognized persistent and recurrent cervical dysplasia as an opportunistic infection and clinical manifestation for HIV-infected women whose condition had progressed to AIDS (Mundy et al 2002:S96). Learning from the African AIDS epidemic, UNAIDS, for example, now places issues of gender equality and reproductive rights at the center of its HIV prevention efforts, a reflection of United Nations’ conferences in the 1990s that posited women’s rights as human rights and included an emphasis on the needs and experiences of HIV-positive women. It has also spearheaded international programs to prevent vertical transmission. Similarly, WHO emphasizes sexual and reproductive health and rights for infected and uninfected women in its treatment and prevention guidelines. In response, Poland has also increased attention to women as vulnerable to HIV based on these international guidelines and global AIDS policy agendas, despite that the epidemiological patterns in Poland are very different from places such as sub-Saharan Africa (e.g. Niemiec 2002). I explore the implications of this focus throughout this dissertation.
In their critique of the blame and discrimination against Haitians in the early years of the American experience with HIV, Farmer and Kim (1991) wrote that anthropologists are uniquely positioned to reveal the ways in which “responses to HIV are embedded in core cultural constructs” (Farmer and Kim 1991:218). Understanding the landscape of HIV prevention is critical if we aim to decrease the deaths due to HIV more generally. From an eco-social (“structural violence”) perspective, factors such as constrained sexual networks, limited services for sexually transmitted diseases, population demographics, and homophobia constitute factors that influence the increases in HIV transmission (Lane et al 2004:321). In discussing the structural/ecological factors that lead to the racial disparity in HIV rates in the United States, Lane et al (2004:326) write, “Men of color who have sex with men…may not self-identify as gay, homosexual, or bisexual, and therefore may miss being reached by safer-sex messages and other health education targeted to gay men.” What consequences ensue, then, when a highly homophobic context is also void of safer sex messages targeted to gay men? How do ideas of proper sexuality and perceived limits of inclusion within the nation inform HIV prevention? What role do historically constituted institutional relationships and social arrangements play in contemporary HIV prevention landscapes?

In this dissertation, I attempt to answer these questions in the Polish context. This perspective comes from the data I collected and my own theoretical interests. The unifying theme for this research could look much different. For example, due to the history of AIDS as a truly global epidemic both in its scope and the response to it, this dissertation could have focused on the effects of global institutions and discourses on the development of national and local prevention efforts. Alternatively, I could have looked at the ways in which sexual minorities and others “at risk” for HIV negotiate their sexual identities in either the public or private spheres (e.g., Parker 2001; Weston 1998). However, for the reasons I describe below regarding the shift in the locales of gay activism and my own gender identity, I was unable to take these routes.¹

My research on HIV/AIDS in Poland from an anthropological perspective deviates significantly from other accounts of this region, in terms of both English and

¹ For an account of gay identity and contemporary politics and social attitudes in Poland, see Majka-Rostek 2002.
Polish texts. Whereas English-language writing on HIV has surged in recent years as more opportunities for international collaborations have arisen (e.g., Goodwin et al. 2003), there has been a longer and more consistent interest in HIV by Polish scholars. Numerous Polish-language studies of HIV exist, particularly those based in sexology (Izdebski 2003), sociology (Czaplicki and Muzyka 1995), and psychology (Kmiecik-Baran 1995). Together, these studies focus on the degree of knowledge about this disease among various populations, taking HIV’s presence in Poland as an unquestionable fact. They tend to frame their discussions in terms that consider knowledge about HIV as the primary and most effective means of prevention. Among these Polish texts on HIV, only one was written by an anthropologist (Krawczyk-Wasilewska 2000). This anthropological text, however, avoids the themes familiar in Western AIDS-related research, such as power dynamics, histories of activism and exclusion, and struggles to survive infection and negotiate risk. Instead, Krawcyk-Wasilewska focuses on HIV as an illustration of Polish folk beliefs. Her text reinforces an interpretation of HIV that suggests a lack of scientific understanding of the disease leads to intolerance towards those infected and greater risk of infection for oneself.

In this dissertation, in addition to sketching the contemporary landscape of HIV prevention, I approach the question of HIV prevention in Poland today from an historical perspective. I focus on both the social and political context in which this disease became recognized as significant, and the shifts in the ways various groups have either been cast or defined themselves as “at risk” for infection. To this end, I spent a significant amount of time searching through socialist era publications ranging from official government newspapers to the few surviving examples of the underground gay press to books in order to retrieve this history. However, the socialist inclination towards erasing and rewriting history (in Poland through the creation of *białe plamy*, or “white stains”) means that there are many silences and omissions in terms of the archival data I collected. Part of the work of postsocialism for many has been about recovering the voices that were lost and suppressed in the socialist project, as is true for many of the central characters and

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2 As I will argue in further chapters (see chapter 4), the focus on knowledge stems from Poland’s unique history with and social response to this virus, particularly from the early 1990s.
3 See Kubik (1994) for a more detailed discussion of the means through which and the ideology underlying the socialist project of rewriting Polish history and creating a particular vision of contemporary society.
institutions presented in this dissertation (e.g., gay men, informal nongovernmental organizations) (e.g., Essig 1999; Verdery 2002.). Approaching HIV and its prevention from an historically rooted perspective that pays attention to the ways that this disease and the discourses around it have affected and been shaped by various minorities and marginal populations within Poland, provides a means of challenging the socialist myth of Polish homogeneity and unity.

It also serves to challenge the myths that Poland tells about itself in the contemporary world, particularly those that revolve around issues of diversity, rights, tolerance, and what it means to be democratic in a postsocialist, European Union context. In turn, the project of destabilizing myths of Poland’s homogeneity reflects a larger discursive landscape within the context of democracy and Europeanization. In 2005, Poland’s most popular newspaper *Gazeta Wyborcza* and various feminist/gay rights organizations co-sponsored a contest entitled “*Tiszert dla wolności,*” or “T-shirt for Freedom,” a project organized by the Foundation for Freedom (*Fundacja Wolności*). This project, with a purpose of fighting discrimination, asked people to send in their suggestions for t-shirt slogans, which could then be purchased. Selected slogans ranged from the feminist-oriented, “I’m not going to cook him soup anymore,” the anti-religious “I didn’t cry for the Pope,” to the political “I’m on the list” (a reference to the list of names on which records have been collected by the communist secret service and now stored in the Institute of National Memory), to the scandalous “I have two mothers/fathers” and “I have AIDS.”

At its core, this project is an exercise in uncovering the silences around forms of diversity and difference that exist in Poland, presenting a challenge to allusions to Poland’s homogeneity when it is described as a “95% Catholic, primarily ethnic Polish country.” But the “T-shirt for freedom” is also involved in a bigger project of creating differences that speak to the values and goals of the European Union. The organizers of the project link the recognition and subsequent tolerance of difference to the creation of successful democracy. They write, “In the last years in Poland the word ‘tolerance’ has been ruined. It’s associated with compassion and leniency, with the ultimate sigh ‘Let them be;’ with withdrawal of the hand holding a stone, with a compulsion resulting from
the principles of democracy” (Tiszert dla Wolności 2005). In fact, there are very few ethnic and racial minorities in Poland, with the exception of a large Vietnamese population in Warsaw. The gay rights community recognizes the power in creating and showing that gays exist in Poland as a significant minority. For example, it often reports estimates about the number of gays in Poland “living in hiding.” The leader of the gay rights organization Kampania Przeciw Homofobii, in an editorial about the Parada Równości illegally held in Warsaw during the spring of 2005, argued that “gays in hiding” constitute a significant portion of the population. In this argument, gays are forced into hiding due to social intolerance, and parades and marches are necessary so that gays can exist in public spaces (Biedroń 2005). In other words, the reference to AIDS in the “T-Shirt for Freedom” campaign exists as part of a broader process of defining what it means to be Polish, tolerant, and modern.

While I did not interview the clients of the HIV programs in this dissertation, choosing instead to focus on those who work in them, the account here provides an important corrective to the socialist and postsocialist political and social climate surrounding gays in Poland. In her book on factory labor in mica industry in North Carolina, Anglin (2002) tells of the skepticism with which people saw her, and which she attributes to the past studies of the region that have portrayed the people living there in an unfavorable light. They were untrusting of her and her motivations, fearful of what she would write about them. In the Polish case, studies conducted during the socialist period about the socially marginalized, including injection drug users but especially gay male prostitutes, blamed these groups for the moral corruption of society. These studies focused on behaviors such as their supposed seduction of young boys and robberies in order to illustrate their pathological/parasitic nature. They continue to be the object of academic study and intellectual/popular curiosity as part of a different trend that continues a tradition of pathologizing and othering (e.g., Sztabiński 2005). Therefore, my study attempts to rectify this pathologization by looking at the broader context of the

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4 As I illustrate in subsequent chapters, references to “stone throwing” constitutes a metaphor through which Poland’s identity as either “backward” or “European” is discussed.
5 During an interview at the Office for the Equal Status of Men and Women, a representative spoke of his work preparing projects to prevent discrimination based on skin color, which was part of European Union directive and a larger project against discrimination in other forms (sexual, gender, ethnicity, race, physical ability, and religious affiliation).
association between homosexuality and HIV in Poland. I also consider the material and social implications this association, and the discrimination that accompanies it, has on the health vulnerabilities marginalized groups face.

In the chapter “Theoretical Perspectives on Citizenship, the State, and Gender in Socialism and Its Collapse,” I begin this dissertation with a theoretical discussion of some of the concerns at the center of both the anthropology of transition and postsocialism, and the anthropology of HIV and its prevention. With the collapse of socialist states in Eastern Europe beginning in 1989, anthropologists have raised questions regarding shifts in the configuration of state/citizen relations, and the implications of these changing relationships for dynamics of power. I approach this issue from an interrogation of the historical and ideological links between notions of citizenship, democracy, and neoliberal modes of governance. In particular, I focus on the intersections of gender, biopolitics, and sexuality, which I use to interpret both the logic and effects of socialist governance, and the concomitant effects brought by the introduction of capitalism and democracy. This theoretical framework exposes the links between modes of governance and the gendered and sexed dimensions of citizenship, particularly as a means of understanding the effects of transition. Issues of gender, sexuality, and power have also been at the forefront of the HIV epidemic, particularly in the form of risk messages and theories of harm reduction communicated in various HIV prevention paradigms. Therefore, in chapter two I explore how HIV prevention becomes a powerful lens for interrogating the differential effects of transition and the redefinition of the terms of citizenship. It also serves as a way of understanding how those experiencing postsocialism, European Union expansion, and national politics draw on various resources, some more problematic and paradoxical than others, to carve out a position for themselves in this new social and political landscape.

Following this theoretical outline, in chapter three, “On Fieldwork and Methods,” I turn to the experience of conducting research in Warsaw, Poland, on a topic fraught with problematic historical legacies. HIV, sexuality, religion, and nongovernmental organizations—all dimensions of my research—have intertwining and complex histories that profoundly affected the research process and my experience in Poland. In this chapter, I sketch the processes of locating, defining, entering, and negotiating the field.
Using feminist anthropology’s demand to explicitly discuss relations of power in the fieldwork process, I note that at times I felt powerless in the research process. More importantly, I recognize and explicitly discuss that these microprocesses of interpersonal relationships cannot be used to explain broader power dynamics as reflections of a global political economy or power inequalities. I also experienced firsthand the struggles encountered by those working in a variety of settings to create and enact HIV prevention programs that spoke to their particular constituents’ needs and their personal ideals. I detail the types of data to which I did and did not have access, and attempt to understand the limitations of my movements as a researcher from a perspective that draws on Poland’s unique socialist past and transition experience. I turn to the history of the gay rights movement in Poland, the changing role of the Catholic Church in shaping the Polish social and political agenda, and the role of nongovernmental organizations as key players in the process to institute democracy as a way of making sense of the types of data I collected and their relevance for understanding contemporary Poland.

The next chapter, “From Burning Beds and Throwing Stones to the ABCs of Prevention,” takes an historical approach to HIV, beginning with the advent of AIDS in Poland and ending with the violent and public protests against the creation of hospices for AIDS patients that occurred at the end of the socialist era and into the early 1990s. In the formerly socialist world, the prevention of HIV has developed amidst heightened institutional competition between scientific and religious modes of authority, rapidly shifting models of governance, and severe economic crisis. HIV/AIDS arrived in Poland in the late 1980s, at a time when citizens increasingly questioned the ability of the socialist government to protect their interests and well-being. I argue that the debates and controversies surrounding HIV in the 1980s and into the 1990s inform current interpretations of what democracy means in the Polish context. This chapter also provides a framework for understanding the ways in which AIDS and HIV prevention, in the Polish context, draw on discourses of democracy, rights, and responsibility.

I continue this historically contextual look at the Polish experience with HIV in the fifth chapter, “Defining the Terms of Prevention.” Here I detail the process through which HIV and its prevention became crystallized into formal and long-lasting institutional relationships during the early 1990s. In particular, I focus on the changing
role of the Catholic Church in the creation of national institutions dedicated to HIV prevention and care for AIDS patients. I also present a history of the Polish gay rights movement and HIV’s role in this history. Attention to HIV vulnerability continues to serve as a key way for gays to legitimize the existence of their organizations, while simultaneously failing to address the antigay social sentiment that casts gays as both a moral and biological threat to the Polish nation. This chapter shows that early non-state HIV prevention efforts worked to redraw the boundaries and terms of state surveillance of gay men and injection drug users.

Given this contemporary prevention landscape, in chapter six, “HIV Vulnerability, the Polish Nation, and the Legitimation of Knowledge,” I contrast the HIV prevention messages of the National AIDS Center with the work of gay rights organizations in the area of HIV prevention, and the articulation of this work with broader national and international prevention agendas. I use the introduction of the “ABCs of prevention” campaign in the fall of 2005 to begin a discussion of the various prevention campaigns that the National AIDS Center has created, and what they can tell us about who is and is not considered to be at risk for infection. I suggest that HIV prevention messages, in response to international and national demands, create specific categories of those deemed to be at risk for infection. These categories of “risk” reflect assumptions about proper sexuality, morality, and who is considered to be worthwhile targets of national prevention efforts. I show that in the Polish case, this “at risk” person is almost always heterosexual, and and the prevention messages do not test the limits of Catholic theology-informed teachings of proper sexuality. This interpretation lays the groundwork for the analysis of the gay rights movement and HIV prevention that follows, which highlights the ongoing silence and invisibility of gays as citizens and members of the Polish nation. Using ethnographic data, I illustrate how both the volunteers and participants of one particular program work to redefine what it means to be Polish, gay, and at risk for HIV infection.

However, the HIV prevention programs that Polish gay rights organizations have developed contrast with those of the National AIDS Center in meaningful ways. In the seventh chapter, “Proper Sexuality, Proper Citizens,” I use the analytical lens of sexual citizenship to explore arguments made about proper sexuality as key sites for enacting the
processes of postsocialist transition in Poland. I argue that attention to the construction of sexuality, both as performed identities and in public policy goals, can be used to further interrogate definitions of what it means to be democratic and modern in the context of European Union expansion. Examining the practices and policies surrounding both hetero- and homo-sexuality within the context of HIV prevention in Poland, I reveal the competing discourses of risk, discipline, and citizenship through which various groups make claims of inclusion and exclusion within the body politic.

I conclude with reflections on the implications of this analysis on HIV for understanding the process of postsocialist change in Poland, particularly the reconfigurations of who is and is not understood to be “Polish” and how various actors with often competing agendas work to redefine terms such as democracy and “Polish” in the context of European Union expansion. I also offer ways in which similar historical and cultural analyses of existing prevention programs in Eastern Europe and other areas that are quickly becoming part of the research agenda of HIV prevention experts can lead to the development of more effective and appropriate HIV prevention strategies.
CHAPTER ONE

THEORETICAL PERSPECTIVES ON CITIZENSHIP, THE STATE, AND GENDER IN SOCIALISM AND ITS COLLAPSE

Interrogating HIV and Its Prevention

Since the 1980s when AIDS was first identified and HIV discovered, this disease has attracted the interest of a wide swath of academics and community practitioners. Public health officials and epidemiologists work to track the course of the epidemic; community activists still fight to gain access to treatment and prevention resources; and biologists and pharmaceutical companies continue to study the virus and its course in the body with the goal of developing effective treatment therapies and prevention medicines. Since its advent, HIV has attracted the attention of anthropologists and other social scientists as well, and the wide-ranging scope of anthropological interest in HIV/AIDS reflects the theoretical, geographical, and substantive diversity in the discipline more generally. With their method of participant observation, anthropologists have worked to create fuller, more complete views of the lifeworlds of those living with, coping with, and deemed to be “at risk” for HIV. For example, Weeks et al (2001) studied the social and physical environments of injection drug users to develop community based prevention programs built on interdisciplinary collaborations. Susser (2001a, 2001b) focused on gender discrimination and historically produced inequalities that create risk, and explored ideas of female sexuality and culture and how they affect prevention program development. Still others have used AIDS to explore culture-based notions of the body, morality, and relations between social groups (e.g., Fordham 2001; Martin 1995). Others have worked to reveal the ways in which historically produced inequalities (including racialized, gendered, and economic inequalities) on a global scale have had a profound effect on shaping vulnerabilities to infection that various populations face. Inequalities
structure the distribution of disease risk and burden (e.g., Farmer 1999; Kane 1998; Schoepf 1998).

While their approaches, practices, and theoretical paradigms may all differ, these anthropologists come together in the common purpose of reducing the scope and intensity of human suffering caused by AIDS. They use ethnographic research to develop prevention programs that are simultaneously more effective and culturally relevant, and better meet the needs of their targets. Although anthropologists have increasingly turned to studying the experiences of AIDS patients (e.g., Crane et al 2002; Nguyen 2005), they also remain key players in the creation of effective HIV prevention programs. While drug therapies are increasingly seen as crucial in reducing the suffering caused by AIDS, until a cure for or vaccine against the virus is developed, primary prevention remains the most effective method of confronting HIV.

Yet, despite almost two decades of experience developing HIV prevention strategies, many aspects of creating effective prevention continue to be debated. For example, anthropologists have raised serious doubts about the use of data garnered from survey and statistical research in the development of HIV prevention programs aimed at behavior change. They charge that a focus on individual psychology and knowledge about a disease frequently has little relevance for one’s desire or ability to alter sexual conduct (e.g., Parker, Barbosa and Aggleton 2000). Others suggest that many prevention agendas both create and buttress stereotyped and negative assumptions about the people they are purported to serve, rather than drawing attention to and addressing forces beyond the individual that contribute to HIV risk (e.g., Waterston 1997). Such critiques hint at dilemmas in creating effective prevention and underscore the fact that, as public health interventions, HIV prevention is inherently political and moral: different prevention efforts draw on varying notions of risk, human agency, and visions of moral social order (Bolton and Singer 1992; Singer 1994; Smyth 1998). Therefore, HIV prevention presents a site in which both theoretical perspectives on health disparities and health practices can be considered (cf. Sobo 1999). In particular, messages communicated through HIV prevention programs create and confirm assumptions about “those individuals who are ‘at risk’ for infection,” the locus of responsibility for prevention, and how best to minimize “risk” (Brown 2000:1273).
These same concerns of responsibility, risk, and vulnerability surround many of the issues with which anthropologists studying the collapse of socialism and its consequences have been concerned: the changing relationships between states and citizens that a shift to democracy and capitalism entailed; the way people have coped with these changes; and the way these changes have differentially affected various segments of the population, for example, women, rural residents, and ethnic minorities. Consequently, drawing on theories of the state, gender and sexuality in socialist and postsocialist contexts, and messages of risk and responsibility within HIV prevention programs, in this dissertation I demonstrate what HIV prevention projects reveal about the processes, contours, and contexts creating postsocialism in Poland.

**Theories of Citizenship and the State**

*States, Citizens, and Power*

Discussions of citizenship and the state have traditionally been the domain of political theorists and legal scholars, but as Ferguson and Gupta (2002:981) note, states as sites of symbolic and cultural production shape the local communities traditionally studied by anthropologists. Even within the context of globalization, where international organizations and corporations create transnational spaces and effects as powerful as those of national governments (Trouillot 2001:13), the “state” as an institution, metaphor, and ideal has neither weakened nor disappeared. It remains a “social subject” whose effects people confront and negotiate in their daily lives (Aretxaga 2003). Anthropologists increasingly turn their attention to citizenship as a worthwhile object of ethnographic investigation, particularly as it relates to our understanding of “the state.”

Aretxaga (2003:396) highlights the problematic nature of the link between citizenship and the state. She argues that the social imaginary projects “the fantasy of a unified, imagined nationalist community clashes with internal differences and power struggles,” differences based on class, gender, and ethnicity that create differences in citizenship. However, she continues, struggles for full citizenship originate in the desire for a “good state,” even as people experience marginalization, disempowerment, and violence at the hands of the state. An anthropological interest in citizenship and the state emphasizes
that what citizenship and democracy mean in any given historical period or location cannot be assumed, and that the experience and meaning of citizenship and the way the relationship between a citizen and the state is interpreted varies widely. Arguing that, “Citizenship demands ethnographic investigation,” Ouroussoff and Toren (2005:208) propose the following questions:

What is salient to people in respect of their rights in a given civil society? How do people make use of the idea of citizenship, if at all? What does it mean to them? What practices and/or obligations do they think it entails? Do some people take citizenship for granted, and, if so, who are they and how do they conceive of their relation to the state? Are they a self-identified elite? And who gets to say what named groups are to be distinguished as such and who is, or is not, a member of any given one of them?

In other words, ethnographic investigation of states and citizenship reveals that even contemporary democratic states enact forms of power (Paley 2002:471). States are ‘a significantly unbounded terrain of powers and techniques, an ensemble of discourses, rules and practices cohabiting in limiting, tension ridden, often contradictory relation to each other’ (Brown 1995:174, quoted in Arextaga 2003:398). Rather than a “thing,” the “state” can be understood as a set of processes, whose “materiality resides much less in institutions than in the reworking of processes and relations of power so as to create new spaces for the deployment of power” (Trouillot 2001:127). State power is pervasive, but so too are the processes of challenging, diverting or yielding to it (Trouillot 2001). Therefore, an anthropological investigation of the state rests on the idea that the state is laden with power and exercises that power in ways that differentially affects its residents and citizens. Furthermore, definitions of the state and its subjects remain sites of contestation in virtually all contexts.

Importantly, modes of state power and configurations of the relationship between the state and its citizens do not form in vacuums. For example, as Paley (2001) demonstrated in Chile, ethnographies of the state, state power, and citizenship expose the links between economic and political systems and the changing role of the state. Paley details how in post-dictatorship Chile the idea of democracy was strategically deployed and imbued with a series of meanings by a variety of actors, including health group members and government officials” (6). Nongovernmental organizations were charged with the task of “upholding the national project of democracy,” the discourses of which
were infused with notions of individual responsibility for economic and social well-being. This rendering of nongovernmental organizations served to legitimize an economic system based on personal responsibility and lack of state involvement. Thus, discourses and practices of democracy (i.e. citizen participation) in the context of political reform worked to both subsidize and legitimize economic reform informed by neoliberal market principles. In this rendering of the democratic state, institutions of civil society—health NGOs in the Chilean case—facilitate and enable a shift in responsibility from state to local communities and individuals for ensuring well-being.

In other contexts, efforts to build a democratic state reveal the malleable nature of democracy, as well as the historical linkages between the idea of democracy and the concepts that inform it. Adams (1998) illustrates this perspective in her study of the role of health professionals in the 1990 Nepali revolution. The “possessive individual”—an attribute of persons in market societies—provided the basis for arguments of equality as theories of democracy were formulated in seventeenth century Europe. Nepali revolutionaries “saw individualism as a basis for social equality…[and this idea has emerged] as an implicit ideal around which to organize democracy” (Adams 1998:17). In the example of Nepal,

Democracy became the imagined state wherein objective truths and a universal morality expanded into society writ large—a utopian civil society whose principal cultural norms were those of science and objectivity, factually based principles of social organization which transcended culture…upon which the nation would be identified. Democracy was, in this sense, that social state wherein enough people believed in the idea of scientific truth to keep it going, and then behaved according to the self-discipline it demanded. [Adams 1998:29]

Combined, Paley and Adams illustrate that terms such as “democracy,” “citizen,” “rights,” and “state” are strategically deployed (as Verdery 1996 argues in the context of postsocialist Eastern Europe), and based on assumptions about the roles of citizens and the state. These concepts are enacted and mobilized in different ways, depending on historical and contemporary contexts, in order to legitimize rule and who might be held accountable for material benefits and how (Paley 2002:481).

Discussions of the state require an interrogation of the concept of citizenship in Eastern Europe as well. European Union geographic and ideological expansion, to
include formerly socialist Eastern Europe and encompass more than markets and labor regulation, lends itself to interrogating discourses and practices of citizenship beyond the nation-state. In particular, the expansion of references to citizenship beyond the nation-state, such as in the case of the European Union and the concept of “European Citizenship,” lends itself to further inquiry into what citizenship means to different people and how people make use of citizenship. “Citizenship” becomes a resource people use and work to define either as members of states or in their efforts to transform and transcend the state’s authority through appeals to citizenship in supra (e.g., inter) national institutions. Cris Shore (2004) proposes such forms of supranational citizenship as sites for anthropological investigation, asking how it should be interpreted and what it means. Shore argues that European Union expansion involves becoming more than just an economic union but also a comprehensive social and political entity as well. In this context, “citizenship” strengthens the legitimacy of the Union and invents the category of the “European public” (Shore 2004:31). What citizenship means for various member states and residents, however, remains unfixed.

For example, Stychin (2001) addresses citizenship within the context of the European Union. He demonstrates that sexual minorities use claims to a pan-European model of citizenship as a forum for addressing various forms of discrimination, achieving legal rights, and promoting the transnational recognition of sexual identity categories. Citizenship, by definition, simultaneously includes and excludes, through a binary logic of public/private, active/passive that narrowly defines the “citizen” and privileges particular types of engagement with the state over others. Specifically, “rights” of European Union citizenship have been articulated primarily as socio-economic rights, therefore rendering citizenship in this context as legalistic and market-centered (Stychin 2001:291). However, gay and lesbian right activists have redefined the concept of citizenship and rejected this binary logic and the market foundations. The expansion of European Union citizenship to encompass universal human rights provides the framework through which citizenship becomes something more than economic rights, and something that can be exploited in the creation of more inclusive definitions. In addition, heterogeneity and inclusion have become the philosophical basis to advocate for the extension of rights to diverse groups traditionally understood as positioned outside.
state-sanctioned systems of entitlement. Therefore, the notion of citizenship increasingly informs rights claims based on identity politics, particularly for sexual minorities.

By extension, the European division of the International Lesbian and Gay Association argues for the social inclusion of non-heterosexuals in the European Union. In many ways, this strategy has been successful because it has resulted in EU acceptance at the official level. Organizations such as ILGA receive funding from the European Commission to produce reports and to carry out lobbying functions. Effects of European Union acceptance of ILGA are twofold. First, it means that activists in EU-member countries can point to the European Union’s inclusion of gay and lesbian issues as the basis of domestic arguments for the extension of social and political rights for sexual minorities. Second, it means that to engage in any political dialogue with the European Union, rights groups based on sexual identity need to be affiliated with ILGA and adopt its slogans and symbolism. While this requirement presents a potential ally in advocating for certain rights and provides a degree of protection, it also requires institutional support in terms of resources and funds that many local NGOs often lack. It also demands the abdication of some autonomy by these organizations. This example highlights the point made by Paley (2001, 2002) that citizenship in some cases has moved beyond the state, for example through the work of nongovernmental organizations or the use of citizenship discourse by supra-state entities such as the United Nations or the European Union. However, despite its use in these supranational locales, citizenship discourse remains influenced by discourses of the state, and embedded in everyday cultures (Shore 2004:40).

Neoliberal Governance and Postsocialism

Similar conclusions can be drawn about the conceptualization of state/citizen relations in Eastern Europe following the collapse of socialism. The ethnographic accounts of the ways in which people in the region have negotiated regional large-scale systemic changes reveals that new strategies for accessing rights and resources have emerged, as the socialist “paternalist” state has been replaced by one founded on neoliberal principles. Since the collapse of socialism in Eastern Europe, social scientists, economists, and political scientists have theorized about the process of moving from
socialism to capitalism and democracy. However, theorists of the transition have often focused on grand economic and political processes and trends. While recognizing and understanding these processes are important, anthropologists offer a perspective on transition that turns attention to other effects and processes of the transition, such as reconfigurations of state-citizens relations as practiced identities, changing gender roles, and reimagining notions of personhood.

Forms and sources of state power differ in socialist and capitalist settings, reflecting the market systems of each, and having implications for the ways in which state and citizens interact. Whereas in a capitalist system goods are produced and sold to accumulate profit, the socialist state in Eastern Europe worked to accumulate distributable resources and increase dependency of its citizens by determining which resources were distributed to whom and when (Verdery 1996:25). Furthermore, as Verdery suggests, the socialist state further increased citizens’ dependency on the state through seizure of their time and control of their bodies. After the collapse of socialism in Eastern Europe, the process of transition was constructed on the idea of dismantling the centrally planned economies and replacing them with economies built on the pillars of neo-liberal governance, namely privatization of government holdings and the establishment of democracies that would permit economic growth through the adoption of appropriate policies (e.g., specific forms of the welfare state modeled on those in Western Europe) (Kennedy 2002).

For example, Ashwin (1999:265), investigating the new management practices introduced in Russian mining collectives, shows the strategies members of the collective employed to ensure their security in the “chilly neoliberal winds.” With the erosion of public services and a social safety net formerly available through the workplace, people complement individual survival strategies by searching for collective salvation within the collective. They seek protection within the collective, expressed in their continued support for communist leaders. While making themselves dependent on strong and authoritarian leaders within the collective and therefore more vulnerable to the market, members of the collective also mobilize family-centered survival strategies such as small-scale food production to ensure their own well-being. The collective illustrates the contradictions of the erosion of state services and the opportunities gained with the
market economy. Ashwin writes, “[F]or management, order and discipline will provide the framework within which the enterprise can adjust to the demands of the changing economy, whereas for the workers paternalism will provide the means by which they can be partially protected from the ravages of the market” (1999:268).

This tension between order and discipline demanded by the capitalist market, and the protections needed by the workers, hints at the more subtle changes contained within the establishment of capitalist economies in Eastern Europe. Elizabeth Dunn’s (2004) fieldwork in a Polish firm as it underwent privatization provides one example. Drawing on the work of Marilyn Strathern, Dunn argues that a specific notion of personhood is fundamental to making this newly capitalist firm “successful.” She suggests that the introduction of capitalism involves more than the introduction of new modes of production. Rather, new modes of production require new symbolic and meaning-centered practices that are associated with these relationships. In the case of the privatized Polish baby food factory, a new class of people is created and the relationship between employers and employees is reformed in order to fit the capitalist vision:

If persons are the owners of themselves, they are also the owners of their labor; as a ‘property’ of the self, labor is something that one individual is free to sell to another. A notion of the person as both partible and individual is a necessary condition of this type of wage labor. A person must be an individual if he or she is to be ‘free’ to sell his or her labor unencumbered by others’ rights to that labor. [Dunn 2001: 277]

That is, the reordering of relations to the means of production is only possible with a concomitant reordering of the ideological dimensions of work and production. Dunn’s work illustrates a shift towards the notion of personhood promoted in neoliberal welfare states, with a focus on the independent and self-sufficient individual centered around work (Kingfisher and Goldsmith 2001: 719). In turn, these changing notions of personhood have implications for the means through which welfare resources are accessed as the conditions for entitlement are becoming increasingly tightened (Standing 1996: 237). Along with economic and political changes comes reconfiguring the way people conceptualize themselves, relate to one another, and interact with the state.

Neoliberal forms of governance, found today throughout much of the world, mark a shift in earlier notions of state, market, and worker relationships within capitalist
democracies. Prior to the 1970s, Keynesian economics called for governments to promote the general well-being of the workforce, and mediate between social and economic interests (Hyatt 2000: 657). In this social welfare model, the government promoted the general well-being of the workforce, and intervened in the market to protect against the inevitable depressions of an unregulated capitalist economy (Shakow and Irwin 2000: 53). Neoliberalism, in contrast, is based on the idea that the state should have a reduced role in both the economy and the provision of public services. As Paley (2001:65) describes in Chile, the withdrawal of the state from the economy is taken as depoliticization because economics becomes guided by the “invisible hand of the market.” In Central and Eastern Europe, neoliberalism has entailed the devolution of decisions and responsibility from central to local governments; granting of state funds to nongovernmental or private agencies that administer services; and directing expenditures towards unemployment programs and poverty assistance rather than subsidies for food, rent, education, childcare, and cultural services (Gal and Kligman 2000:63-65). For those living and working in postsocialist contexts in Eastern Europe, this shift to neoliberalism has meant that they are increasingly on their own to negotiate the rapid shift to capitalism and marginalization of their concerns (Kideckel 2002).

Citizenship and Biopolitics

Anthropological interest in citizenship highlights the processes through which various types of citizens are both created and contested, and emphasizes the relations of power in which citizenship is constituted. As Ong (1996:738) claims, “becoming a citizen depends on how one is constituted as a subject who exercises or submits to power relations.” The form of personhood/citizenship compatible with neoliberalism emerges from a reconfiguration of the relationship between society and citizens in which “biopolitics” are increasingly prominent. The work of Michel Foucault provides a framework for understanding power in the context of citizenship and the state as part of a larger critique of neo-liberalism. Foucault argues that the neo-liberal project involves the expansion of economic principles into non-economic domains, including personal relationships, individual behavior, and government practice (Foucault 1991; Lemke 2001). Foucault uses the concept of governmentality to analyze the ways in which
governance “extends from political government to forms of self regulation, namely ‘technologies of the self,’” which permit the ‘withdrawal of the state’ for ensuring well-being of its citizens through the promotion of an ethic of self-care and personal responsibility. Lemke (2001:201) writes,

The neo-liberal forms of government feature not only direct intervention by means of empowered and specialized state apparatuses, but also characteristically develop indirect techniques for leading and controlling individuals without at the same time being responsible for them. The strategy of rendering individual subjects ‘responsible’ (and also collectives, such as families, associations, etc.) entails shifting the responsibility for social risks such as illness, unemployment, poverty, etc., and for life in society into the domain for which the individual is responsible and transforming it into a problem of ‘self-care.’

In reference to this configuration of government responsibilities, Ong (1995:1243) defines biopolitics as “the strategic uses of knowledges which invest bodies and populations with properties making them amenable to various technologies of control.”

It follows that in this rendering of biopolitics, biomedicine plays a key role in the creation of manageable and governable subjects. In other words, in interrogating the agency of the state in citizenship-making, one must consider the variety of agencies and institutions—both those located within the formal state apparatus (such as welfare agencies) and those within civil society (such as churches and neighborhood associations)—and the roles that they play in the creation of citizen norms, values, and behaviors (Ong 1996). In this light, sites of biomedicine and biomedical intervention, ranging from the health clinic to public health campaigns, are more than places where health care is dispensed. They constitute sites in which proper citizens are shaped, created, and socialized. If they are the sites where the demands of citizenship are communicated, they also serve as locations for acts of resistance and subterfuge (Ong 1995).

Drawing on Foucault’s notions of governmentality through biopower—the concern of modern states in fostering life, growth, and care of the population, Ong argues that states differentiate between citizens in their exercise of biopower:

I argue that to remain globally competitive, the typical ASEAN state makes different kinds of biopolitical investments in different subject populations, privileging one gender over the other, and in certain kinds of human skills, talents, and ethnicities; it thus subjects different sectors of the population to different
regimes of valuation and control. This unequal bipolitical investment in different categories of the population results in the uneven distribution of services, care, and protection; while some subjects are invested with rights and resources, others are neglected outright. [Ong 1999:217]

Even though she limits her comments to Southeast Asian nations, Ong reveals that the categorization of different groups on the grounds of gender, ethnicity, race, class, and nation entails the subsequent differential distribution of rights and privileges within the process of globalization and capitalist expansion. In other words, the state’s use of biopolitical governance is a form of power that involves differentiation of subjects and the creation of standards and practices of self-care.

Scholars increasingly document instances in which attention to health issues is linked to the enactment of state power and the creation of particular kinds of subjects. For example, Briggs (2003) shows how the Venezuelan state, through public health discourses about cholera, divides the population in “sanitary citizens” and “unsanitary subjects.” These two populations are created in public health discourses, and are infused with assumptions about risk, the distribution of health inequalities, and ability to enact hygienic measures in such a way that these differences appear to be natural and serve to rationalize these inequalities. Furthermore, the Venezuelan case illustrates that the differentiation of subjects creates different standards of self-care for various categories of subjects. In this example, poor people, street vendors, and indigenous people were assumed to engage in practices that created cholera risk, and therefore these groups became the targets of surveillance by epidemiologists. Further, Briggs argues, states use discourses about health for creating normative definitions of citizenship. Thus, discourses and practices of citizenship, the state, and health are intertwined in relations of power aimed at creating modern and appropriate citizens.

Post-socialist Ukraine provides another example of the collusion between biomedicine, biopolitics and neoliberal governance. Petryna (2002) illustrates that conditions of severe poverty after socialism have generated a type of “biological citizenship” whereby people struggle for the most basic, physical needs of survival while the state monitors biological processes to measure entitlement. As poverty has caused

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6 ASEAN refers to the Association of Southeast Asian Nations, and includes the Philippines, Indonesia, Malaysia, Singapore, Thailand, Brunei, Vietnam, Laos, Myanmar, and Cambodia.
people to adopt new practices for accessing state entitlements, Petryna’s study highlights the extremes of individualizing practices and policies in the face of neoliberal economic reform. In these circumstances, the removal of the state’s system of protection, combined with neoliberal economic reforms, caused people to mobilize medicalized identities in order to access the state’s social protection system (Petryna 2002: 216). The state continued to function as a paternalistic giver and taker of resources, but people were required to fashioned themselves into “biological citizens” to tap into this system.

These examples illustrate the links between biomedicine, neoliberalism, and state/citizen relations, but in Foucault’s original conceptualization of biopolitics, the use and regulation of sexuality was key:

> It was the pivot of the two axes along which developed the entire political technology of life. On the one hand it was tied to the disciplines of the body: the harnessing, intensification, and distribution of forces, the adjustment and economy of energies. On the other hand, it was applied to the regulation of populations, through all the far-reaching effects of its activity. It fitted both categories at once, giving rise to infinitesimal surveillances, permanent controls, extremely meticulous orderings of space, indeterminate medical or psychological examinations, to an entire micro-power concerned with the body. [Foucault 1979:145]

In other words, biomedicine and the regulation of sexuality together in some ways can be understood as the handmaids of biopolitics. Consequently, HIV prevention—in which biomedicine and the regulation of sexuality are often linked—makes a suitable site to study the emergence of neoliberal governance in new contexts such as that presented by the collapse of socialism in Eastern Europe.

**Gender and Sexuality in Socialist and Postsocialist Contexts**

Because issues of sexuality and gender are central to theories of biopolitics and HIV prevention, and increasingly come to shape citizenship claims, it is necessary to understand them in the postsocialist context. Questions of gender occupied a central position in the modernizing projects of socialist governments after the Second World War, particularly in socialist regimes’ attempts to erase gender differences in the pursuit of the socialist utopia (Gal and Kligman 2000:5) Gender also figured prominently in
theories of socialism and its relationship to capitalism. In both the socialist and post-socialist periods in Eastern Europe, questions of women’s equality in relation to men, work, and the state have been central to debates in politics and economics. The dissolution of the Soviet Union and the demise of socialism in Eastern Europe at the end of the 1980s and the early 1990s were seen as paving the way for the establishment of liberal democracies in the region. Despite the rhetoric of equality in neoliberal democracies, citizenship is in fact racialized, gendered, and sexed (Paley 2002:479). As with the socialist system before it, postsocialist Eastern European governments have proven to be infused with gendered politics, practices, and effects. Therefore, Susan Gal and Gail Kligman (2000) argue that questions of gender need to be at the center of postsocialist studies. Gal and Kligman (2000:109) argue that “the ideas and practices of transforming gender have shaped many of the political and economic changes that followed the collapse of socialism.” Ethnography of the state from the perspective of gender and sexuality examines “the rhetorical and institutionalized practices of the state within the public sphere and their integration into daily life” (Kligman 1998:3). Such research interrogates actors’ uses of gender and reproduction to pursue a range of political projects, from transforming state-subject relations, to shoring up formal the authority of formal institutions, to justifying the legitimacy of their own political power (Gal and Kligman 2000:34).

**Gender and Socialism**

The question of gender equality occupied different positions in the writings and policies of Marx, Engels, Lenin, and later Stalin, but in general these theorists of socialism located the origins of gender inequality within the advent of capitalism. In *The Origin of the Family, Private Property, and the State*, Engels (1972) tied women’s subordination to the inheritance of property, and the subsequent social systems developed to protect male heirs’ rights to it. Women’s liberation necessitated the elimination of this system of property, and would occur when tasks understood to be the domain of women—housekeeping and children’s care and education—became public matters and
the responsibility of the state (Engels 1972: 746). In the writings and social policies of these early socialists, attention to class inequality attained primacy. Neither Marx, Engels, nor Bebel discussed “the woman question” from the perspective of gender inequality or male dominance, but rather they discussed inequality between the sexes in terms of women’s relationship to the economic and political system: For Engels, women’s labor force participation was the key to emancipation. His primary focus was on class relations and kinship, not on the philosophical differences between women’s and men’s experiences under capitalism (David and Skilogianis 1999: 41). Rather, gender equality would result from the abolition of class hierarchies, and in the early phase of socialism, theorists and policy makers contemplated how to abolish capitalism with the participation of women.

By locating the origins of gender inequality within the rise of capitalism, socialist governments sought to “liberate” women from the domestic sphere, and therefore undertook massive programs designed to recruit women into the paid, public work force; the work and welfare policies that socialist governments enacted reflected this goal (De Soto 1993). The early socialist state concentrated its efforts on providing services within the public sector that were designed to facilitate the movement of women into wage labor, including state-sponsored childcare, free and legal access to abortion (used through Eastern Europe as the primary method of birth control) and other forms of birth control, and public dining rooms (De Soto 1993: 291). In order to erase these differences, throughout the socialist period regional governments developed programs directed at transforming the relationship between the state and women as a particular category. Kligman’s work in socialist Romania (1995, 1998) illustrates in stark and disturbing detail the effects of using women’s bodies in service of the state’s modernization strategies, which resulted in the state’s intrusion into the intimacy of the body (see also Haney 2003 for the Hungarian case).

The system of social entitlements found in socialist Eastern Europe, in particular women’s claims to entitlement vis-à-vis the socialist state, illustrates the links between broader concerns with economic equality and gender. The goal of socialist social policy

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7 Sacks (1974) uses Engels as the basis of her discussion of gender inequality from a cross-cultural, anthropological perspective. She critiques the evolutionary framework in his work and questions its applicability to nonclass societies.
was to regulate the ways in which certain rights (to work, to leisure, to health care, to security in old age) were implemented while retaining a productive and loyal workforce as the socialist projects of industrialization, overthrowing capitalism, and eradicating class inequalities were advanced (Stloukal 1999: 24). For example, public provision of services such as childcare, free or subsidized housing, and family allowances in Eastern European socialist states enabled women to enter the workforce in larger numbers than in the past because in projects of massive industrialization, women were seen as a necessary and untapped labor reserve (Haney 2003).

Despite the socialist project’s movement of women into wage work, within the domestic sphere the liberation of women failed to materialize, and gender relations remained largely unchanged (Einhorn 1993: 31). Socialist regimes frequently failed to recognize the disjuncture between socialist gender ideals (as exemplified by the image of the woman tractor driver) and the historically constituted ideas of proper gender roles within a particular context (frequently exemplified by the woman as mother, caretaker, homemaker, and reproducer of “the nation”). In contrast to official claims of women’s equality within the state/public sphere, during the Stalinist period, women’s interests remained subordinate to the interests of the communist party leadership and overall economic goals of communism (Wolchik 2000: 61). The ease with which women were reassigned to their domestic roles through social policies that focused on reproduction—a response to demographic fears and a decreased need for labor beginning as early as the 1960s—illustrates the limitations of socialist welfare states’ reconfiguration of women’s identities as workers (Haney 2002). Women in socialist states, in other words, occupied an ambiguous position. On the one hand, socialist governments saw women’s entry into the labor force as necessary for the successful abandonment of capitalist class relations. On the other hand, socialist governments often did little to transform gender relations within the home, leading women to experience a “triple burden” of paid employment, housework, and political activity.

The maintenance of traditional gender roles within the home paralleled a similar continuation of male dominance as the norm in the public and work sphere. Ashwin (2000:12) suggests that despite the socialist revolution’s rhetoric of gender equality and efforts to facilitate women’s entry into the labor force, men retained “the most power,
highest status, and best renumerated positions in all spheres of society.” Men were expected to serve as leaders, managers, soldiers and workers who were to build the communist system. Work was to become the center of “Soviet man’s” life, and fatherhood was seen as a distraction (Kukhterin 2000:80; cf. Kiblitskaya 2000). Moreover, in Soviet Russia, psychologists and other scientists made the argument that women entering the workforce and taking on new roles led to the “feminization of the male personality,” and psychological damage to men as the tasks that they were once assigned had been taken over by the state or women (Attwood 1990:167).

The contradictions between the stated goals of the socialist revolution and the material effects of policies resulted from the state’s attempts to reformulate itself into a “universal and exclusive father” (Kukhterin 2000). Ashwin (2000) argues that the state challenged male authority in two ways: first, by undermining private authority within the home and family; and second, by redefining masculine identity based on work rather than private patriarchal power. As women were given greater economic and social independence through their entry into the workforce, they became less reliant on men within the home. By focusing men’s identity around their role as workers responsible for building the communist nation, the “relationship of women and men to the state was to take priority over their private relations with each other” (Ashwin 2000:13).

In Poland, the differential effects of gendered state policies manifested themselves in increased rates of mortality among men in comparison with Polish women and Western European men. In interpreting these differences, Watson (1995) eschews the individualistic and lifestyle models of disease etiology that dominate studies of health in Eastern Europe under socialism. Rather, she proposes that “daily frustrations caused by this mismatch or ‘incongruity’ between aspirations and economic performance” contributed to the higher male morbidity and mortality rates in Eastern Europe, and that men experienced these frustrations more acutely than women (Watson 1995:929). Watson also points to the contradictions between state paternalism, which precluded autonomous identity outside the private sphere, and the continuation of traditional notions of masculine identity, which promoted initiative and demonstration of ability (Watson 1995:933). Here, Watson refers to these irreconcilable contradictions as the “hidden injuries of state socialism.” This discussion reinforces the argument made above that the
socialist project in Eastern Europe was gendered in its policies and effects, and women and men experienced socialism, and therefore its collapse, in different ways. However, rather than making an argument that calls for the return of patriarchy and traditional gender roles, Watson argues that interpretations of health differentials between men and women, and between Eastern and Western Europe need to move beyond health variables and lifestyle choices to include the systemic constraints that shape people’s health behaviors.

In summary, the socialist period in Eastern Europe witnessed the large-scale transfer of women from the domestic to the public sphere of wage work. However, transformation of gender relations within the public sphere did little to rework gender within other realms. Women often retained motherhood and homemaker as their key social identities, reflecting that many aspects of life under socialism contradicted with official, public discourse. Despite the socialist state’s claims for gender equality, the entire socialist apparatus was neither gender equal nor gender neutral. Increased interference on the part of the state into almost every aspect of socialist life created a situation in which everyone, both men and women, were dependent on the state, resulting in “socialist paternalism” (63). Still, work in the socialist system remained gendered: certain jobs were seen as more feminine, and women were denied access to the highest positions within the socialist government.

**Gender Ideology and Politics in Postsocialism**

With the collapse of socialism, the issue of gender and gender roles emerged in public debate as a central concern. For many, essentialist notions of gender offered a corrective to the perceived negatives effects of policies put in place under socialism. Women’s return to the domestic sphere and a resumption of childbirth duties has become a key issue in postsocialist states as communism is being reconceptualized as having violated “natural” sex roles that place women in nurturing and care-giving roles and men as natural family authorities (80).

In addition to new modes of personhood ushered in with the establishment of capitalist democracies that I discussed earlier, gender ideology and practices have also been refigured in the post-socialist transition. The plan for transiting from socialism to
capitalism was developed by Western economists and was termed “shock therapy.” “Shock therapy” involved immediate price liberalization, privatization, and introduction of free trade (Marangos 2005:70). Immediately following the “shock therapy” programs, unemployment rose, inflation increased, and government investment in the public sector decreased (Kolodko and Rutkowski 1991; Palaszewska-Reindl 1998). In Poland, one of the effects of this economic restructuring has been increased poverty, especially among women (Tarkowska 2001). As LaFont (2001:209) suggests, the opening of the Polish economy to the global economic system has led to further marginalization of women because foreign companies tend to prefer men for employment. Moreover, women held jobs of lower status and lower pay under socialism, and therefore experienced economic restructuring more negatively than their male counterparts. They have been particularly affected by higher unemployment rates, longer periods waiting to find jobs, and continued lower salaries. Furthermore, Haney and Pollard (2003) note that in the post-socialist transition, the ‘re-traditionalization’ of gender roles, or the assumption that women’s proper place is in the home rather than the paid work force, works closely with the decreased role of the state in “carework;” “As maternity leave policies and child allowances are cut, domestic work is re-privatized in ‘appropriate’ families; and as women lose employment guarantees, they are returning to their ‘rightful’ roles as nurturers in the domicile” (Haney and Pollard 2003: 8).

Scholars interested in gendered transformations of postsocialism agree that market reform limited the options women had of achieving economic security and continuing political participation. In her work in the rural mountain Podhale region of southwestern Poland and the industrialized area of Łódź in central Poland, Pine (2002) suggests that many people exercised agency in the face of these reforms by turning to domestic and kinship duties: “In both moral and practical terms, the legitimacy of the public domain, including the state in both an abstract sense and a practical one, was seen to be damaged if not destroyed altogether by its failure to meet its side of an implicit

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8 Korac (1996, 1998) offers another example of changes in gender identity in the postsocialist, post-Yugoslav countries, particularly Serbia, Bosnia-Herzegovina, and Croatia. She argues that “state subjects” are gendered, and that the postsocialist period has witnessed the resurrection of gendered ethnic-national projects in which male power is celebrated and women are cast as patriotic mothers (Korac 1998). Domestic violence against women and rape in war exemplify the gendered violence that positions women and their bodies as tools in the justification of militarization and ethnic cleansing.
social contract” (Pine 2002:104). In fact, Pine suggests that this “retreat to the household” affected both men and women, though to different degrees because men were more successful at mobilizing resources and skills necessary to enter the new private market.

Other researchers have also documented the differential effects of transition on men and women. From the socialist past through today, the political culture in Poland is male-dominated and the experiences and interests of women remain undervalued and marginalized. For example, issues such as childcare, health and employment are given less attention as “the critical issues of nationhood are resolved” (Graham and Regulska 1997:71). Moreover, they argue, women were and continue to be excluded from participation in formal politics. To voters, state/national political and economic issues superseded the local and regional concerns voiced by women’s groups that were formed in the 1990s. Watson (1997) charges that democracy and civil society mobilize differences—whether ethnic, gender, socioeconomic, or sexual, that were less significant politically under socialism. Gal (1996:35) suggests that the mobilization of these differences extends to arguments about what kind of person is best suited to engage in political action or in market activity, as well as forms of state-sponsored social support. In short, the gendered dimensions of the postsocialist transition are reflected as tangible and measurable effects of economic and political restructuring through women’s decreased employment and political participation, as well as in redefinitions of the symbolic and meaning-based aspects of gendered identities.

Adding Sexuality

This body of research that draws on feminist theory illustrates gender’s central position in socialist state-making, as well as the gendered dimensions and effects of the transition. However, in their analysis of gender, scholars rarely mention sexuality in socialist and postsocialist contexts. While attention has been paid to gender ideology in socialist philosophy, the role of gender policy in the process of creating socialist

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9 Homosexuality is specifically mentioned twice in The Politics of Gender after Socialism, first in reference to the international politics of reproduction and the ways in which postsocialist states are “evaluated” in the international sphere in light of things such as the criminalization of homosexuality, and second in reference to the socialist era tendency to ignore sexuality and deny the existence of homosexuality.
societies, and the gendered dimensions of the postsocialist transition, less attention has been paid to sexuality. This omission occurs despite the fact that in several postsocialist contexts, debates about sexuality and homosexuality have been vigorous and touch on many of the same issues as those regarding gender, such as democratization, rights, and national identity. Extending the argument for the centrality of gender, debates about sexuality in post-socialist contexts can also be instructive for understanding the processes of social change in this region, and the tensions that have been created and made evident through political and social changes, such as European Union accession. As Weston (1998:4) argues, “A person cannot ‘just’ study sexuality, because sexuality is never separate from history, ‘class,’ ‘race,’ or a host of other social relations.”

As in the United States and Western Europe, HIV in Poland has been, among other things, a disease of significance and stigma through its associations with homosexuality (e.g., Gilman 1999). Within Eastern European scholarship on both socialism and post-socialism, the writing on topics such as homosexuality, transgenderism, and queerness is limited. The majority of anthropological, social science, and historical writing on the issue of homosexuality east of the Oder River has concentrated on sexual deviance within Russia and its territories (e.g., Essig 1999; Healey 2002; Rivkin-Fish 1999). Some exceptions exist, for example Matti Bunzl’s (2000) discussion of gay male sex tourism between Prague and Vienna (see also Bunzl 2004). Bunzl writes from the Austrian gaze, and describes how a neocolonial geography of inequality and “western privilege over Eastern bodies” becomes mapped on the sexualized bodies of Czech boys working in the sex trade (Bunzl 2000:91). By including other forms of sexuality in his analysis of Eastern Europe, Bunzl expands discussions of gender beyond presumed heterosexual men and women at the center of other studies. Bunzl argues that the post-socialist period represents a reinvention of Eastern Europe through colonizing tropes that rest on the notion of the sexual availability of the exotic other, in particular the sexual availability of young Czech men working in sex tourism with a largely Western clientele (Bunzl 2000). His analysis, however, stops at the border between East and West. Bunzl admittedly and apologetically does not address the issue of homosexuality within the Czech Republic or other former socialist territories, and
instead uses his research and analysis to better understand the hetero-homo dyad within Austria.

Debate around issues of homosexuality extend deep into Central and East European history, and became caught up in debates about what it meant to be European and modern even at the end of the nineteenth century. For example, scientific discovery surrounding human biological development was one tool mobilized by advocates for the social emancipation of gays in nineteenth century Central Europe (Sengoopta 1998). These efforts grew from two mutually supporting perspectives on science and society: first, that homosexuality had a biological basis and therefore was not a crime or disease (1998:446), and second, that “only a society guided by scientific principles could be truly progressive and just” (1998:448). In his work, the German scientist Magnus Hirschfeld studied gay men and cited a colleague’s work on laboratory animals to advance the idea that homosexuality was biologically innate (the result of a secretory anomaly in the sex glands [Hirschfeld 1998:465]) and could not be transmitted from one person to another through “seduction.” By pointing to a potential biological basis for homosexuality, Hirschfeld refuted the arguments made by supporters of homosexuality’s criminalization. Although Hirschfeld’s work on homosexuality failed to result in sociopolitical changes, his work exemplifies one instance of creating links between medicine, sexuality, and sexual politics.

Examining the literature on homosexuality in Russia and its territories reveals the centrality of questions regarding sexuality in socialist and postsocialist policies. The official Soviet attitude towards homosexuality viewed same-sex attraction as unnatural and the product of bourgeois exploitation. Soviet scholars accused “bourgeois scientists” of ignoring the societal influences of homosexuality. Homosexuality remained criminalized throughout the socialist period in Russia, although attention to it by the legal system and scientists waxed and waned over the decades, reflecting divergent interpretations of the causes of social inequalities, the manifestation of these inequalities, and the best means of advancing the goals of the socialist revolution and overthrow of capitalism (Essig 1999; cf. Healey 2002). Sexuality was politicized in Soviet Russia because homosexuality was seen as a threat to the state: “The state must intervene in desire, or desire will intervene in the state” (Essig 1999:5). Under socialism, individual
and national health were to be achieved through sexual self-restraint (Rivkin-Fish 1999:803). In the 1980s, glasnost and perestroika led to a flood of sexually explicit materials into Russian media and markets, and by the 1990s issues surrounding sexuality became a means through which broader debates about Russia’s future as a capitalist democracy were discussed.

With the collapse of socialism, the link between state policies and sexuality persisted. In the process of postsocialist democratic transition, attention to sexuality became a political and organizing principle. For example, conservatives argued against the introduction of sexuality education into schools on the grounds that it would lead to “Western cultural ills,” including homosexuality (Rivkin-Fish 1999:806). Those in support of sexuality education framed their arguments in terms that promoted a break with Soviet-era prudery and silence around sexuality in favor of more open discussions (see also Rivkin-Fish 2005). In her study of the birth (and what she sees as the eventual failure) of sexual identity politics in Russia, Essig describes that an underground Russian gay activist movement in the 1980s took advantage of the opportunities provided by the weakening of the Communist Party and increased contacts with western gay organizations to form their own political parties, print magazines, and stage events centered around sexual identity. Combined, these studies recognize that issues of sexuality occupied central positions in both Soviet-era and transition politics in Russia.

Issues of gender, sexuality, and power have come to the forefront of the HIV epidemic. Despite the idioms of science and medicine through which they are articulated, meanings of gender identities and “the sexual” remain contested and infused with political and moral judgments (Pigg and Adams 2005). Understanding the cultural, political, economic and social contexts of sex and sexuality are critical in creating effective prevention (Parker, Barbosa and Aggleton et al 2000). Given the arguments about gender’s central position in the formation of socialist and post-socialist national identities, HIV becomes a particular fruitful lens through which to examine not only gender but sexuality as well because from its beginnings HIV has been about sexuality and gender.
CHAPTER TWO

LINKING IT TOGETHER:
HIV PREVENTION AS A SITE FOR ANTHROPOLOGY

HIV Prevention, Harm/Risk Reduction, and Citizenship

The collected essays of the volume *Knowledge, Power, and Practice* (1993) proposed a theoretically driven medical anthropology based on the idea that all knowledge is socially produced, and that this production is infused with relations of power. Within the realm of well-being and illness, the notion of risk especially illustrates the power-laden process through which particular ways of knowing become legitimized and valued while others do not. Risk discourses, in turn, have occupied a central position in expert engagement with HIV/AIDS over three decades of confronting the virus (Frankenberg 1993). Epidemiologists employ notions of risk that weave together the individual, the social, and the cultural; and epidemiologists attempt to classify, define, and measure risk, often invoking “objective, nonmodifiable, and easily recognizable factors such as age, parity, and previous history…as the most identifying markers of (and for) people at risk” (Frankenberg 1993:230). However, referring to Mary Douglas’s work on risk, Frankenberg points to the fact that notions of risk are infused with discussions of moral, social, and political choices (Frankenberg 1993:236). Furthermore, risk discourses integral to discussions of HIV/AIDS invoke interpretations about threat and danger based on particular models of society. Scheper-Hughes and Lock (1987) further extend this argument by pointing to the connections between the individual body and the social/political body invoked in discussions of risk and choice. HIV, therefore, becomes a unique lens for exploring various configurations of state-citizen relations, which are also infused with ideas about what kind of society is imagined or desired.

In this dissertation, I similarly approach the concept of “prevention” and the various attendant interpretations of risk from a critical standpoint. From this perspective, “HIV prevention” is not an objective fact and set of institutions and plans with easily
recognizable outcomes. Rather, the social, political, and moral positions inherent in HIV prevention raise questions about how HIV prevention becomes a complex constellation of discourses, assumptions, ways of knowing about, surveilling, measuring, and talking about “risk,” as well as the social relationships and interpretations of human behavior implicit in these configurations (Heald 2006; Waterston 1997). As a 2003 debate in Anthropology News illustrates, there is no consensus about how HIV can be prevented, nor is there a consensus about what affects and motivates human behavior, or how psychology, economics, culture, and politics work together and perhaps in contradictory ways, to shape vulnerability, produce disease, and generate “safer” practices (Feldman 2005; Halperin et al. 2004; Moran 2005). Similar to Fordham (2001) in his critique of the “wave model” of risk in the Thai experience with HIV/AIDS, I examine HIV prevention efforts in terms of the ways they involve control and power over subjects, and struggles over meanings and knowledge, which may have effects beyond or even against disease prevention.

In his discussion of the uses of HIV prevention/education as part of the State’s project of creating disciplined citizens who comply with the demands of neoliberalism in terms of rationality, individualism, and self-control, Tim Brown (2000) addresses the model of citizenship at the base of such messages. Brown argues that from the beginning of the epidemic, HIV prevention has been about social governance, evidenced by the labeling of particular groups—gay men, Haitians, drug users—as deviant and different from the norm. The deliberate shift away from AIDS blame to a model of risk reduction, therefore, can be seen in line with this agenda, as it emphasizes “good health” and “responsible citizenship.” Brown writes,

> It is in the articulation of this message of good health that we see most clearly how the moralizing rhetoric surrounding AIDS was transformed into a language of self-care and the care for others. Thus, while individuals in “at risk” groups were given the space, the freedom, to conduct their lives as the desired, this was a space which was administered and controlled by a new form of “neo-liberal” social governance. [Brown 2000:1275]

10 James Ferguson (1994) suggests a similar approach for the anthropological study of “development” as a set of practiced and structured discourses with real effects (Ferguson 1994:18). In this interpretation of discourse, “power” occupies a central position in that “the outcomes of planned social interventions can end up coming together into powerful constellations of control that were never intended and in some cases never even recognized, but are all the more effective for being ‘subjectless’” (Ferguson 1994:19).
Through notions of empowerment and making the right choice, HIV prevention campaigns often focus on behavior change rather than resorting to overt disciplinary rhetoric (Brown 2000:1280).

The deliberate inclusion of citizenship discourse in HIV prevention can also serve as a means of “empowering” the targets of prevention messages. Paiva (2000) describes such an approach in a Brazilian HIV prevention program aimed at young men and women that both promotes citizenship and encourages sexual agency:

The main objective in the prevention program is to promote the “sujeito sexual” ("sexual subject"). The sexual subject is the agent who regulates his/her own sexual life, coping with the complexity of factors competing in his/her life that can result in either “riskier sex” or “safer sex.” In the Brazilian tradition, “sujeito” integrates the idea of agency with the idea of citizenship (defined as full participation and influence in our society—something that cannot be taken for granted in Brazil). The sujeito is one who takes action, one who enacts. The sexual subject is thus the individual capable of regulating his/her own sexual life. [Paiva 2000:218]

The program encompasses a wide variety of topics and techniques to involve youth in HIV prevention, including discussions of the gendered and sexual cultures in which the teens operate, understanding the public health system and services available, and learning about sexual health and gendered expectations in regard to sexuality more generally through role playing, modeling, and discussions. Combined, these methods and topics were seen as fundamental in not only understanding the context of sexual behavior and HIV risk, but also as a way of using safer sex workshops as spaces in which new symbolic “codes” about condoms, HIV, and promiscuity—to name a few—are produced.11

This Brazilian program explicitly promotes the neoliberal citizen that Brown (2000) critiques: a citizen willing and able to take control over various aspects of sexual and social life, from negotiating peer and family norms, to negotiating and creating the conditions that enable safe sex choices. The creation of an active sexual subject counters prevention efforts that construct those “at risk” for disease as somehow unable to act and

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11 This particular program drew on the theories of Brazilian educator Paulo Freire, which linked consciousness-raising and self-observation with the intention of attitude and behavior change (Paiva 2000:218). Freire envisioned education as a means of empowerment and a source of freedom in struggles against poverty and oppression.
lacking self-efficacy. This Brazilian program constructs the recipients as possessing the same qualities as the neoliberal subject in a way that asserts their inclusion within and ability to access and demonstrate the very values and characteristics that are promoted as ideal in neoliberalism. While recognizing that “most of the time, risky sex is not an individual deficit or responsibility” (Paiva 2000:235), the program developers saw an opportunity in the workshops to acknowledge and change the cultural and social factors that create situations of risk. Thus, they shifted the focus from individual risk and responsibility to the context in which they act, and argue that acknowledging these contexts in educational programs can encourage participants’ to confront and change the kinds of situations that deny them agency (Paiva 2000:235). By drawing attention to the wider context in which actions take place, as Dodds (2002:165) notes, such programs carefully negotiate the “dangerously thin line between personal responsibility and victim blaming,” because crossing this line can result in stigmatization of the infected for their failures to take responsibility for their own health. Programs such as this Brazilian one recognize that both the production of disease and HIV prevention are not benign and benevolent, but involve power and control, and mobilize the notions of agency implicit in this acknowledgment to promote consciousness-raising and political, cultural, and social change.

Harm Reduction

The value in promoting this neoliberal subject and the implications of it have been at the center of debates taking place around the concept of harm reduction, particularly as it is used in the context of HIV prevention and drug use/addiction. It is important to understand the terms of this debate here, as harm reduction is a key element in the HIV prevention programs discussed by this dissertation. The concept of harm reduction was developed in the context of injection drug use and disease/harm prevention and minimization, ranging from HIV to hepatitis C. According to Roe (2005:243), this

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12 It is important to note that other notions of responsibility besides those that focus on the individual are possible in HIV prevention materials. For example, in her examination of the messages of responsibility in British HIV materials, Dodds (2002) points to two other concepts of responsibility: shared responsibility, which is based on an individual’s consideration of loved ones and their duty to behave in ways that protect others in the community; and organizational responsibility, which focuses on the role of organizations, the state, and other institutions in HIV prevention.
paradigm has origins in the 1960s and 70s as activists, physicians, and policy makers sought to end the oppressive treatment of drug users and addicts. With the growing awareness of the relationship between used needles and syringes and the high rate of HIV infection among intravenous drug users, the popularity of harm reduction as a prevention paradigm grew. Although the establishment of needle/syringe exchange programs had been the mainstay of harm reduction programs, more recently harm reduction has expanded to include the creation of “safe” places for drug injection, the distribution of condoms, and education about proper cleaning of injecting equipment. Methadone substitution programs have also been included under this rubric.

The harm reduction approach to preventing HIV and other diseases among injection drug users has been adopted in Poland, by both the governmental National Bureau of Drug Prevention, the nongovernmental organization MONAR, and other nongovernmental organizations at the center of this dissertation. Its use has been taken up by other nongovernmental organizations, particularly those working on HIV prevention among the sexually marginalized such as prostitutes and gay men. In the Polish rendition, the goal of harm reduction is to minimize the negative consequences of addiction, but without contributing additional forms of repression. Moreover, the harm reduction philosophy articulates several assumptions about the nature of Polish society, its position vis-à-vis other European countries, and responsibility:

Assuming that in contemporary societies drug use is unavoidable, the purpose of harm reduction is to minimize the costs of this use for the user, the environment in which he lives, and society in general...In this situation, the efforts of harm reduction are concentrated on the leveling of the harmful effects of drug use, and not on preventing their use. The decision to use drugs is accepted as an individual choice, and at least it should be a responsible choice. This means, among other things, that rather than moralizing lectures from adults, youth should obtain complete information about the effects of drug use.” [Wodowski 2006]

This description of harm reduction highlights several of the issues currently debated among critics and advocates of this paradigm and reveals the theoretical links between this philosophy and neoliberal governance and subjectivity. Fundamentally, harm reduction purports to be value-free, avoid moralizing about drugs and drug users, support drug users as “active” decision-makers in their own lives, and prefer pragmatic solutions over abstract ideals (Miller 2001; Keane 2003). This amoral approach is seen as a
counter to the highly moralizing rhetoric at the center of most of the drug (and sexuality, I would add) debate, but in this charged landscape a commitment to neutrality through knowledge/rationality itself becomes a moral and valuing position (Keane 2003). In fact, harm reduction is often couched in narratives of individual autonomy and agency, rationality, and self-regulation, all attributes of the “good citizen” at the core of neoliberal governance (Fraser 2004).

On the one hand, suggesting that injection drug users possess the same valued qualities as other citizens offers a powerful tool in countering the stigmatizing depictions of them as diseased and irresponsible to themselves and others:

> [G]ranting neo-liberal subjectivity to drug users positions them as equivalent to other citizens and may serve to lessen the stigma and marginalization they experience…They argue that the societal label ‘addict’ is applied to those failing to regulate their desires, resulting in them being seen as ‘passive, diseased and infirm,’ and the opposite of ‘active, healthy and normal’ non-users.  [Moore and Fraser 2006:3039]

Moreover, drug users themselves may utilize messages of the “responsible self” in their own narratives of drug use and addiction, in a process that both reflects and gives rise to “responsibilized, individualized subjects” (Fraser 2004), thus imparting further agency on drug users themselves. Fraser (2004), for example, documents that among the injection drug users she interviewed, some people contrasted their “irresponsible” pasts (e.g., failing to clean or exchange needles, sharing used needles) to establish themselves as “responsible” and compliant with the prevention messages they had been taught. Others described themselves as “responsible” in contrast to other drug users they judged as failing to practice safe drug use techniques, sometimes resulting in hepatitis C infection that they saw “moral retribution for bad behavior” and “fair distribution of negative consequences” (Fraser 2004:210). In other words, the image of the responsible, reflexive drug user at the center of harm reduction strategies can be used by drug users themselves to navigate accusations of blame.

On the other hand, critics of the centricity of the neoliberal subject at the core of HIV prevention messages argue that such paradigms decontextualize the subject and fail to recognize the multiplicity of factors external to the individual that influence one’s ability to implement harm reduction strategies (Bourgois 2000; Bourgois and Bruneau
2000; Miller 2001; Moore and Fraser 2006). For example, Bourgois (2000) argues that methadone substitution programs fail to acknowledge the intersections of drug consumption, employment, street-based hierarchies, the biological effects of methadone versus heroin, and the moral regulation of “pleasure.” He suggests that such programs are more about the “pharmacological control of bodies” and the “state’s attempt to inculcate moral discipline into the hearts, minds, and bodies of deviants who reject sobriety and economic productivity” (Bourgois 2000:167) than creating policies that actually decrease risk of disease and incarceration. In other words, Bourgois suggests that methadone represents a “technocratic magic bullet” that can resolve myriad social, economical, and human problems (173). Bourgois contrasts a Swiss program that uses a combination of low doses of methadone and strategic injections of pure heroin, with U.S. programs based on methadone-only replacement for heroin addicts. Using these two examples, Bourgois argues that methadone, rather than serving as an effective harm reduction method and “way out” for addicts, actually provides barriers to employment and income generation, and the “user-unfriendly” clinics through which it is distributed actually deter its consumption. Bourgois proposes that the Swiss experiment of combining pharmacologically pure heroin with methadone “offers the opportunity of metamorphosing a larger percentage of depressed self-destructive, often-violent street-relegated outlaws to relatively reliable, low wage laborers—or at worst into harmless, complacent, inexpensive beneficiaries of public sector largess” (Bourgois 2000:189). In a different context, Bourgois and Bruneau (2000) propose that fewer restrictions be placed on those involved in needle exchange programs, such as eliminating limits on the number of needles clients are allowed to exchange and not requiring “equal exchange” if clients are taught to “break off the tip after each use.”

Likewise, focus on individual risk serves to ignore the broader structural and environmental contexts for HIV risk, such as economic inequality, gender relations, racial structures, and culturally based models of ideal relationships and appropriate behavior (Bourgois and Bruneau 2000; Friedman 2002; Sobo 1999; Susser 2001). Moreover, the “responsible individual” is not just the target of service and aid, but blame as well: “In a social context in which the individual is assumed to be the origin of action and the primary principle of causation, problems and failures to demonstrate progress are readily
blamed on the individuals involved” (Fraser 2004:216). In summary, whereas harm reduction was an attempt at creating a progressive alternative to punitive and demonizing models, recent critiques of harm reduction have noted its limitations based on the centrality of the neoliberal subject to its programs. The authors discussed above, however, argue that prevention models based on neoliberal subjectivity potentially ignore possibilities for developing more effective HIV prevention methods with the potential to save even more lives from HIV.

Risk Messages

At the core of the debate surrounding harm reduction and disease prevention are competing notions of “risk” and responsibility, concepts that have been critiqued by anthropologists and other social scientists since the earliest days of the HIV epidemic. One mark of modern societies is the role of “risk” as an organizing conceptual framework, as more and more areas of life are defined in terms of risk identification, assessment, and management. These processes, in turn, have implications for the distribution of responsibility, particularly in areas of health: “Rather than a matter of government responsibility, the pursuit of public health comes to be defined as a matter of individual action, where primary responsibility is located with the individual who is expected to adopt certain lifestyle choices” (Adkins 2001).

Interrogating the concept of risk and its mis/uses raises questions about the ways “the public” is categorized and the way that groups within this public are seen as relating to one another and the state, as well as the various factors that create and contribute to “risk” within the defined group. The creation, communication, and implementation of public health messages, programs, and discourses articulate particular renderings of responsibilities and obligations of both citizens and the state. Moreover, in the production and circulation of public health discourses, the state on the one hand communicates ideas about who the imagined public is, and on the other hand produces this public through the division of the public into distinct types of individuals and groups. The distinctions made between these various populations both constitute and reveal their citizenship status, and reveals understandings of the state’s power. Returning to the example of anti-cholera campaigns in Venezuela, Briggs (2003) illustrates that public
health institutions created three different populations as being “at risk” for the disease (the poor, street vendors, and indigenous people) and portrayed them as unhygienic and somehow positioned outside of the state economically, legally, politically, and morally. The images used in the campaign reified and naturalized the association between these groups and the disease at the same time they emphasized individual responsibility as citizens for protecting both themselves and others. Ironically, in defying the directives of the anti-cholera campaign, targeted populations brought attention to the government’s abdication of its public health responsibilities, demonstrated the necessity of actions that violated the directives due to economic and political crisis and constraint, and cast themselves as agents in contrast to the images of passivity that pervaded the campaign. Leaders and members of targeted communities publicly criticized what they saw as surveillance of them—rather than cholera—and engaged in active resistance by confronting health officials (Briggs 2003:305).

The advent of HIV has resulted in similar discussions, debates, and reconfigurations of “the self” and subjectivity for those infected with the virus and those who have the “potential” to become infected. HIV has reconfigured the ways in which people are understood to relate to one another, and how an HIV positive person understands how his or her own body is conceived to be positioned within a wider social context. When health education strategies ask every citizen to assess his or her risk, differential demands for risk assessment are placed on different categories of people (Adkins 2001:41). Particular categories of people (e.g., gay men, pregnant women) thus have a strong obligation to undergo HIV tests, and taking a test demonstrates that a person is a self-reflexive, responsible individual in terms of his or her sexuality.

For example, Race (2001:178) suggests that if AIDS has shifted from a “very public crisis, enjoining the appropriation of public, social space—evidenced in events such as the AIDS quilt, the Candlelight Rally, the very public activism of ACTUP—the second half of the 1990s saw a withdrawal into the realm of the private.” For HIV positive people, new treatment and viral load testing possibilities have resulted in private responsibility for managing a chronic illness; for the uninfected and “at risk,” antibody testing has “individuated” the HIV experience:
If early epidemiological techniques sustained a sense of collective crisis, then the introduction of HIV antibody testing allowed this sense to dissipate. Crisis was individuated. Risk came to be conceived in terms of the difference between bodies, and safe sex devolved from a ‘cultural practice’ to a set of techniques. [Race 2001:185]

Thus, technologies associated with the “maturing” of the HIV epidemic have resulted in shifting conceptualizations of how the epidemic can be best contained, leading particularly to a model of risk assessment and management in which the “individual” carries the ultimate responsibility. Thus, HIV offers a specific challenge for understanding the creation of the neoliberal, governable subject because in it biomedicine and sexuality so conspicuously intersect.

At the same time, one’s ability to assess, manage, and avoid risk can also denote a person’s agency. As such, risk assessment and management is not just the domain of the “omnipotent other” who objectively evaluates the lives and circumstances of those it determines to be at risk. Rather, it becomes a strategic resource through which particular economically or socially marginalized groups or individuals can navigate the multiple threats to their welfare faced on a daily basis. Roche, Neaigus, and Miller (2005), for example, argue that drug-using women engaged in sex work strategize to avoid arrest, violence, and disease by mobilizing narratives of danger (often in the form of urban legends) to evaluate the degree to which they are at risk of these dangers, and then taking appropriate action to avoid them. Drawing on both their own experiences and those of others, these women “established the boundaries and acceptability of risk behaviors,” but often found their agency constrained by life circumstances (Roche, Neaigus, and Miller 2005:164). Recognition that such women themselves evaluate and negotiate a variety of risks on a daily basis reminds us that for many these risks and dangers are real, and not just the fodder for academic ruminations on the nature of subjectivity in the neoliberal context.

These risk and dangers, and the range of possibilities (e.g., institutional, theoretical, political) available for confronting them as a defined problem, reflect the discursive regimes in which that particular problem has been defined. The Foucauldian approach highlights how, through the process of institutionalization, a particular issue becomes designated as a “problem,” its boundaries and categories defined, and the
techniques and institutions through which it can be addressed are developed (Lemke 2001:191; Foucault 1978). The process of institutionalization also includes the demarcation of the things one can and cannot say and do, and interrogation of the silences reveals the extent and limits of particular stakeholders’ power (Foucault 1978:27). Thus, while as a biomedical phenomenon HIV/AIDS invokes a variety of medical discursive and institutional responses, its attendant moral controversies and ambiguities invoke a set of responses outside the sphere of biomedicine, often from religious perspectives and institutions. Therefore, for the Polish case, understanding HIV/AIDS from the perspective of governance requires the consideration of both the ways in which neo-liberal and biomedical discourses and practices shape the responses to the epidemic, and the ways in which these management techniques interact with competing or allied techniques such as those offered by the Church. In other words, issues of morality remain relevant in the context of scientific and rationalizing discourses of sexuality (Pigg and Adams 2005).

By extension, the management of risks, including risks of HIV infection, has also been subject to Foucauldian critiques that suggest the “techniques of the self” implicit in the messages of public health campaigns illustrate the expansion of neo-liberalism in the form of responsible citizenship to the maintenance of health (Brown 2000). Within the context of HIV, public health departments and other state agencies are seen as the primary promoters of this model of risk management, but other organizations are also involved in determining the scope of prevention programs and the messages contained within, and in the Polish case these other organizations include the Catholic Church and nongovernmental organizations. Furthermore, as I argue here, the role of the Church and programs and policies of particular HIV prevention NGOs must also be considered, on the one hand, as facilitators of neo-liberal expansion into various areas of life. At the same time, the Church serves as a source of moral arguments that HIV prevention NGOs react against, through the invocation of neo-liberal arguments themselves or the eschewal of the concomitant practices within their own programs.
Researching HIV Prevention in the Polish Context

An anthropological perspective challenges the model of state power that portrays its biopolitical governance as pervasive and all-encompassing, offering insights into the processes of contestation, resistance, and negotiation that are inherent in process of power and control (Ong 1995; cf Lock and Kaufert 1998). Because the postsocialist transition was explicitly championed as the triumph of capitalism over communism, and Eastern Europe the new frontier of neo-liberal expansion, the use of a Foucauldian analytic framework makes theoretical and intuitive sense, and has led to productive and insightful interpretations of state/citizen relations in the postsocialist world (e.g., Petryna 2002). These studies have drawn attention to the ways in which people struggle over limited resources as governments rationalize their social welfare programs in contexts of economic decline and in accord with principles of efficiency, rationality, and scientific management of bodies (Petryna 2004).

The Polish context is an example of the expansion of neo-liberal principles into new domains (e.g., Dunn 2004, Pine 1994). However, as numerous anthropological critiques of the transition have observed, the economic and political reforms associated with this process neither entered a field free from existing values, histories, institutions or practices, nor did the collapse of communism obliterate them in its demise (Verdery 1996). In Poland, one of the institutions with which the reforms of the 1990s have interacted is the Catholic Church. As a political institution, ideological force and purveyor of a particular set of moral principles, the extent of the Church’s influence in the formation of social and political policy in Poland has been widely documented and debated (Buchowski 2001; Zielińska 2000). Feminist scholars and women’s rights activists in particular have concerned themselves with the role of the Church in the formation of social policy as it affects access to reproductive health care, abortion, and sexuality education (e.g., Eberts 1998, Zielińska 2001). In other words, in addition to interrogating the effects of instituting neo-liberal economic and political policies in a Foucauldian analysis, one must also contend with the existence and assertion of a particular set of Catholic-based values into domains of life. These domains, such as sexuality, from a Foucauldian analysis would indicate a shift in responsibility to
individual subjects and the emergence of biopower, but in the Polish context are the loci of competing discourses and processes. For example, issues of sexuality are not the exclusive territory of moralities coded in scientific terms (e.g., Rivkin-Fish 2005), but subject to contests between the virtues of Catholic morality in the face of consumerism and materialism on the one hand, and new visions of personal autonomy and women’s rights on the other (Holc 2004).

However, Foucauldian notions of power are often overly deterministic and offer little room for the ways in which people exercise agency, and their ability to negotiate competing discourses and practices as they confront situations of exclusion or marginalization. Burawoy and Verdery (1999: 3) take ethnographic research in Eastern Europe as contributing to an understanding of what socialism provided, the spaces left with the destructuring of socialism, and the conflicts and alternatives of socialism’s decline and the introduction of a new market system. They suggest that the theoretical orientation of ethnographic studies is a crucial aspect of such research in the region because theories link the minutiae of daily life to “the movement of society as a whole, to the convulsions and continuity of national political regimes and economic systems, and, beyond these to global transformations (1999: 301). Since 1989, anthropological interest in Eastern Europe has focused on understanding and mediating the problems brought by economical and political restructuring, such as unemployment or property restitution following decollectivization, rather than using ethnographies of Eastern Europe to generate new theoretical and critical insights of wider disciplinary importance (Kideckel 1997).13 Anthropological, ethnographic research reveals the forms of agency that people enact as the state’s role shifts, and new spaces are being reconfigured in civil society as nongovernmental organizations are created to address the gaps as the state occupies new domains. People try to maintain order and avoid risk in their everyday lives. As people

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13 According to Kideckel (1997), the policy orientation of postsocialist anthropology has been promoted by internationally based funding organizations seeking analysts and experts in the region to assist in implementing their economic and political programs. He argues that this orientation has led to the maintenance of Eastern Europe’s conceptual “otherness.” This point was echoed years later in 2005 at the American Association for the Advancement of Slavic Studies annual meeting in Salt Lake City, following the election of anthropologist Katherine Verdery to the presidency. In one session, the point was made that the policy interests of governmental and nongovernmental organizations still shape the research agenda in the region, and it is the task of anthropologists and other researchers to work to define the problems of interest and relevance.
are pushed out of politics and formal political avenues are closed to them, some attempt to locate new spaces for exercising their participation in the democratic process and exploit the new opportunities afforded to them by socialism’s demise.

By looking at the “microprocesses” of transition, and exploring how people manage the economic and social changes in their everyday lives (Burawoy and Verdery 1999: 16), ethnographic research of postsocialism recognizes that although policies may be legislated at the national level, and influenced by ideas originating within the international sphere, people negotiate within these policies to access resources that either they think they deserve or that they need in order to ensure daily survival. They suggest that ethnographers of post-socialist Eastern Europe remain critical as the distance from socialism increases, and continue to imagine alternative paths of development (1999: 309). In this light, this ethnography of HIV prevention in Poland seeks to document that the current state of HIV prevention did not result from historical inevitability, and that examining the minutiae of prevention practices and discourses can provide insight into the direction of social and political change for understudied and marginalized groups. It also serves a corrective to arguments made about Polish postsocialist transition that fail to consider the diversity of experiences with the effects of these changes.

An experience I had immediately after returning to the United States from fieldwork highlights the significance of this perspective. After spending fifteen months in Poland researching HIV prevention programs in Warsaw, I arrived at my home in Lexington, Kentucky, exhausted from being awake for almost twenty four hours, lugging my overstuffed bags around three airports, and sitting in cramped airplane seats. Before going to sleep the night I arrived home, I checked my email to make sure that there was nothing urgent that I had to take care of the next day so that I could sleep off my jetlag with a clear mind. Waiting for me in my inbox was a message from one of my good friends back in Poland. In the message he wrote “Poland is chasing you” and provided a link to a news article from the Polish newspaper *Gazeta Wyborcza*. The article, “Twenty years ago, the first case of AIDS in Poland was discovered,” addressed the very issues of prevention, history, and institutional relationships that had concerned me during my fieldwork over the previous fifteen months. The article was written as the annual International AIDS Conference that has been held each year in Warsaw since 1993 was
getting underway. This year’s three day meeting and the press conference held to announce its commencement marked the public recognition of the continued presence of HIV in Poland, and Poland’s participation in the December first World AIDS Day. The title of the article, which hinted at a retrospective look at Poland’s history with this disease, was misleading. The article glossed over the details of the struggles and transformations surrounding HIV prevention and care for AIDS sufferers that marked two decades of Poland’s experience with HIV. Instead, it focused its efforts on presenting an epidemiological sketch of contemporary Polish AIDS. In the picture accompanying the article, the priest Arkadiusz Nowak, whose work with HIV/AIDS patients began in the late 1980s at the tail end of socialism, sat beside Anna Marzec-Bogusławska, the current director of the Polish National AIDS Center. In his statement at the press conference, Father Nowak reiterated one of the fundamental messages of his work with AIDS patients: that after sixteen years of working with them, he has not become infected. Jolanta Kwaśniewska, the wife of Poland’s president who also sat on the panel of experts at the press conference, mentioned the growing threat of an epidemic to Poland’s east, particularly in Ukraine. The director of the National AIDS Center added that in Poland gays are increasingly becoming infected with the virus through sexual contact, in contrast to just a few years earlier when drug addicts constituted the group with the greatest risk of infection. One hundred and twenty children in Poland are currently living with HIV, she added, the majority of whom became infected from their mothers.

In its epidemiological sketch of HIV in Poland, however, the article did not mention strategies for reducing new infections, the changing role of various institutions in prevention and care, or the often violent history that surrounds HIV in Poland. A person unfamiliar with Poland’s history with HIV might also wonder why the two main figures at the press conference were a priest and the director of the National AIDS Center. Where were the HIV positive people to describe their experiences in their own words? Why was a representative from one of the nongovernmental organizations dedicated to care for HIV positive patients and HIV prevention not given the opportunity to talk about the work they have done in reducing HIV and its negative effects in Poland? Why was it necessary to remind the audience and the reader that HIV is not
communicable through casual contact? What about the 120 children with HIV? How was mentioning them in this press conference used to signal a new group of people at risk for this disease, and why were others, such as sexually active heterosexual young women, left out? Why was Ukraine a concern, and not, for example, Germany, both bordering countries with HIV rates significantly higher than those in Poland? As an anthropologist, I have learned that the omissions are just as instructive, if not more so, than what is actually said.

This dissertation is about HIV and its prevention in Poland. It is a story of how conferences such as this came to be and their significance. It traces the historical circumstances that led to their creation. It explores the cultural, social, and political contours of the Polish experience with HIV today, the myriad institutions that attend to it (such as the National AIDS Center, the Church, and nongovernmental organizations), who is and is not deemed to be at risk for infection, who is active in HIV prevention activities and why, and what messages are communicated about and through HIV. I explore the landscape of HIV prevention in Poland, including who is excluded from official representations of HIV and the spaces in which those not represented in these official pictures do their work. At first glance, Poland represents an unusual place for the investigation of HIV. In contrast with other world regions such as sub-Saharan Africa, Southeast Asia, and even Latin America, Poland has had quite an unremarkable experience with HIV, at least from an epidemiological perspective. Since the first case of AIDS was discovered there in 1985, less than 10,000 cases have been registered and less than 800 people have died (Kontra 2005; see Figure 2.1).
Researchers from both the social and biological sciences have turned their attention to those areas harder hit with HIV, and rightly so. At the same time, models of HIV prevention are being exported around the world to locations with strikingly different histories and contemporary contexts than the places where they were originally conceptualized, such as from sub-Saharan Africa to Poland or Western Europe to south central Russia (Richardson and Taraskin 2006). This dissertation explores HIV/AIDS in Poland at the precise moment when formerly socialist Eastern Europe is becoming the new frontier for AIDS researchers from disciplines such as psychology, communications, epidemiology, and public health (e.g., Amirkhanianm et al 2003). It is increasingly important in this context of internationally shared programs and experiences with HIV prevention to take a nuanced examination of one location in this new frontier, demonstrating the historical, local developments in HIV prevention, and exploring the various actors and institutions that have a stake in HIV prevention today.

Locating a research project on HIV in a country with such low infection rates as Poland serves two complementary goals. With the collapse of socialism and the
revelation of high infection in places such as Russia and Ukraine, alarmist epidemiologists unwittingly mobilized Cold War tropes that dichotomized socialism and capitalism, East and West, effective government and chaos, and colluded with “transitologists” to suggest that the inability of governments in Eastern Europe to control HIV is indicative of their more general failure to successfully move from socialism to capitalism. Reports with titles such as “Heading for Disaster: HIV prevalence soars in Eastern Europe” suggest epidemiological and historical uniformity across the entire formerly socialist Eastern Europe (Kerr 2002). But what is meant by “Eastern Europe?” What has caused HIV rates to soar in places such as Ukraine and Russia, while rates remain low in Poland, and are the causes of increase the same throughout the region? What did HIV look like in this region prior to the collapse of socialism? Therefore, to study HIV in an Eastern European locale without “soaring rates,” the first goal of this dissertation works to destabilize assumptions about the analytical unity of “Eastern Europe,” and asks what discarding Cold War geopolitical tropes can reveal about social and political change.14

Second, this dissertation speaks to a shift in AIDS research that has occurred over the past decade. Recent social scientific studies of HIV/AIDS, such as Michelle Cochrane’s (2004) *When AIDS Began* represents the most recent discussions of this epidemic. From the perspective that both knowledge and nature (and therefore science) are socially constructed, Cochrane reviews epidemiological data collected about AIDS starting in the early 1980s in San Francisco to argue that the epidemiology of the AIDS epidemic has consistently misrepresented risks of infection and the life histories of those most vulnerable to this disease, and ignored the issues of poverty and marginality at the

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14 Hann (1986) and Sampson and Kideckel (1988) recognized the role of these Cold War tropes on the fieldwork process in socialist Eastern Europe. Sampson and Kideckel recount the skepticism they encountered about their research, both in the field and by colleagues at home, who accused them of being agents of the American and socialist governments and not gathering reliable statistical data. Hann tells of being caught between the interests of the population he studied in Hungary and the “ideological dogma” of both the socialist government and anthropologists (Hann 1986:148). Kideckel (1997:137), reflecting on anthropological engagement with socialism, writes that East Europeans and the West mutually demonized one another, and anthropologist tended to take their role to be that of “cultural mediators” who worked to deflate the myths of socialist life. Verdery (2002) takes this question of Cold War geopolitics into the postsocialist period in her suggestion that scholars of Eastern Europe continue to critically interrogate the Cold War period in order to provide insights into ideologies of both the East and West during that time; to expose the theoretical interests that motivate researchers to ask particular sets of questions about the region; and challenge the paradigms that have shaped much academic inquiry since the Second World War.
core of this epidemic. Critically examining the science behind the HIV epidemic is critical because it is changes in things such as the determination of risk that drives much of the funding for HIV prevention. Other researchers have moved to new research subjects: those already infected with the virus or sick with AIDS (e.g., Barbot 2006; Nguyen 2005; Persson 2005). AIDS in the developed world is increasingly conceptualized as a chronic disease, as evidenced by the development of one-pill-per-day therapies and increasing lifespan predictions for HIV patients. In the developing world, millions still struggle to meet basic health care needs and the cost of medications continues to be out of reach for many. Clearly, experiences of people with AIDS in these societies differ, and need to be studied. AIDS remains a disease of cultural and political significance, partly through the suffering it causes and the inability to cure it, and partly because so far the only means of prevention demands discussion of some of the most controversial and taboo topics: sexuality, gender, and power. Attention to the ways that various organizations access the often competing and contradictory meanings associated with sexuality, gender, and power, and use attention to HIV as one strategy of many for accessing or denying rights, provides a perspective on HIV/AIDS that speaks to the real and symbolic power this disease has accumulated for decades.

Beyond the symbolic aspects of HIV, images of AIDS and models of HIV prevention embody assumptions about the nature of human behavior and one’s ability to effect change, as well as interpretations of cause and effect in reference to HIV risk. AIDS programs often reflect ideas about who is responsible for ensuring health and well-being, and thus can be used to interrogate underlying principles of governance and responsibility (e.g., Brown 2000). Therefore, in this dissertation I explore the ways in which different aspects of HIV are variously deployed by organizations and institutions in Poland as they struggle to legitimize their perspectives on various issues at the heart of intense debates in contemporary Poland. These issues include what it means to be Polish in the context of the European Union, and Poland’s continued struggles to reconcile its historical identity as a Catholic nation with the values of inclusion, tolerance, and openness by which contemporary European democracies are frequently defined. HIV prevention strategies offer a provocative vehicle for investigating the questions of the postsocialist transition in Eastern Europe, specifically those questions about the shifting
nature of the relationship between citizens and the state that has resulted from the institution of new forms of governance.

Before I turn to the data I gathered, I want to reflect on the ethnographic research experience in Poland in terms of locating, defining, entering, and negotiating “the field.” As I explain below, although my research was broad and incorporates a variety of contemporary and historical perspectives on the Polish experience with the epidemic, the data I gathered was very much influenced by the contours of Polish society today, its socialist legacy, and its visions of its future as European.
CHAPTER THREE

ON FIELDWORK AND METHODS

Introduction

Every fieldwork experience involves overcoming obstacles in order to access research sites and research participants, reformulating research questions as new opportunities arise and expected ones fade, and accepting the possibilities and limitations that each field site produces and enables. Moreover, every researcher returns home after her extended stay away, bursting with more stories than she can ever tell or incorporate into a dissertation, article, or book. Many times, these “stories” constitute integral parts of the overall research experience, pivotal and defining moments in the research process, and ethnographic vignettes provide insight into myriad intersecting problems indicative of research questions more broadly. Moreover, the ethnographer, as observer and participant, experiences these moments in personal ways and through direct experience comes to a more nuanced and enriched appreciation for the complexity of social, political, cultural and personal forces. Wolf (1992:128) eloquently and fittingly describes the process of fieldwork, collecting data, and drawing conclusions from this information:

The first field trip is a stunning roller coaster of self-doubt, boredom, excitement, disorientation, uncertainty, exhaustion, bulling, being bullied, cajoling, being cajoled—in the course of which we somehow accumulate “data,” precious notebooks packed with disorganized thoughts, detailed observations of minutiae, descriptions of rituals, transcripts of conversations, diagrams, and detritus. Doing fieldwork is a matter of being in the right place at the right time (not necessarily the time your informants told you would be the right time) and asking the right questions of a wide variety of people. Unfortunately, we rarely know the right place, right time, right question, or right people until we have nearly finished the job, or have finished it and are three thousand miles away.

Whereas historically anthropological accounts of the “ethnographic other” denied the role of the ethnographer as a key player in shaping the research process, recent publications have drawn attention to challenges posed by research through the publication of edited collections that describe some of the more problematic moments that anthropologists encounter (e.g., De Soto and Dudwick 2000; Lareau and Shultz 1996).
Similarly, since the 1960s, feminist-oriented anthropologists have contributed to the development of a more critical and reflexive view of the research and writing process. In this revised understanding of ethnographic research and writing, the field and research process are politicized, and filled with contradictions and challenges that the research must acknowledge (Wolf 1996). The feminist perspective on anthropological research asserts that moments such as those described above should be shared with the “intellectual community in the usual academic format” because they provide a record of ideology and social context (Wolf 1992:3). Rather than becoming relegated to a collection of essays about the fieldwork experiences, these moments and experiences constitute integral parts in the process of developing an in-depth understanding that recognizes that all knowledge is situated, and that all relationships in the field and beyond are imbued with and manifestations of power relations (Abu-Lughod 1991:142).

In the process of writing, anthropologists engage with a body of literature produced by anthropologists and other academics, and link the experiences and stories of fieldwork to broader questions about the region, research topic, or body of theory (see Sanjek 1990). This engagement with the literature and turning one’s work into academic literature, like the research process itself, is fraught with relations of power. As Abu-Lughod (1991:151) argues, professionalized discourses assert hierarchy and separate the anthropologist from the people being written about. In this chapter, my goal is to link three themes of contemporary Polish society to the ways in which I experienced them in the field as constitutive of the entire research process. The institutions and key aspects of contemporary Polish society, in their historical context, that most shaped the opportunities, possibilities, and limitations that I encountered during my fieldwork in Poland were: the role of the Catholic Church as a social and political institution, shifting divides between “public” and private” concurrent with the collapse of socialism, and the implications of these forces for reshaping “civil society” in postsocialist contexts. The Catholic Church is often invoked as a key institutional and ideological force in contemporary Polish society. However, here I trace the history of the Church in Poland to demonstrate that although it is an important institution, its role is not overly deterministic and its ideologies do not preclude the development of alternative models of Polish society, citizenship, and HIV policy. These issues were central to determining the
locations in which I conducted my fieldwork and the type of information to which I had access. Rather than presenting these three themes of contemporary Polish society as abstract generalizations, I link them to specific events of my fieldwork in an effort to highlight these institutions as “crucial to the constitution of experience” (Abu-Lughod 1991:153). Therefore, I wait until the end of this chapter to discuss the specific methods I used in my research because these aspects of contemporary Polish society were constitutive of the research process and the types of data, people, and institutions to which I had access.

My second goal is to illustrate the events through which I came to relearn and truly understand the importance of a feminist perspective on fieldwork, a perspective that pays attention to personal relationships and dynamics, while demanding that the researcher also not lose sight of broader sociopolitical dynamics that create power differences in the field and shape the research process. Through the fieldwork process and—just as importantly—in writing, I relearned what feminist anthropologists before me had demonstrated: I had entered into Poland with different positionalities, and I had encountered the multiple positionalities of the researched (Wolf 1996:11). I had also relearned that my research informants were “not only objects but active subjects who have the power ‘to shape and control the ethnographer and the ethnographic encounter’” (Kondo 1986:80, cited in Wolf 1996:21). I encountered many instances of “gatekeeping” and efforts to control my access to specific information not as illustrations of larger power dynamics that cast me as a research as powerless. Rather, as Wolf (1996:22, emphasis added) explains,

> It is clear that subjects can resist and subvert the researcher’s efforts, making some interviews difficult or impossible. But it is important to differentiate between power plays during the microprocesses of interpersonal dynamics, which may render the researcher quite helpless, and her locationality and positionality within a global political economy. In other words, the powerlessness a researcher may feel when her subjects won’t talk to her or won’t share the full story does not mean the researcher is a powerless person.

For much of my research, I had become so frustrated trying to make headway into what I thought was the goal of anthropological research that I wanted to cast myself as powerless. While conducting my research, my failure to enter the domains of people’s lives led me to believe that instead of getting “multiple perspectives” on my research
question, I was actually getting no perspectives (Wolf 1996:15). In questions of “insider/outsider/neither,” I often found myself to be positioned as “none of the above.” Only after considering feminist insights into the processes of research and writing did I more fully understand the complex landscape of institutions, discourses, and relations of power that shaped both my research and the contours of HIV prevention.

In my research proposal, I had set out to create a cultural and institutional “map” of HIV prevention in Poland—I planned to define the contours of Poland’s HIV prevention landscape: the various discursive approaches to HIV prevention, as well as the relationship between the institutions involved, including the national government, non-governmental organizations, the Catholic Church, and international organizations. In the discursive component of the map, I intended to explore the moral claims made about HIV infection; and how ideas of responsibility, vulnerability, and risk are incorporated into the various approaches to prevention (education, testing, blood supply control, needle exchange, and condom distribution) (Chopin 1992; Danziger 1994; Eberts 1998; Ministry of Health 1999). This part of my project involved collecting the HIV prevention materials of particular organizations and talking with people working in these programs. Understanding the institutional relationships of HIV prevention required me to determine which organizations were actively involved in HIV prevention, which ones paid lip service to HIV prevention (e.g., based on the cachet embodied by HIV) as a means to a different end besides reducing HIV infections, and which organizations aspired to working in HIV but had not crystallized these goals into active programs.¹⁵ I encountered many instances of the second. For example, a feminist organization mentioned it had an HIV prevention program, but my inquiries about it were answered with a statement that they were too busy with other activities to work on HIV. A second feminist organization said they did not have a separate HIV program due to a philosophy that HIV prevention should not be distinguished from broader issues of reproductive rights. One gay rights organization listed HIV prevention as an activity on its website but in practice was more engaged with political lobbying than health interventions. I even encountered a church-based drug abuse prevention organization that published books about HIV and its

¹⁵ I make this comment not to be flippant to HIV prevention efforts, nor to the people working in these organizations. Rather, I recognize, following Cochrane (2004), that interpretations of HIV risk and claims of HIV vulnerability have implications for obtaining financial and other resources for various programs.
prevention but did not address the issue in its actual programs. The institutional
relationships required me to consider the Catholic Church as a sociopolitical institution
whose practices and ideologies shape HIV prevention. They also required that I
reconsider shifting and emerging spaces in which HIV prevention and other activist
agendas are enacted, and redefinitions of civil society.

The Role of the Catholic Church in Polish Politics and Society

As I became more involved in my research, it became increasingly clear that the
Catholic Church in Poland was one institution whose status with regard to HIV and its
prevention remained ambiguous and difficult for me to define. By all accounts, the
Church was and continues to be an influential institution on a variety of social issues,
including abortion rights, politics, education, and sexuality education/HIV prevention. In
the post-socialist period, the Church emerged as one of the most powerful institutions in
Polish society and politics, but the Church as a social and political force extends far into
Poland’s history. Few observers of Poland dismiss the argument that the Catholic Church
plays some role in the formation of policy and ideology at personal, regional, and
national levels. While scholars may disagree about the form, extent, and degree of this
influence, they do agree with the idea that in order to understand Polish society, one must
consider the Church as an institution and supplier of ideology. Even those scholars who
downplay the role of the Church must in some ways account for its presence and
persistence.

For example, Buchowski (1994) illustrates the perspective that the Catholic
Church remains the key institution through which Polish national identity is established
and communicated. He stresses that Polish religious identity converged with national
identity, and that people who are indifferent to religion are often depicted as not “fully
fledged Poles.” In contrast, Osa (1989) notes that the role of the Catholic Church in
Polish politics and society historically has not been static and uniform. She argues that
one cannot look at the Catholic Church as a uniform entity with the same meaning to all
levels of society throughout the past hundred and fifty years. Rather, the Church as an
institution and Catholicism as an ideology have had different meanings and relations of
power to various social groups (e.g., peasants and nobility), as well as different meanings for various regions of Poland (e.g., rural dwellers versus recent arrivals to urban areas) (Osa 1989:279). Nonetheless, the Church as an institution and a set of ideologies has remained active throughout Poland’s history, and its changing role needs to be explored in order to understand its significance in and relevance to HIV prevention today. During various points in Polish history, from regaining independence in 1914, the Second World War, the communist era, and the establishment of a democracy, the Catholic Church has continued to play an important role in Polish society and continues as an integral part of Polish national identity. Yet the Church itself has been transformed, changed by years of suppression by state governments, responding to transitions in the social and political climate, and reflecting shifts in the relationship between the Polish citizens, the state, and the Church.

**Before World War One: The Church and Building the Polish Nation**

Historically, the Church is considered to be an integral institution in the formation and maintenance of a unified Polish national identity. It is Poland’s historical ties to the Catholic Church that scholars attempt to understand and that are often invoked in contemporary situations of political and social controversy to support one position or another. It was the Catholic baptism and subsequent coronation of Mieszko the First in 966 AD that is recognized as the founding moment of Polish nationhood. For centuries, including its union with Lithuania, Poland forged and utilized its ties to the Catholic Church to gain and retain economic and military power. The partitioning of Poland from 1795 to 1918 lead to a transformation of the role of the Church in Polish nation building. As Osa (1989:297) describes,

> With the oppression of the Polish language in the partitioned territories, churches became the only place in which Polish traditions and language could be openly expressed, and the rural churches helped maintain a sense of “Polishness,” especially in the presence of foreigners and outside intervention.
The Catholic Church also played an important role as a provider of symbolism and sanctuary (cf. Kruszewski 1981:151).\(^6\) Polish writers of the period, who today are recognized as heroes of Polish history, reified the relationship between the imagery supplied by the Church and Poland’s struggles for freedom. Adam Mickiewicz, the well-known 19\(^{th}\) century Polish writer and poet, writing of partitioned Poland, for example, finds parallels in the death and resurrection of Christ:

> For the Polish Nation did not die. Its Body lieth in the grave; but its spirit has descended into the abyss, that is into the private lives of people who suffer slavery in their country…For on the Third Day, the Soul shall return to the body; and the Nation shall arise, and free all the peoples of Europe from slavery. [Davies 1984:202]

Religious narrative became the symbolic language for making political partition and national struggles meaningful (Davies 1984:203).

With Poland’s reemergence after the First World War, the Church gained increased social prominence when the 1921 Constitution made religious education compulsory and the Church increased the number of parochial schools. In addition, religious orders expanded their social activities by ministering to the sick, the needy, and the orphaned (Osa 1989:282). This expansion of the Church into secular areas continued through the Second World War. The Catholic hierarchy supported Polish war efforts of Soviet and German resistance throughout the War, resulting in the torture of Catholic bishops and priests during the Nazi occupation, and through these efforts and consequent suffering of the Church clergy, the Polish Church became an institution of moral authority (152). The Church clergy, along with the Polish Catholic history and historical-religious symbolism, helped to promote and maintain a Polish identity that was simultaneously religious and patriotic. Coupled with the homogenizing effects of the Second World War that resulted from the Nazi campaign against the Jews, the redrawing of Polish borders, and the movement of people from the former Polish territories in the

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16 As described by Piekarski, the Catholic Church and the papacy did not directly support the patriotic movement in the Polish lands, and many of the upper clergy sided with the foreign governments. In 1831, pope Gregory XVI addressed a letter to the Polish bishops urging them to “impress upon the faithful the principles of obedience, reverence, and submission.” But the Polish people still looked towards Rome for support in their efforts to overthrow the foreign rule (Piekarski 50-51).
east to its newly acquired lands in the west, after the Second World War Poland became a nation of almost exclusively ethnic Poles who identified as Catholics.

Significantly, discussion of the role of the Catholic Church and Poles more generally in the Holocaust has only occurred since the collapse of socialism. The debate about the role of the Church and Poles emerged following revelations about the Jedwabne massacre of 1941, as published in the book *Neighbors* by Jan Tomasz Gross (2000). Current residents of this town in northeastern Poland either moved to the town or were born there after the Second World War, meaning that many have no direct memories of events during the war (Wolentarska-Ochman 2006:151). In his book, Gross details how the town’s 1,600 Jewish residents were gathered in a barn on July 10th of 1941 and burned alive. While some did recognize the role that Poles played in this massacre, this heinous act was attributed to Nazis, or alternatively, to Poles following the commands of the Nazi occupiers. Only following the publication of this book and the articles, debates, and investigations that it sparked, has a national dialogue developed about Catholic-Jewish relations during the war in Poland, Catholic Church and Polish citizens complicity in the Holocaust, and the persistence of anti-Semitism in Poland.

*Socialist Poland and State Opposition*

The development of a strong Catholic Church with a broad support base among all segments of Polish society that challenged the official state government characterized the socialist, post-World War Two era. The Church remained socially active through the provision of services (including food; clothing; shelter; aid for farming, craft and small industrial enterprises; health services; and educational institutions) in the newly acquired western territories before a functioning government could be established. The Catholic Church also provided a counter to socialist ideology and policy (Osa 1989:296). However, following the establishment of socialist rule in 1947, conflict marked Polish state-church relations, spurred by the nationalization of church lands, censorship of its publications, and suspension of its religious instruction (Davies 1984, Kruszewski 1981, Kubik 1994, Kulczycki 1995).

This antagonism continued throughout the socialist period, but the socialist government was never successful in eliminating Catholicism in Poland. The Church
provided an alternative vision of society opposed to that of the socialist government and
provided an alternative source of moral authority. By celebrating Polish history as a
Catholic nation, the Church resisted control by the communist government. In 1966, for
example, Poland celebrated one thousand years of nationhood in separate state and
church sponsored festivities. The Church focused on both the conversion of Poland to a
Christian nation and its history as an independent state, simultaneously emphasizing
statehood and religion as necessary characteristics of Polish national identity (Kubik
1994). Official state celebrations downplayed the role of Christianity in both the past and
the present whereas the Catholic Church in Poland countered State-sponsored
celebrations by an appeal to the Catholic legacy in Poland.

The appointment of a Polish pope in 1978, Cardinal Karol Wojtyła of Krakow,
and his subsequent visits to his homeland also helped to reinforce the Catholic identity of
Poland in opposition to the Communist government, and reaffirmed Poland’s status as a
beacon of Catholicism in a sea of secularism, atheism, and amorality. The Polish Pope’s
visits highlighted the struggle over the symbols and meanings of Polish history between
the State and Church, and also reflected a resistance to the communist government by the
Polish people. The Communist government attempted to control the visit of the Pope and
present his visit to the public as a sign of the Pope’s support for official state policies.
However, these visits challenged the official secular definition of Polish statehood for
they confirmed the unbreakable bond between the Polish nation and Catholicism (Kubik

During the period known as “Solidarity” and immediately following it, the
Church became a mediator between civil society (see below) and the socialist state. The
state saw the Church as an institution supported by the people, and worked to form
alliances with the Church in order to avoid dealing with its political opponents in
Solidarity (Ost 1990:156). The Church and its representatives sought ways to resolve the
ongoing antagonism between the state and Solidarity. Even though the Church at times
did not agree with the Solidarity movement, those involved in the opposition movement
used religious symbols to serve as important markers of Polish national identity to
challenge the state-sanctioned, Communist representation of Polish history and statehood.
Those in opposition to the Communist government used the cross and the image of the
Black Madonna (a picture of the Virgin Mary in the Polish city of Częstochowa) in particular to assert an identity separate and counter to state ideology. The cross signified defiance against the communist regime and authority, was a metaphor for national martyrdom, and symbolized Poland as a “messiah of “nations” (Kubik 1994). Lech Wałęsa, a leader of the Solidarity movement and the first democratically elected president of Poland, for example, chose to stand underneath a crucifix in his first official photograph, signifying the union of resistance to communism with Poland’s Catholic past. The Black Madonna symbolized both Poland’s suffering and hope (Asherson 8) and Christian patriotism (Kubik 1994:181). The Solidarity movement, likewise, contrasted with the official discourse of the state. The incorporation of religious symbols such as the cross into their public ceremonies and protests served as a means of aligning themselves with the Church in opposition to the State. These events also marked the emergence of an “activist church” in which priests became more politically active and the support of the Church expanded to workers and villagers alike (Osa 1989). The Church also served as an institutional protector of dissidents after 1956, and was also integral to creating social networks that integrated people into “moral communities” opposed to the state (Osa 1997).

*Postsocialism, democracy, and authority*

In the post-socialist period of Poland, the influence of the Church continues. With the collapse of socialism, the Catholic Church in Poland emerged as a viable institution and significant source of moral authority in contrast to the perceived amoral socialist regime. Eberts (1998) describes the influence the Catholic Church has had in Poland since the collapse of socialism:

> In the end, the Church emerged from the communist period not only as the highest moral authority but also as the most powerful institution in the country. With the important concessions from the de-legitimized communist regime in hand, the Church set out to further expand and secure its privileged position in the new democratic environment. Attempting to institute its own vision of democracy through direct and indirect political engagement, the Church became the most dominant force in the transition period. [Eberts 1998:820]
New conflicts emerged between state, secular, and church ideology, especially evident in the situation of women in post-socialist Poland. With the fall of socialism in Poland, one of the first topics in the newly elected government was the issue of abortion and in 1990 access to abortion was first severely limited and then criminalized (Zielinska 2000:29). On the one hand, politicians use abortion as an idiom for discussing other issues such as the relationship between the Church and the State and social welfare. Restriction of abortion after 1989 was seen as a way of signaling the morality of the new democratic government in opposition to the socialist government and its liberal abortion policies.

Feminist-oriented researchers and activists point to the increased influence of the Catholic Church after 1989 as undemocratic. Most notably, feminist activists opposed to the criminalization of abortion in 1993 expressed fears that religious-based restrictions on abortion could possibly jeopardize Poland’s admission to the European Union (Zielinska 2000:28), and continued this same argument that Church involvement in social and political affairs is undemocratic, even after Poland joined the EU in 2004. Zielinska (2000:27) describes the debates concerning abortion in these terms:

> Each “side” characterizes its own positions as good, correct, and based on objective and irrefutable knowledge, while denouncing their opponents’ views as bad, wrong, and based on subjective and questionable assumptions. Pro-life proponents invoke the symbolic force of totalitarianism, Hitlerism, Stalinism, and the like to argue against liberalized abortion, while pro-choice supporters castigate their foes as defenders of traditionalism, fanaticism, “Iranianism,” and totalitarianism as well.

The Church used its new position to shape the debate concerning abortion, and the abortion debate became intertwined with issues of morality as outlined by the Church and the Pope.

However, Wedel (1986) provides a necessary caution against assuming the pervasive, homogenous, and monolithic model of either the Church’s reach into Polish society or Poles’ adherence to and agreement with Church policies. Writing about socialist Poland, Wedel discusses the disjuncture between formalized institutions and people’s everyday lives. She looks at the Catholic Church, the government, and the media and argues that Polish people tend to mistrust public institutions in favor of their more reliable, informal social networks. During socialism, for example, not everyone
saw the Church as an institution they could rely to help them in times of need. Rather, people turned to their social networks (114). Today, people do not necessarily follow the teachings of the Church. For example, the Church teaches against abortion, divorce, alcohol abuse, premarital sex, and birth control, but official statistics show that the rates of each of these are high in Poland, a nation defined as overwhelmingly Catholic (e.g., Zielinska 2000:40). In summary, the Catholic Church has played an important role in the development of Polish national identity for centuries and continued to serve as a viable and significant political force through the socialist period and today. As a social actor and a source of ideology, the Church constitutes an institution that must be taken into account in any rendering of contemporary Poland.

Researching HIV Prevention and the Catholic Church

Given this history of the Catholic Church’s role in Polish history, politics, and society and Poles’ and non-Poles’ continued reference to the Catholic nature of both the Polish nation and Polish citizens, it is probably surprising to many that the Church—either as an institution or through specific characters such as priests—does not figure very prominently in this dissertation on HIV. The absence of the Church in these pages is perhaps even more surprising given that many of the issues I address here are those that the Catholic Church so often presents as key tenets of Catholic belief and practice—its stance towards sexuality—are at the core of any discussion of HIV. In fact, the Church is strikingly absent from the account of AIDS I present here. Undoubtedly, the Church is here, but like “Europe” and the “European Union,” rather than as a direct presence illustrated through interviews with Church leaders, or hours of participant observation at church-based organizations that address HIV and its prevention, the Church appears as more of an ever-present shadow. The influence of the Church in Polish politics and society is undoubted. However, in my research, the Church served as an institution or set of ideologies to which people referred when they wanted to explain to me the limited nature of HIV prevention programs in Poland, or wanted me to understand the mostly positive changes that have occurred regarding the treatment of HIV patients from socialism to the present.
The Church was ever-present in my research but rarely with a direct hand in HIV prevention work. The times I actually saw the Church—embodied in the clergy in the context of HIV prevention—were rare and always somewhat of a surprise. One January afternoon in 2005, for example, I sat in the conference room of the National AIDS Center talking with one employee about her history of engagement in HIV prevention. When I glanced over my shoulder through the open door behind me, I saw a tall man wearing a clerical collar. I immediately suspected who this man must be, and the woman with whom I was talking confirmed it. He was Father Arkadiusz Nowak, the priest whose involvement with HIV in the late 1980s and early 1990s was instrumental in establishing a national AIDS policy and creating a more tolerant attitude towards HIV positive people not only in Poland but worldwide. I had read numerous accounts of Father Nowak’s work on HIV in Poland, and finally seeing him in Poland gave me a sense of hope that I would be able to talk with him about his personal history of involvement with this disease, and his insights into the changing nature of its prevention.

Eager to create the opportunity to interview Father Nowak, I asked the woman with whom I was speaking if she thought it would be possible to talk with him. Her first response as a mildly optimistic “yes,” but she immediately hedged her invitation. She said that although he keeps his office in the National AIDS Center, Father Nowak’s influence and engagement with the daily work of the Center has waned over the years as his commitment has grown to the homes for AIDS patients outside of Warsaw. She added that he is rarely in Warsaw, often abroad, and too involved with other projects. My numerous and subsequent reminders that I was interested in speaking with the famed priest led nowhere. Later, towards the end of my stay, I had the opportunity to meet a young man who had served as Father Nowak’s assistant in the mid 1990s. I expressed my interest in speaking with the priest to him as well, but met with similar results. I made numerous unsuccessful attempts to interview Father Nowak and other Catholic priests, but my requests were met with unreturned phone calls and emails, excuses that they were “too busy” and rarely in Warsaw, or that Father Nowak was no longer very involved in HIV work and therefore no longer relevant to my project. In the end, the closest I got to an interview with the priest was by reading an interview in a popular women’s journal later that year. Nonetheless, the role of the Church was tangible in
other ways, for example at a debate about HIV that was held in a church in Warsaw, as I
describe in Chapter four.

For those working in HIV prevention, the Church was often more of an abstract
and metaphoric reference. One example occurred when I asked someone at the National
AIDS Center what would happen if this organization did something that was in direct
violation of the Church’s stance on issues such as sex, for example actively promoting
condom use. She hesitated and thought about it, and offered an imagined scenario in
which a *poseł* (a member of parliament) might write a letter to the Ministry of Health,
demanding an explanation and complaining of the programs, and the Ministry of Health
could decide to shut down the national program in retribution. She used this possibility
as justification for the national program’s cautious approach toward issues of sexuality in
its programs. The Church was an abstract reference in other ways as well. For example,
one interviewee used the Church and its support of sexual abstinence as a way of talking
about intolerance (Interview 9) and another used the Church to talk about the
“backwardness” of Polish attitudes towards sexuality, drug addicts, and HIV positive
people (Interview 13). In these cases, the Church served as a metaphor for supposedly
undemocratic and un-European values.

While researching in Poland, my inability to talk directly with Church
representatives active in HIV programs and policy making partly led me to conclude that
perhaps the religious influence and involvement in HIV had somehow been overstated in
the continual assertions that the Catholic Church, in covert and overt ways, influences
Polish politics and society. My lack of personal contact with Church officials during my
research combined with the lack of religiosity among the Polish people with whom I
became friends to make me skeptical of these assertions. Moreover, my anthropological
training and concentration on Eastern Europe prompted me to look more closely at the
ways in which people actively resist official discourses. I reached a tentative conclusion
that perhaps the religious influences on HIV prevention in Poland had been overstated.
Through the process of writing this dissertation and exploring the history of the Church’s
involvement in HIV prevention, the power of the Church in shaping HIV policy in
Poland has become clearer, necessitating almost an entire chapter dedicated to the topic
of the Church’s perspective and influence on the formation of discourse and policy surrounding HIV.

The ambiguous role of the Catholic Church in Polish HIV prevention contributed to a second problem, one related to defining the scope of my project. In Warsaw, I was aware that several organizations existed that worked with people living with HIV, including an organization dedicated to children with HIV. As I had outlined in my research proposal, my objective was to study HIV prevention, and not focus on the types of services available to people with AIDS, the work and activism of HIV service organizations, and the relationships between HIV-positive people and the health care system. In general, by the time I finished my research I had remained within my established boundaries, but not without cost. During research, when I would contact new people, I always had to explain what it was exactly that I was researching. Most simply, I would state that I was interested in discovering the types of HIV prevention organizations that exist in Poland, what services these organizations offered, and the scope of their campaigns. Confusion was a common response because, after all, Poland has such low infection numbers. People usually advised me that I should do my research in Africa instead, or perhaps in a former Soviet republic. Without exception, I received responses about the fact that in Poland, unlike most countries, people living with AIDS have free and full access to the best treatments and care offered by modern medicine. The person with whom I spoke usually added, “because giving medicine to people with HIV is part of prevention too.” In my mind, I failed to see how care for people with AIDS fit with prevention of AIDS, but I also listened to the descriptions about Poland’s generous care for HIV positive people, including the range of services to which they could avail themselves. I later learned that in Poland, care for people with AIDS is historically intertwined with prevention efforts, a direct result of the Church’s role in shaping Polish HIV prevention and care policies, as I discuss in this dissertation. Such a realization speaks to the heart of this dissertation: that what “prevention” means is culturally, historically, and politically contingent. By understanding the multiple interpretations of “prevention,” we can better understand how to develop appropriate and effective programs. It also provides insights into priorities within a context of limited funds and resources, and helps to understand their allocation.
The “Public” and the “Private”

One of the fundamental questions of this dissertation is the shifting boundaries of the public/private divide that resulted from the collapse of socialism. When I returned home from my stay in Poland, I began to sift through my fieldnotes to figure out where and how to begin writing my dissertation. A suspicion that had developed in the field was confirmed in black and white: almost all of my research took place in public or quasi-public spaces: clubs, nongovernmental organizations, workshops in conference centers throughout Poland. These spaces are in opposition to the private and hidden places with which many readers, myself included, associate anthropological accounts. I searched my fieldnotes for instances in which I was invited to people’s homes as part of my research. I concluded that during my research, such intimate spaces were never made available to me as locations for research, neither as sites of participant observation nor the setting for interviews. I was only able to recall one instance in which the public of HIV prevention and the private of more intimate conversations blurred.

In February of 2005, one of the graduate students at the Warsaw School of Social Psychology, where I was to teach a class later in the spring, invited me to spend a long weekend at her aunt and uncle’s house in the north of Poland. I thought that while I was up there it would provide a good opportunity to visit a drug prevention and treatment program, called MONAR, in Gdańsk, as I had met one of the program’s volunteers a few months earlier. When we arrived in Gdańsk, my friend and I went to MONAR together. She helped me negotiate finding MONAR and helped me understand some of the more subtle conversations that had occurred as we walked around the city’s train station handing out disposable needles. Despite the fact that both my friend and I were fighting the flu, I made a note to myself in my journal how enjoyable the trip had been and how nice it was to finally have someone with whom I could share my research.

17 MONAR is the acronym for Młodzieżowy Ruch na Rzecz Przeciwdziałania Narkomanii (Youth Movement Against Drug Addiction). In addition to caring for drug addicts, the work of MONAR also involves drug education and abuse prevention among youth, particularly based on the principle of peer education (Kotański 1984). Part of his early work involved bringing awareness to the Polish public that this problem existed not just “in the West” but in Poland as well (Kotański 1984). Moreover, he worked to break the myths surrounding drug addicts, particularly those that portrayed them as “romantic outsiders” and “rebels” (Kotański 1988).
Why had I been so happy, even in my fieldnotes, to finally have gotten to not only go to someone’s home but have someone with whom I could share my research? This experience stood in stark contrast to situations in which people familiar with my research interests did not inform me of events on HIV that they had a direct hand in organizing (Fieldnotes, October 2004; November 2005). While I was in the field, these situations caused significant anxiety for me, prompting me to question my ability as, and right to be called, an anthropologist. However, I knew that I needed to understand my experiences on both an emotional/personal level and an intellectual/academic one as well. I returned to the ethnographic record of Poland and other postsocialist Eastern European countries to understand what is considered to be public and private, and what types of activities and relationships take place in these spheres. Moreover, the emergence of new spaces for gay activism with the collapse of socialism parallels shifting interpretations of and boundaries between the “public” and the “private.” This shifting boundary and interpretations of it had implications for the types of data to which I had access, and the array of information and experience relevant to an investigation of claims to citizenship through HIV prevention. Moreover, my presence as an outsider and observer possibly sparked concern about state or other surveillance.

Social Circles, Private Life, and Surviving Socialism

In her account of daily life in socialist Poland, Wedel (1986) describes Polish society as organized into distinct social circles called środowiska. Środowisko is the overarching term she uses to describe the different social relations in a person’s life, including rodzina (family), przyjaciele (close friends), koledzy (colleagues from school and work), and znajomi (acquaintances). A person’s środowisko is based on one’s social position, and people of different social standing (in terms of education level, type of job, family background) rarely socialize with one another. According to Wedel, Poles often keep their środowiska separate, and in the context of shortage that resulted from the socialist state’s paternalistic redistribution of goods (Verdery 1996:24), Poles mobilized the social relationships of their various środowiska in their efforts to procure goods and services in the Polish shortage economy, including apartments, appliances, information, food, passports and visas, clothing, and various services. People used the varying
degrees of closeness offered by these relationships to access different goods and service, with parallel degrees of reciprocity expected. In this view, family-based networks were often the most important for day-to-day life, as families pooled resources and provided each other with material support. Many times, the exchanges along family-based networks were not predicated on an acknowledged system of reciprocity. However, they did entail a system of on-going obligations and the cultivation of indebtedness for the future (Wedel 1986:109). In contrast, exchanges outside of the family, such as those between colleagues (koledzy) and those between acquaintances (znajomi), were more formalized. Reciprocity and obligations, although not overtly acknowledged, were a fundamental and important part of these non-kin relations: “The obligations incurred by individuals in exchange—levels of giving and rate of return—often remain ambiguous and are conceived of only in general terms, yet the penalty for not honoring the obligations of friendship (and reciprocity) is loss of reputation, goodwill, and possibly money” (110).

When I had first read Wedel’s description of Polish society before I left for the field, I was skeptical regarding the rigidity with which it presented Polish social organization. I also wondered if it would still be a relevant model for understanding Poland almost two decades after its publication. Wedel’s characterization of Polish society as organized into distinct social circles that do not easily mix, along with a semi-rigid system of reciprocity, suggested that only through the cultivation of specific types of relations would I be able to enter what Wedel referred to in her title as “the private Poland,” or these reciprocal relationships and the obligations of exchange and assistance that they entailed. Wedel did, however, offer some hope about the possibility of researching in Poland as a foreigner when she wrote, “While being a foreigner is constraining in that it insulates one from the private side of Polish life, that status is also illuminating. A foreigner is able to glide through a variety of środowiska…Being an outsider makes it possible to meet a variety of people, though usually in public ‘performance’ situations” (Wedel 1986:22-23). In other words, Wedel presents both the possibility of accessing a variety of informants with diverse social backgrounds, but she also indicates that association with a particular social circle or środowisko presents many opportunities for discovering important aspects of Polish life and worldviews.
During my time in Poland, I was not part of a śródownisko until the end of my stay, and it was not affiliated with my research. My friendships were initially built around the reciprocity described by Wedel, and only after I extended various types of assistance to my acquaintances, did we develop something close to friendship. In terms of my research, I see in hindsight that I actually had very little to offer the people with whom I worked. Perhaps my inability to enter into truly meaningful reciprocal relationships hindered my ability to build collaborative relationships from the research itself. I came to the field unaffiliated with any US-based HIV prevention or gay rights organizations, and therefore could not offer anything concrete, either in terms of program ideas or financial support. In other words, this was a structural rather than personal limitation, but one that I experienced in a deeply personal way.

The other side of Wedel’s argument is that each śródownisko represents varying degrees of intimacy and an environment in which people do not “mix” various types of social relationships. For example, one generally does not invite work colleagues for dinner at one’s home. As an anthropologist whose social status is ambiguous and often highly suspect, the quintessential anthropologist as stranger (Williams 1996), asking questions about and conducting research in locations where the śródownisko social relations would most likely be less intimate and more professional, could I have expected to develop intimate ties through contacts made through research? If one does not have a system of friends and family through which to create other intimate ties, what implications does this have for gaining entrée into Polish society? As Joseph (1996) explains, friend and kin relations in the field, although seemingly outside the scope of the research project, actually provide crucial data and insights into the culture. These, in turn, inform the actual research. What type of insider knowledge—an “emic” perspective—can the anthropologist hope to gain?

Only later, after returning to the United States and reflecting on my daily struggles to enter the more intimate spheres of Polish society, did I recall some of the fundamental lessons from my master’s research in an African American community and my feminism-informed anthropological education. I had been in Poland conducting research as an American, as a woman, as a heterosexual, researching amongst primarily
gay men. I carried these identities into the system of “środowiska” that Wedel described, and experienced and negotiated the possibilities and limitations that resulted.

_The Public and Private as Spheres of Activism_

Wedel’s discussion of public and private provides insights into the types of relationships I was able to build and mobilize in my research. That the events in this dissertation took place in public or quasi public places reflects a shift in the political and social landscapes of rights activism that has occurred as part of the postsocialist transition. At the end of my field research, I participated in a conference where I presented an early version of chapter six of this dissertation, in which I explore the links between HIV prevention and gay rights activism. In that paper, I described the public silences that accompanied the violent and coercive state-sponsored surveillance of gay men in socialist Poland, as well as the contemporary social and political landscape in which gays and lesbians are de facto positioned as external to the Polish nation through their sexual identity that is seen as violating Catholic, and therefore Polish, morals (in the context in which identification with Catholicism is seen as a necessary condition for “Polish-ness”). The response to my paper by one Polish woman, who had lived in socialist Poland, but with a graduate degree from an American university and now living in the United States, was that in her experience, gays and lesbians in Poland were not necessarily discriminated against. In her experience, she had known Polish gays and lesbians in the places she had lived and everyone in the towns knew and tolerated the person’s sexuality at some level. In this view, gays were not the victims of violence and discrimination, and were permitted to live “as gays” in Poland. Her comment is instructive in another way: it speaks to the acceptance of homosexuality within the private sphere. That is, gays and lesbians could “be gay” in their private lives.\(^\text{18}\)

However, it raises questions concerning the ability of gays and lesbians to engage in public social and political activism on the basis of a shared sexual identity as a legitimate and necessary form of public association. In the United States and Western

\(^{18}\) I discuss the history and use in Polish of the terms “gay,” “lesbian,” and “queer” at length in Chapter 5. Here, to clarify, I use “gays and lesbians” to refer to the community at large. I use the phrase “gay men” to refer to men who identify as gay in my discussion of the history of homosexuality and HIV in Poland in Chapter 5.
Europe, such forms of activism became increasingly widespread following the now infamous Stonewall riot of New York in 1969. In fact, today Polish primarily male gay rights activists frequently reference Stonewall in their own activism. Stonewall is a meaningful referent because it signifies the beginning of public activism on the basis of sexual orientation. For Polish gays and lesbians, it symbolizes the prospects of and ability to make public claims for legal and social protections for sexual minorities, as the controversy surrounding a Polish gay rights campaign illustrates. One of the first events that I attended after arriving in Poland was a public discussion on the newly published book *Homofobia po polsku* (*Homophobia in Polish*) (Sypniewski and Warkocki 2004).

The book was borne from reaction to a billboard campaign sponsored by the Kampania Przeciw Homofobii, or KPH (Campaign Against Homophobia), entitled “Niech nas zobacz” (“Let them see us”). The billboards in this campaign featured young Polish gay and lesbian couples holding hands and smiling boldly and unapologetically into the camera. The billboard campaign’s purpose was to reduce the prejudice against Polish gays by depicting them as unashamed and “normal.” Although only about four billboards were ever displayed throughout the entire country, the violent protests against them by the right-wing group Młodzież Wszechpolska (“All Polish Youth”) and subsequent media coverage resulted in more publicity than the campaign organizers had anticipated. In response to the media coverage and the physical attacks against gays, KPH and others have begun to refer to the “Niech nas zobacz” campaign as the “Polish Stonewall,” a sort of collective “coming out” (e.g., Leszkowicz 2004). The “Niech nas zobacz” campaign signified the efforts by the gay rights community to engage in public and collective rights activism, and drew attention to pervasive and insidious anti-gay sentiment in Poland.

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19 A note on the Polish language: the phrase “po polsku” has several meanings. It can mean “in Polish,” as in “mówić po polsku” or “to speak in Polish;” but it can also mean “in the style of,” as in “sandacz po polsku,” or “walleye cooked Polish style.” Therefore, “Homofobia po polsku” can mean either “Homophobia in Polish” or “Homophobia Polish-style.”

20 Tomasz Basiuk notes that in his view, this particular campaign fell short of a truly revolutionary depiction of gays because, as the pictures reveal, the people in the images who became the public face of gay pride in Poland were all young, urban, and professional, and their attire marked them as members of a Europeanized middle class. In other words, the campaign did not depict diversity within the gay community, nor did it depict any image of gay identity that could be controversial or “shocking,” such as men in drag, or gays as impoverished or discriminated against (personal communication).
In addition to making reference to events that occurred outside of Poland in order to understand domestic developments in the gay rights movement, those active in the Polish gay rights movement often treat these developments as points along a linear progression towards gay emancipation. In this conceptualization of the rights movement, the socialist-era silence and repression of homosexuality mark the starting point, while the ideal destination would be the legalization of gay unions and adoption by same sex couples. In fact, one author, in his discussion of the Niech nas zobaczą campaign, clearly illustrates this conceptual framework. He describes three stages of Polish history regarding gay rights: until 1990 in which gays were cast as perverts, sinners, sick, criminals, and the cause of decay of the Polish social order; to the current period in which gays are still discriminated against but now have rights (legal and political) to defend themselves; and a third period, yet to be realized, characterized by a ban on discrimination based on sexual orientation. For many in the gay rights community, the treatment of and attitude towards gays has become a litmus test of Poland’s progress towards becoming “European” and democratic, and a yardstick to measure the distance Poland has traveled from its socialist past.21 Leszkowic writes, “Between that which is Polish and that which is European, always exists an impassable border. Thanks to Poland’s entry to the European Union, the future of Polish gays and lesbians, however, appears bright” (Leszkowicz 2004:94).

In this interpretation of the direction of the Polish gay rights movement, to be “European” is equated with the right to engage in public activism as a gay person. “Europe” serves as the expression of specific ideologies regarding rights and freedoms (e.g., Shore 2004). To be “European” also offers Poles active in the gay rights community an alternative vision of family and private life. A discussion and debate that took place in 2005 serves as an example. In Warsaw’s controversial club Le Madame, 21 My colleague Anika Keinz, whose research examines the Polish women’s/feminist movement has observed a similar practice of using the past events of other European countries as key “rites of passage” through which all contemporary modern and democratic countries pass, and by extension the current political climate towards things such as abortion are presented as “Poland’s future.” For example, the feminist-abortion rights network Astra and the Federation of Women and Family Planning produced a bookmark that directly placed Poland’s lack of legalized abortion as an early position in an evolutionary framework. With the heading “My life, my decision,” the bookmark advocates for the right to abortion, contraception, and sex education. It features the covers of three magazines—one French, one German, and one Polish. Above the French magazine cover it reads, “France 1971,” above the German “Germany 1971,” and above the Polish “Poland 200[?] When in Poland will women’s silence be broken?”
the Swedish embassy and the Fundacja Przestrzenie Dialogu (The Foundation for the Promotion of Dialogue) co-organized and sponsored a debate entitled “Homorodzina” (“Homofamily”). In 1995 Sweden granted same sex couples the right to register their unions and in 2002 the right to adopt children. In 2003, Polish senator Maria Szyszkowska unsuccessfully introduced legislation into the Polish senate to legalize same-sex unions. The “Homorodzina” debate was organized to discuss the possibility of legalizing same sex unions and adoptions in Poland, particularly based on the principle that gay rights are tantamount to human rights, as was the successfully-used argument in the Swedish case. I attended this debate and through the course of discussion, “Sweden” became synonymous with “Europe” in the conversations that took place, despite the fact that no other European nation grants similar rights to same-sex couples. Furthermore, at the same time the debate occurred, French and Danish voters overwhelmingly defeated the effort to ratify a European Union constitution. More than anything, ratification would have been the fruition of a truly integrated Europe, unified through social policies and rhetoric codified in the constitution. In short, Europe, as Poland’s future, persists as a key motivator and arguing point for many in the gay rights community, even as its foundations, unity, and legitimacy are contested throughout the region. The club Le Madame has since been shut down by the city despite protests by Polish feminists, gay rights activists, and actors, along with the help of internationally known actors such as John Malkovich.

In other words, “Europe” functioned as a metaphoric reference for the gay rights movement, something to which people aspired rather than had concrete relationships of exchange, assistance, and dialogue in any sustained form.²² In the politically aware and active organizations where I located my research, few people had any collaborative partnerships with organizations abroad, particularly those in Western Europe and the

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²² The dilemma of European identity and Europe as a metaphor versus a lived reality is not limited to the Polish case. Shore (2000:19) asserts that the “‘European public, or demos, barely exists as a recognizable category, and hardly at all as a subjective or self-recognizing body—except perhaps among a small coterie of European politicians, administrators and businesspeople. Four decades after the birth of what some authors proclaim is ‘the world’s first truly trans-national organization’ the European integration process has conspicuously failed to engender a transnational European public. The essential ingredient that is missing from European Union is the political identification of the peoples of Europe.” While plenty of evidence exists about the failure of “Europe” to materialize as a defined public, nonetheless “Europe” still exists as an important referent and symbol that is strategically deployed by various groups who fill it with meaning and take it to embody a particular set of values and ideas.
Because part of my project involved understanding the effects of European Union integration on HIV prevention work, one of my interview questions directly asked about these effects. A typical response was that there has been no noticeable impact of European Union accession on HIV prevention work. One young woman joked that before Poland joined the European Union she earned 1500 złoty per month (approximately 500 US dollars) and after accession, her pay decreased to 1000 złoty (Interview 12). Another volunteer, a young man in his early twenties, envisioned Europe as something abstract when I asked him about the effect of EU accession on his HIV prevention work:

**JO: Do you think that joining the EU has had an effect pertaining to content [of HIV prevention programs] or more ideological?**

Interviewee: It does. I mean, in the area of AIDS not really but still, countries that are members of the European Union must take into account the opinion of the EU, at least a little bit. Because if something is not right here, we can get a rap on the behind (dostać po tyłku) somewhere else, as a punishment of sorts. And I think that the EU has an effect in that sense—in the approach to a phenomenon, towards infected people, in help for infected people. I think that standards should be created—standards, for example, of communicating information. If someone doesn’t abide by these standards, then he simply should not be doing this work. Here I’m talking about concrete people, for example that the European Union sets the standards—that HIV/AIDS prevention classes should last a minimum of four hours and contain these factors. Not that specifically, but for example, that condoms should be mentioned as a means of protection, but on the other side sexual abstinence must also be mentioned because sometimes people don’t talk about it at all, that it [sexual abstinence] is also a solution. That there are two nonequivalent...

**JO: Every possibility?**

Interviewee: Every possibility must be shown—what are the possibilities. If someone doesn’t want to talk about condoms, then he will not get an official certificate to be a leader. Or if he doesn’t talk about condoms, then take the certificate away from him. Void it and that’s it. [Interview 10]

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23 A few exceptions should be noted. In particular, several organizations had in the past worked with countries to Poland’s east. The motivations for these relationships stemmed from the idea that Poland had successful and long-term experience in things such as HIV prevention and the development of drug abuse prevention programs (such as MONAR) and therefore could serve as experts for people in the east wanting to develop similar programs. In addition, some people made the argument that because Poland had similar historical experiences with socialism, they would be more able to offer assistance and understanding to people in nongovernmental organizations in formerly socialist countries than for example someone coming from Western Europe.
These interviewees communicated that Europe and Poland’s European Union accession were things that existed on a “higher rung,” and had little effect on everyday life “on the street” (Interview 12).

At the same time, “Europe” and the “European Union” are envisioned as entities full of potential to influence a variety of domestic policies, from abortion, to gay rights, to economic development, to HIV prevention. On a day-to-day basis, they either have little direct effect or serve as something to which people can refer in order to make a particular argument against the current state of affairs in Poland. Invoking “Europe” provided one means through which activists worked to redefine legitimate spheres of activism in the postsocialist, post-European Union accession context. In the context of the questions I seek to answer in this dissertation, examining the range of activities that do and do not occur in public space constitutes an important task. At the same time, I accept the limits on the types of knowledge I could access, based on the obligations organizing Polish society. On the one hand, these difficulties reflect Polish society as described by Wedel, and on the other hand it reflects the emerging locales of gay and rights activism. Moreover, as an interrogation of the discursive and practical effects of shifts in the boundary between public and private that ensued from the collapse of socialism, my research uses HIV prevention to understand how this boundary has changed and the means through which and to what ends various constituencies, such as emergent gay rights organizations, the Catholic church, the National AIDS Center, and HIV prevention organizations, negotiate this change.

**State, Citizens, and Civil Society**

After reconsidering the divisions between “public” and “private” in Poland and their implications for HIV prevention, I realized that a variety of institutions and individuals, some more visibly and directly active in HIV prevention than others, would become key sites of ethnographic investigation. One problem I encountered was how to negotiate the time I needed to talk with people about their engagement in HIV prevention, with their demanding schedules. Particularly for those working in nongovernmental organizations, HIV prevention activities place an additional
responsibility on already demanding schedules filled with school, paid employment, and families. Warsaw, where I conducted my study, is not only the political capital of Poland, but the economic one as well. Although Poland has experienced economic growth since the tumultuous 1990s, much of the country remains impoverished (Tarkowska 2001; Wodz and Lecki 2001). Warsaw has become the primary location for both earning money, and accessing international flows of resources and opportunities (e.g., Keivani, Parsa, and McGreal 2002). Work at a nongovernmental organization is something extra, something one frequently becomes interested in as a volunteer through school, or to help a friend. Some volunteers developed an interest in HIV as a theoretical and social problem that originated more with a curiosity about the people “at risk” for HIV than the disease itself. This curiosity reflected myths from the socialist era of the drug user as rebel or person to be pitied living at the train station. One young woman even described her interest in HIV as a “hobby,” as something to which she dedicated several hours each week in addition to her fulltime job as an educator and counselor. In practice, this meant that the time people had available for HIV and the programs’ clients was severely constrained by other demands. It also meant that the time they could dedicate to answering my questions was usually relegated to the time it took to briskly walk in the cold and dark from the organizations’ headquarters to the nearest bus, tram, or metro station, after a full day of paid employment and/or school, and several hours of volunteer work at the NGO.

My work in HIV was also circumscribed by “gatekeepers” as active subjects controlling the ethnographic encounter (Wolf 1996:21). Often times, these gatekeepers worked in response to the historical circumstances of risk groups in Poland, as well as attempts by particular state-affiliated institutions and persons to access these populations for research projects that perpetuated stereotypes of them as immoral and hypersexual. For example, at the HIV prevention program where I did the majority of my participant observation, volunteers worked to limit the type of information I could garner about the lives of clients. At the end of the meetings of one program, the issues facing the clients were recorded in a journal, which would become the basis of reports submitted to various funding agencies. At first I was allowed to sit in on the discussions that surrounded the recording of this information, but after several weeks the directors of the programs and
counselors began to record this information behind a closed door in an adjoining room. Additionally, the volunteers and coordinators of the program ceased discussing the clients in my presence, despite any insistence on my part that I was neither recording nor using this information. This action served to protect the clients from potential harms, which was of utmost important given the homophobic and discriminatory climate against gays, injection drug users, and AIDS patients in Poland. The volunteers and directors of the programs also cast me as someone unable to comprehend the lives of the clients, let alone help them. The preponderance of people working in HIV NGOs in Poland holds degrees in medicine, education, social work, and psychology. Being able to understand the psychological and health needs became a prerequisite for becoming privy to information about the clients, and my lack of education in these fields precluded me from the discussions (cf. Schramm 2005). When combined with the system of środowiska I described earlier, forging relationships in the field was a constant struggle.

In other instances, the difficulties I faced forging these relationships reflected the complex intersections between transition-era funding prerogatives and politics, shifting interpretations of state/NGO roles, and personal histories of involvement in these fields. I had to negotiate the often complex institutional arrangements of HIV prevention in Poland that I frequently struggled to understand. Only after being in the field for almost a year did I come to recognize the problems of ethnocentrism and the biases that my own anthropological education had created. Several instances forced me to reevaluate the abstract concepts that guided my research, such as “nongovernmental organization,” “the state,” and “citizen,” and come to a new understanding of what “civil society” means in Poland. Because my research examines the intersections between policy and practice, I was often required to reconceptualize what is meant by “the field.” As Wedel et al (2005:40) observe, anthropological investigation of policy highlights that “the field’ often consists of loosely connected actors with varying degrees of institutional leverage located in multiple ‘sites’ that are not always even geographically fixed.” In many ways, my research reflected this post-modern, globalization era anthropological “field,” and contributed to a revised interpretation of civil society. The institutions and actors at the center of the study often seemed to be linked more by my theoretical and empirical
constructions than through particular social networks, institutional policies, approaches to HIV prevention, or world views.

An example from early in my fieldwork illustrates the ways in which I was forced to reconceptualize state/civil society relations, and the role of each as agents of social change. Early in my stay, I had been offered the opportunity to volunteer at the Warsaw United Nations Development Programme office in exchange for information about this organization’s involvement in AIDS work in Poland. I was assigned to work with Gosia, a middle aged woman responsible for coordinating reproductive health and gender programs at the UNDP. My task was to find information that would assist in the creation of a comprehensive reproductive health program and strategy for Poland, as well as report to her on the organization of HIV prevention in the United States. I spent many hours looking through documents from various countries, international organizations, and family planning clinics. I collected information on things such as attention to reproductive issues over the life course, respecting privacy and confidentiality in reproductive health programs, and the need to tailor programs to the specific cultural, political, and social context of the targets. Much of the material was based on data collected in Africa, and when I pointed this out to Gosia, she replied, “That is not good. We are not Africa.”

I continued my search and gave the compiled information to her. Gosia took it from me, looked it over, and said, “This is not what I want.” In reference to the material on the importance of making programs culturally sensitive, she said that she already knew this. She wanted something concrete. She wanted specific information from Western Europe and the United States about the scope of services offered to women there. In her vision, she could use this information to make an argument that such services in Poland should be similarly structured and available. In essence, she had wanted me to find a model clinic from a country with a starkly contrasting history and

24 Immediately following the collapse of socialism, Poland experienced an influx of development aid, similar to other postsocialist Eastern European countries. Organizations such as the UNDP, the World Bank, the International Monetary Fund, and the United States Agency for International Development. On the eve of European Union accession in 2000, USAID ended its programs in Poland, and the UNDP office is scheduled to close in the future. Illustrating Poland’s ambiguous and transitional status as no longer a nation in need of development assistance, the majority of Poles (75%) believe that Poland should provide support and assistance to poorer nations, according to a survey commissioned by the Polish Ministry of Foreign Affairs.
show her a way to fit it to Poland. I tried to explain the specificity of these contexts, but she replied, obviously frustrated with me and my incompetence, that she had a vision. After some discussion, Gosia reluctantly admitted that maybe her vision was perhaps not possible. She knew that such programs should be culturally sensitive, but she did not want Polish programs. Her goal was to change the service provision in Poland and to make it more “western” and in line with international standards. This reasoning countered my anthropological training that programs such as reproductive health services should include the perspectives on reproduction held by the recipients. In this instance, the woman at the United Nations viewed the reproductive health situation in Poland to be terrible, mostly from a rights perspective. Why, then, would she want to base her program on a system that she sees as defective?

In other words, this woman from the Polish office of the United Nations Development Program, while working at an organization that is both international and nongovernmental, recognized the constraints placed on her ability to enact her particular vision of Polish society by the contemporary social and political context. She also saw this organization as part of a broader system of possibilities for effecting change in the region.

One key issue here becomes what it means to be a nongovernmental organization in Poland, and by extension, what civil society is and what role it plays in contemporary Poland. The notion and existence of “civil society” has been a contentious issue since the socialist period, and reemerged as a key issue in the vigorous debates about the direction of change that occurred with the collapse of socialism. In the 1970s and 80s, scholars in and of the region questioned whether civil society existed or ceased to function in Eastern Europe. According to the logic of the socialist project inspired by Marxist thought, civil society was seen as the “paraphernalia of the capitalist ‘system of needs’” and the manifestation of bourgeois society that need to be eradicated in order for the proletariat worker state to triumph in the de-differentiation of state and society (Ost 1990:26). In this conceptualization of the non-state but public sphere, state and civil society are in a necessarily hostile relationship (Ost 1990:29).

Ost (1990) and others (e.g., Hann and Dunn 1996) maintain that in the late socialist period in Poland, not only did civil society exist but involvement in it was seen
as an act of opposition to the socialist government. Prior to 1970, the opposition thought that the state could be reformed. However, following the state’s violent repression of student demonstrations in 1968, the Polish opposition came to the conclusion that it could not reform formal politics, the structures of which were controlled by the party. As an alternative, the opposition developed a strategy of deliberate non-engagement with the state and formal politics, and instead worked to “organize citizens, to bring people together in civic activities not directly oriented to changing the state” (Ost 1990:2). Following this period of non-engagement, worker movements such as Solidarity and the state’s response to them demonstrated that the hostile relationship between the state and civil society persisted and the hope of peaceful coexistence waned. By 1986, the socialist government began a series of reforms that led to the recognition of political opposition and the eventual demise of socialism in the region. After the events of 1989, in which the civil society movements such as Solidarity are understood as playing a key role, civil society remains a central focus of theoretical and policy debates.

As Fisher (1997) has noted about civil society more generally, economists and development planners look to healthy civil society in the form of nongovernmental organizations as a fundamental component of a wide range of reforms, from the eradication of poverty in the developing world to creating gender equality at a global scale. In Eastern Europe, the anthropological debates and critiques of the “transition” have often located their research in civil society institutions to point out the failures of transnational donor aid to seriously consider local and historical contexts of inequalities, power relations, economic disenfranchise, gender norms, and the uncritical expansion of neoliberal economic reforms (e.g., Buchowski 1996; Ghodsee 2004; Hemment 2004; Mandel 2002; Sampson 1996; Wedel 2001).

In his discussion of civil society, Buchowski (2001) argues against Western notions of civil society imported into Eastern Europe after the collapse of socialism to suggest that civil society can be defined differently in different contexts: “Civil society’s condition depends on the larger social, economic, and cultural context” (135). Civil society, as defined by political scientists, is conceived of as the institutions and associations that “fill in the space between family and the state” (119). An anthropological definition of civil society, in contrast, allows a discussion of informal
networks at the local level to be considered part of civil society. Buchowski, drawing from Foucault’s discussion of power and the state, envisions civil society as “a coin with political power and what eludes it on obverse sides” (121). That is, Buchowski does not separate civil society from the larger social, political, or legal structures of society but sees them as in a dialectical relationship. Although political scientists often assume that civil society could not have developed in socialist Eastern Europe because the Party was so pervasive, alternative loci of power did exist in the form of informal social networks, the family, the Church, and labor unions. In a post-socialist context, as the broader social and economic structures changed, so too did Polish civil society. Organizations that had previously existed fell apart because they lacked a common symbolic enemy; other organizations such as those concerned with minority rights have developed; and some forms of civil society have remained in place, such as the family.

Redefining Civil Society

With the collapse of socialism, the concept of civil society emerged as a key way of understanding and predicting the direction of postsocialism. East European intellectuals and Western transitologists and Sovietologists often invoked “civil society” in a way that asserted that the state and civil society are separate entities. In this rendering, the pervasiveness of the socialist state into all spheres of life prohibited the development of civil society and led to the inevitable collapse of socialism. In contrast to the Soviet model, in the United States and Western Europe, the autonomy of civil society from the state ensures freedom. Many of these transitologists erroneously interpreted the notion of civil society laid out by Antonio Gramsci. Gramsci, in contrast to interpretations that viewed civil society as autonomous from the state, regarded civil society as an integral part of the state. He linked civil society to hegemony, and understood it as enabling certain social strata to gain dominance while maintaining and perpetuating the subalternity of others (Buttigieg 1995:4). In other words, civil society becomes a sphere of hegemony rather than freedom, and the boundaries between public, private, the state, the market, and civil society are not clearly defined or easily drawn.

When I began my field research, I erroneously took civil society (particularly in the form of nongovernmental organizations) as something opposed to “the state.” As a
graduate student in anthropology, one of the fundamental tenets of my education has been that an anthropologist cannot remain neutral in the field. This argument is predicated on the assumption that polarized political, social, and ethnic divisions exist between the targets of fieldwork and some other group, either named or unnamed, sometimes loosely conceived to be “the state,” other times understood to be politicized along religious, ethnic, or racial lines. My master’s fieldwork among impoverished, predominantly African American teenagers living in an urban housing development, confirmed this teaching, and I left Kentucky for my dissertation research in Poland fully prepared to once again enter a politicized and divided field, willing to form strategic alliances in this new setting that would result in certain types of knowledge and perspectives coming available while others were closed. Anthropological investigation of civil society in postsocialist contexts has critiqued Western imposition of aid and ideology in its efforts to build democracy in Eastern Europe for its disregard for local concerns and the effects of its aid on existing power relations. I was well-read in this literature and prepared to conduct research in Poland in a way attentive to local interpretations of not only civil society but service development as well. However, as I learned from situations such as the one I just described, these lines between east and west and what each wants are neither clear nor easy to discern.

My anticipation that I would become entangled in antagonistic relationships between various constituencies (such as women’s rights organizations or gay rights advocates) and the state were bolstered by reflections on the ethnographic experience in Eastern Europe by other anthropologists (see for example De Soto and Dudwick 2000). Like Hsiung (1996:123), I entered the field influenced by western feminist scholarship and approached the relationship between gay rights organizations and state institutions with a critical eye, conscious of power dynamics and inequalities. Throughout my research in Poland, I tried to do this by “taking sides” with what I considered to be gay rights advocates, whom I presumed were at odds with a conservative, Catholic values-influenced political system. I took cues from my anthropological training in the classroom and the field, which emphasized the “anthropologist as activist” approach to the discipline and the fieldwork process. I was eager to be called upon to advocate for
my research participants in Poland, a role that I often conceptualized as a mark of successfully gaining “entrée” into the desired community.

Coupled with an interpretation of civil society and thereby nongovernmental organization activity as either oppositional (Fisher 1997) or fulfilling roles neglected by the state (Ferguson 1994), I did not anticipate the diverse conceptualizations of state/civil society relationships that I encountered in my research. As illustrated by the events surrounding the Warsaw parades (discussed in detail later) and the death of Pope John Paul II, as well as my conversations with those working in gay organizations, the gay rights/advocacy community does not necessarily see its interests as opposed to those of majority Polish society. By trying to be sympathetic to a cause that does not exist, perhaps I made myself more alien to my informants and less of an ally than I had intended. In the case of the United Nations that I mentioned previously, Gosia saw the state as impeding the implementation of a reproductive health program based on internationally accepted practices and values. Additionally, I was skeptical of NGOs as democracy-building projects within Eastern Europe more generally. Since the collapse of socialism, anthropologists have been quick to point out the limits of NGOs within the region. Political scientists, economists, and experts from development agencies saw NGOs as the means through which various projects—from provision of local safety nets to building community capacity—could be realized without the involvement of the government (Wedel 2001:110). With the opening of Eastern Europe, American and Western European money, experts, and resources poured into Central and Eastern Europe with little regard for local power dynamics, local issues, political legacies, or indigenous knowledge. In other words, anthropological insight into NGOs raised caution and skepticism in my own work, and I approached the NGOs in which I conducted my research prepared to encounter instances of anti-Western, anti-state sentiment.

I encountered a different interpretation of civil society at one organization in Warsaw that concentrated on social marketing that had recently been involved in HIV prevention to its broad range of target issues: awareness campaigns for schizophrenia, corruption, seatbelt use, philanthropy, environmental protection through the national parks system, prostitution abuse, HIV prevention, and making “responsible” purchases—not buying products tested on animals, and buying products made from recycled material.
This organization, the Foundation of Social Communication (FSC), has only recently become involved in HIV awareness campaigns. Before the FSC began working directly with the National AIDS Center, it developed a project focusing HIV awareness among truck drivers that frequently crossed the border between Poland, Belarus, and Ukraine. It later developed a project on HIV prevention among businessmen living in the Russian territory of Kalingrad who frequently traveled to the West. The FCS explicitly understands AIDS to be a “global” phenomenon, and sought to orient their HIV programs to the international aspect of this disease.

When I asked the founder and president of this organization to describe the HIV prevention component, he declared, “One thing we [Poland] don’t want to be treated like for sure, is a kind of condom of Europe.” In this statement, he made reference to Poland’s position as the new Europe’s most eastern country, neighboring countries such as Ukraine with drastically higher HIV rates than Poland and Western European countries. It is a response to the current discussions about HIV in Europe and where the newly formed European Union is understood to be most vulnerable to a massive increase in new infections. Poland’s location presents the real possibility that HIV rates could rise as a result of migration—both legal and illegal, into the European Union. According to the program’s description,

HIV/AIDS is a global problem. Despite precisely defined epidemic centers in the world, nobody is able to stop the spread of the virus completely. In the opinion of many international experts, the area of Belarus and Ukraine is one of the most dangers places when it comes to the development of the HIV/AIDS epidemic, just after African countries and Thailand. A cross-border movement in that area, especially at the border with Poland, is very intensive. The European Union countries expressed a strong concern about insufficient tightness of our borders also in regard to HIV/AIDS. Therefore we asked ourselves the following questions: should Poland seal its borders, tighten control and isolate from our neighbors? Should we close ourselves to people with whom we are bound by common history, customs, traditions, and nowadays by business and friendly relations, and sometimes even family bonds as well? Fighting for our safety doesn’t have to mean closing ourselves from others and building walls.  

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25 I recognize the theoretical implications of the ways in which Poland’s eastern border is conceptualized as both the new frontier and the new vulnerability of unified Europe. HIV offers one medium through which Poles and Europeans discuss this permeability of this border and the dangers of movement from east to west, particularly in the form of people seeking work in European territories. In fact, the Polish National AIDS Center talks about the need for “being prepared” and aware of this potential threat from the east.
In keeping with this theme of internationalism, the FCS then designed a program based on cooperation between nongovernmental organizations between these three countries. This program recognized HIV as an international problem requiring international response but that also worked with the specific social and cultural histories of the different countries. Because it had dealt with HIV on Polish territory, the developers of the project had also anticipated that they would be at least partly funded and supported by the National AIDS Center. In their vision of state responsibility and cooperation between state and civil society, the state had an obligation to promote this and similar programs. However, as the president explained to me, that the project did not receive funding from this national governmental organization precisely due to its international character.

In summary, conducting ethnographic research required that I confront and interrogate the assumptions that I held about the nature of anthropological research and the theoretical and analytical categories I employed, the types of institutions that become the focus of research, and the unique social and political history of Poland that has shaped the contemporary HIV prevention landscape.

Methods

In the context of these challenges, I lived and researched in Warsaw, Poland for approximately 15 months, from September 2004 through November 2005. I conducted participant observation at three organizations dedicated to HIV prevention, but the majority of my time was spent at a gay rights organization with an HIV prevention program that targeted primarily young male prostitutes. I spent several hours each week at these meetings, from the beginning of my field stay in September and through the early summer of the following year. At this time, several events occurred that indicated to me that my presence was no longer welcome at these meetings, and I ceased attending. I describe this organization in detail in chapters 5 and 6. I also spent time (although much less) participating in and observing the HIV prevention and harm reduction program of

More significantly, the territories to the east of Poland are viewed as being hotbeds of disease in ways linked to their undemocratic political systems and their wild capitalism economic systems.
the organization MONAR, in both Warsaw and Gdańsk. I began this aspect of my research in the winter of 2005 and continued through the summer and into the fall, although more sporadically. This aspect of my research involved hanging out in the drop-in centers where drug addicts could exchange needles, chat, warm up, and drink hot beverages. I also accompanied “streetworkers” to the train stations and other urban areas where needle exchange and impromptu counseling took place. Due to lack of funds to pay workers and the problems with some of the clients, the drop-in center was temporarily and indefinitely closed. I also spent many hours in the basement office of a third organization, dedicated to HIV prevention among prostitutes (both heterosexual and gay, male and female), listening to clients and talking with the volunteers.

The majority of the time I spent within nongovernmental organizations focused on the relationship between HIV prevention and male homosexuality in Poland. There is very little material that addresses HIV risk and prevention among lesbians. I managed to find one example of HIV prevention material targeted at gay women, a hand drawn comic book that featured a lesbian couple in imagined scenarios that would put them at risk for HIV (using injection drugs, having unprotected sex with a man while under the influence of alcohol). While I was in Poland the Kraków Lambda organization sponsored an HIV prevention workshop specifically for women, but my requests to attend and interview the organizer were denied. I was, however, able to meet with the organizer of the workshop under different circumstances, and her insights about gay and lesbian identity in relation to HIV vulnerability inform this dissertation. Moreover, as I discuss in Chapters 5 and 6, male gay activists have dominated both political organizing around issues of gay rights, and public attention has focused on gay men, not women, as vulnerable to HIV infection.

It was through these organizations that I established contact with the majority of the people I interviewed. I conducted interviews in both English and Polish, depending on the preference of the interviewee. I interviewed the organizers, volunteers, and employees of each of these organizations, in addition to several other organizations with HIV prevention programs in various forms, for a total of approximately thirty recorded and unrecorded interviews. At the gay rights organization, I interviewed all the currently active employees and volunteers of the HIV prevention program. I conducted repeated
informal interviews with each (not recorded), followed by one recorded interview with each person. Each recorded interviewed lasted between one and half and two hours. I conducted formal interviews with volunteers and employees of the organizations MONAR and the organization working with prostitutes. The majority of these interviews (six) were conducted in one session, lasting from one to two hours. The remaining interviews (four) with people from these organizations occurred in multiple sessions over several weeks in the summer and fall of 2005. I also informally interviewed two employees of the National AIDS Center. I interviewed one person three times and the second, twice. I did not record these interviews. Finally, I interviewed the directors of three separate organizations that addressed women’s reproductive health. The number of people actively engaged in HIV prevention work in Warsaw is small, reflected in the small sample size for this project.

I did not, however, interview any of the clients of any organizations. The directors of the programs made it clear to me that these clients, and the myriad problems and marginalizations they encountered in their daily lives, were not the subject of my research. The directors were justifiably protective of these clients, whose histories include many instances of misuse of research at the hands of state institutions and academic researchers, extending from the socialist period to the present. As I explain in Chapter 5, sexual minorities, along with prostitutes and intravenous drug users, were the targets of state-sponsored surveillance and violence. These projects often came in the guise of assistance and protection, but reflected a cultural politics of stigma that blamed these groups for a variety of social ills. I came to know many things about these clients, including details of their past and current situations, but I do not include discussions of them in this dissertation. This dissertation focuses on the politics of HIV prevention itself, and the people and practices that it entails.

In addition to these interviews with the people from the sites of my participant observation, I also conducted single interviews with a range of other people formerly or currently involved in or interested in HIV prevention. I interviewed two physicians, two retired psychologists, two playwrights, an executive at a condom company, two mothers of HIV-positive sons, and a freelance writer. The people I interviewed represented a vast range of motivations for being involved in HIV and histories that lead them to
incorporating its prevention into their lives, and each had different motivations for leaving this type of work. I established contact with each of these people through informal contact, word of mouth, and sheer persistence.

Somewhat perplexedly, I found that during my interviews with people active during the 1980s and early 1990s in HIV prevention, as well as with people personally affected by HIV during these early years, few people made clear distinctions between the socialist and “post” socialist periods. They often struggled to recall if particular events happened during which period, and quite often did not locate the cause of significant changes in the actual economic and political changes that occurred. Rather, they tend to focus on the work of people such as Father Nowak and various nongovernmental organizations as the key forces of change. Granted, my interviews took place twenty years after the first infection, and at least a decade after many of the interviewees stopped their involvement in HIV-related issues, thus making recollection of specific dates problematic. However, Caldwell (2005:3) comments that “dates represent observers’ time frames and may not in fact coincide with the time frames, sequences, and calendrical cycles of local communities,” an important point to recall in the context of questions regarding the significance of “1989” as the starting date of “transition” or of socialism’s “collapse.” Western observers of socialism in Eastern Europe failed to predict the demise of socialism, and ethnographic investigation of postsocialism have pointed to continuities and convergences between past and present.

In addition, I participated in four overnight HIV prevention and education workshops sponsored by very different organizations but with common messages, which I describe in Chapter 7. These workshops provided invaluable information about the messages surrounding HIV in Poland, and the diverse methods proposed for preventing and treating it. I also went to countless public discussions about AIDS, gay rights, European Union expansion, feminism, abortion, and women’s rights, in order to better understand the discursive and practical climate surrounding the issues fundamental to HIV prevention in Poland. In other words, in my research, I worked to produce a comprehensive understanding of HIV and its prevention in Poland from which I could construct a “map” of HIV prevention in Poland.
Through the production of a cultural and institutional map of HIV prevention, I examine the discursive approaches to HIV prevention, as well as the relationship between the various institutions involved, including the national government; non-governmental organizations; the Catholic Church; and international organizations. The discursive component of the map explores moral claims made about HIV infection; and how ideas of responsibility, vulnerability, and risk are incorporated into the various approaches to prevention (education, testing, blood supply control, needle exchange, and condom distribution). In addition to my interviews and participant observation at various institutions and in various events related to HIV, I also constructed a document index while in the field. For this component of my dissertation, I read several national Polish newspapers each day (e.g., Gazeta Wyborcza) and monthly women’s and political magazines (e.g., Pani and Polityka) in order to better understand the social and political contexts in which HIV prevention takes place. Part of this index also included collecting and organizing HIV prevention and related materials (e.g., gay rights material) from various organizations, including the United Nations Development Program, a women’s health organization, drug prevention organizations, and gay rights organizations. These materials were coded and analyzed in order to compare the prevention programs within the context of each organization’s other activities (e.g., rights activism, sexuality education) to demonstrate the ways in which attention to health vulnerability articulates with broader goals of social and political rights, whether through active participation in a non-governmental organization, or through the promotion of personal responsibility within an ideological sphere that increasingly emphasizes individualism and the management of risks.

Finally, towards the end of my field stay, I conducted research in several archives in order to better understand the historical contexts in which the advent of HIV occurred in Poland and the processes through which HIV prevention agendas developed. I utilized the archives at the gay rights organization Lambda in Warsaw, which collected newspaper articles and HIV prevention-related materials beginning in the 1980s. This archive is small—consisting of rows of file boxes on a few shelves at the organization, but it represented the efforts of this organization to collect and preserve the materials that were (primarily) written about gays. The materials in this archive consisted of local,
national, and international news articles, dating from early 1970s to the present.26
Beginning in the summer of 2005 and continuing through the end of my stay, I also read
newspapers and magazines in the National Library and the Warsaw University library
from the late 1970s through 2006, in order to search for articles about issues ranging from
health and HIV to gay rights and drug addiction. Through my almost daily visits to these
libraries, I was able to access early work by the drug prevention and awareness Marek
Kotański (discussed in chapters 4 and 5), as well as socialist era critiques of the failing
socialist government by countless and diverse authors.

I also briefly conducted research in the archives of the national television
conglomerate TVP (Telewizja Polska), which provided invaluable amounts of
information concerning the contemporary and historical issues related to HIV, health, and
rights activism. My time at this archive was brief because it was quite problematic for
me to conduct research in the archives at TVP, and thus accounts for the brief amount of
time I actually spent looking through the materials housed there. My Polish friend and
colleague from Warsaw University called the archive on my behalf in order to obtain
permission for me to use this archive. The woman in charge of the office was very
resistant to the idea of me using the archive. She protested that I would come to the
archive, access the information, and publish a book based on it and reap huge profits
while “they” would receive nothing and no benefits. After much reassurance by my
friend that the data would be used in a dissertation and not a book, the woman relented
and I was granted unlimited access to the archive’s files and was given copies of all the
articles of interest to me on a compact disc in PDF format.

Much of the data I use in Chapters 4 and 5 is based on the information I gained
from these archives. I recognize obvious biases in these sources, particularly in the
socialist era accounts of HIV and the state of the failing socialist welfare system, that
resulted from the system of censorship that operated if in decreasing scope and severity
during that time. However, these archival materials also speak to the topics that were
determined to be the most pressing and relevant not only for Poles of the particular period
in which they were written, but worthy of being recalled for future generations. The

26 In addition to this archive, the organization also housed a library, which consisted of Polish and foreign
language books and magazines about gay life and literature.
ways in which the articles and files were organized by the archivist also revealed competing priorities between organizations, and demonstrated that categories such as “homosexuality” were significant in different ways for varying organizations. Recognizing this aspect of archives and research in them acknowledges that archives can tell us as much about the past as they can about the present (Buckley 2005). It also suggests that archival data can be used to reveal the narratives that are constructed around particular topics—in the case here, about AIDS, sexuality, the role of the government—and using multiple archives reveals where the silences exist in one but speak loudly in another (cf Trouillot 1995). An anthropology graduate student transcribed all recorded Polish interviews, and I transcribed all English interviews. Translations of all interviews, articles, and archive materials are my own.

Summary

The various aspects of postsocialist Polish society—the role of the Catholic Church, divisions between public and private, and redefinitions of Polish society—caused me to think about the “field” and my operation within it in new ways. These aspects converged to shape the situations, perspectives, and people to which I did and did not have access. As a result, the account of HIV prevention in postsocialist Poland that I recount in this dissertation is partial in reflection of the contours of Polish society I described above. In addition, I came to understand that each of these aspects constitutes important dimensions of the field that must be considered in the development of an analysis of postsocialism and HIV prevention. Reassessing the limits imposed by my own positionality have allowed me to develop new insights into the spheres of activism for those marginalized in the Polish postsocialist landscape of HIV prevention to which I turn in the remainder of this dissertation.
CHAPTER FOUR

BURNING BEDS AND THROWING STONES:
HISTORICAL DEVELOPMENTS OF HIV PREVENTION IN POLAND FROM
SOCIALISM THROUGH THE TRANSITION

Introduction

HIV came onto the world scene at a time when the politics of the Cold War divided the globe theoretically and practically into the capitalist West and communist East (Verdery 2002). Given the stories that socialist governments told about themselves and the ways in which the West was depicted to and by the citizens of the socialist world, how did HIV come to reflect this conceptual divide and how, through attention to HIV, were the tropes of the Cold War mobilized by those critical of the regime in their quest for political and social reform? In other words, how did specific interpretations of HIV as a health threat; who was responsible for confronting it and who was vulnerable to it; and what it meant to be capitalist, communist, and “postsocialist,” both influence and reflect the development of policies and programs related to HIV/AIDS? In this chapter, I explore the history of HIV in Poland from the socialist period through the early 1990s transition period as a means of reexamining what socialism was about and providing new insights into the terms of the postsocialist transition (Burawoy and Verdery 1999; Verdery 1996).

The importance of this history in shaping contemporary prevention efforts became clear to me only after I had been in the field for about a year. I had just finished conducting an impromptu interview with two mothers of HIV positive sons. One son had become infected in the 1980s and the other in the 1990s. I was standing on the sidewalk along a busy Warsaw street with Paweł, the younger of the two. He was in his early twenties and recovering from drug addiction, and we were both waiting for his mother to gather her things and come out of the building. He was curious about me, my ability as a foreigner to speak Polish, and my desire to talk with his mother and her friend about the
generally taboo subject of HIV. Throughout most of the interview he had sat on a chair in the corner of the room, listening to music on his headphones. He only participated in the conversation between the mothers and myself after his mother told him to remove his headphones and pay attention. She wanted him to help her recall the details of their experiences in the Polish infectious disease hospital a decade earlier. Because he and I did not have the opportunity earlier to talk one-on-one, he used the time as we waited for his mother, to ask me exactly what I was interested in. I told him that I was studying HIV prevention programs but that I also wanted to understand the history of HIV in Poland. Given his young age, Paweł could not have personally experienced the debates and collective fears that characterized the early years of HIV in Poland. He became infected with HIV well after formal care structures for HIV positive people had been established. Despite this lack of personal experience, he quickly offered up the story of his HIV positive friend who had become infected in the late 1980s. In an effort to demonstrate to me how bad conditions were in the past and how much they had improved since then, he related that while his friend was in one of the few Polish clinics that accepted HIV positive patients during that time, the hospital would burn the beds of AIDS patients once they had left the hospital (Field Notes, September 2005).

During my interview, the other mother described that the health service workers in the early 1980s “behaved like children in the fog.” They were unwilling to provide her infected son with nursing care after a serious operation. The hospital staff was afraid to touch her ailing son without masks and gloves, so she was forced to take care of him during visiting hours. She gave him heavy doses of sleeping pills during the night to pass the time until she could return in the morning to continue to care for him. In a later interview I had with doctors working in an infectious disease hospital, two doctors now laughed at the amount of protective clothing (full coveralls, gloves, and masks that were later burned) that they used to wear when seeing AIDS patients. A psychologist who worked with drug addicted AIDS patients in the 1980s and early 1990s related how hospital staff used to pass food and documents through small openings in hospital room doors in an effort to avoid direct contact with the patients. One of the mothers with the HIV positive son, however, insisted that despite the initial responses born out of fear and lack of information, circumstances quickly changed after dedicated volunteers and mass
media disseminated more information about the “real” dangers of this new disease. Even she became involved in the education effort when she brought a brochure about HIV to the hospital, which she circulated amongst the staff as they educated themselves about this new disease. The images of the burning bed, hospital staff in full protective clothing, and the young man alone in a hospital bed awaiting the return of his mother reflect the collective fear about HIV/AIDS that characterized the Polish response in the early years of the epidemic.

Paweł had not personally experienced many of these horrendous practices, but signaled to me that they were important for understanding the history of HIV in Poland and the key ways in which the past differs from the present. We only had a few minutes to talk one-on-one before his mother came out of the building, but in this moment I recalled similar stories of these early years of the epidemic that I had heard sporadically throughout my research. My Polish friends and other people related to my research told me about the lack of information about HIV that was available to the public and the protests against care centers for HIV positive people in the form of stone throwing, arson, and demonstrations. The storytellers always made a point to emphasize that both treatment for and attitudes about AIDS patients have improved so much since these early years of the epidemic. They told me that now treatment and care for AIDS patients is on the same level, if not above, that of Poland’s western European neighbors. Additionally, they suggested that the fear of AIDS arose from a lack of basic information about this new disease—how it was communicated and how they could keep themselves from infection.

In thinking about the significance of these narratives and their importance to Poles’ contemporary understandings of HIV, I draw from archival materials (primarily newspaper articles from Poland’s largest dailies and weeklies, Gazeta Wyborcza and Polityka, and the health services journal Służba Zdrowia), ethnographic interviews, and participant observation to sketch the emergence of HIV prevention in Poland and the

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27 The relationship between HIV prevention and care for those already infected with the virus will be discussed further, as will be the ways in which those involved in HIV care and prevention see care for those already infected with the virus as part of an HIV prevention strategy. Linking prevention with care, I aim to show, is a result of Poland’s unique history in dealing with this virus and the institutional forms that were formed in response to the turmoil in the earlier 1990s surrounding HIV.
ways in which attention to this disease became institutionalized. These sources provide insight into the personal experiences and public debates that surrounded HIV in socialist, transition, and post-socialist Poland. Moreover, these sources reveal the fears and anxieties of the government, health service personnel and citizens as they deliberated the best way to confront this health issue. My goal is to detail the evolution of this public debate and demonstrate how the gradual institutionalization of HIV policies and programs served to counter the stigma, neglect, and symbolic and physical violence against people with AIDS. In this chapter, I detail the events that surrounded the arrival of HIV in Poland. I argue that during this time, discussions of HIV did not focus on issues of morality and sexuality as they did in the postsocialist context, or as they did in Western Europe and the United States. Rather, I show that in the context of socialist Poland, HIV invoked discussions about government responsibility for and failure to protect the health of its citizens. I use this history to argue that the moral discourses surrounding HIV in contemporary Poland did not develop until the 1990s, when the Church was incorporated into formal structures at the governmental and nongovernmental levels for prevention and care of HIV-infected people. The history I present in this chapter highlights the Church’s invisibility in discussions about HIV in the 1980s, and focuses attention on the discourses of democracy, responsibility, and science/knowledge—rather than sexuality and morality—that did infuse the debate.

Exploring the process through which the Church came to occupy this position counters essentialist discourses about Polish national identity and politics. Today, Poland is often looked to by the Catholic Church itself, international observers and researchers, and Poles themselves as a last bastion of devout Catholicism in an increasingly secular Europe (e.g., Eberts 1998; Korbonski 2000; Osa 1989). The form and content of

28 Gazeta Wyborcza, Polityka, and Służba Zdrowia have been published in some form since the socialist period—Gazeta Wyborcza since 1989, Polityka since 1957, and Służba Zdrowia since 1949.  
29 Importantly, “people with AIDS” was constructed as a general category that did not distinguish according to mode of transmission. In the early years of Poland’s experiences with HIV, government efforts drew attention to gays as “at risk” and as a threat to Polish society in general through their association with AIDS. However, prevention efforts tended to focus on others—such as health care workers or the general population—as most vulnerable to infection, as a result of the government’s own prevention failures. I focus primarily on HIV as a sexually transmitted disease and make reference to the disease’s intravenous transmission as a point of comparison and contrast.
30 Pigg (2002) similarly argues that in Nepal, through emphasis on information-heavy brochures, a trend towards a medico-scientific view of AIDS, and a focus on testing, AIDS came to be as much about democracy and economic change as it was about preventing HIV.
contemporary HIV policies in Poland, with their lack of visible pro-condom messages, invisibility of campaigns that target sexual minorities, and Church involvement in HIV programs, would seem to support the assertion that the Catholic Church in Poland successfully inserts Church doctrine into social and political policies, a reflection of the overall “Catholicness” of Poland more generally. Through an historical analysis of contemporary HIV policy, I argue that to uncritically accept the link between “Polishness” and Catholicism obscures other discourses present in HIV messages, such as those related to the importance of scientific knowledge about HIV/AIDS. This uncritical acceptance also undermines the legitimacy of non-state, non-Church prevention efforts. Moreover, scientific and religious discourses often coalesced in unexpected ways in the early years of Poland’s experience with HIV.

By 1989, after four years of AIDS in Poland and at the crest of the transition, the number of people with HIV totaled 721, of which 32 were diagnosed with AIDS. The majority of documented cases were from large cities such as Warsaw and Gdańsk, and treatment for these patients was confined to these areas as well. Despite these relatively low numbers, attention to HIV became a dominant theme in the public press, particularly in discussions within the realm of health care. When AIDS diagnoses came at the end of the 1980s and into the 1990s, Poland was in the grips of massive political, economic, and social changes that provided the context in which HIV became institutionalized. I argue that during the period of transition, when uncertainty surrounded the terms of the post-socialist condition, public debates about HIV reflected more generalized public concerns about the shape of democracy, power, and authority in the new social and political order. Health service workers and advocates for HIV infected people openly criticized the socialist government’s slow response to the threat of HIV, publicly decried the lack of information about the virus, and joined together in these criticisms to advocate for the creation of formal HIV policies. These efforts resulted in the creation of government bodies dedicated to the development and implementation of national HIV policies and a complementary cohort of nongovernmental organizations that cooperate in these tasks. In addition, the initial silence of the Catholic Church was replaced by its central involvement in HIV policy as it became a key player in the resolution of conflicts (both
ideological and physical) surrounding the establishment of care centers for HIV positive people.

In interpreting the conflicts that marked the early Polish experience with HIV, advocates and activists understood the violent attacks against HIV positive people to originate from a lack of understanding about the virus’s biology, a failure of townspeople to adhere to a Christian (Polish Catholic) ethic of acceptance and care, and the inability of the socialist and then transition government to properly respond to this new health threat. Scientific knowledge and information about HIV became one tool in the development of a social justice model of protecting HIV positive people and protecting the people themselves from infection, and a democratic government became the tool for countering violence against them. Calls for science and knowledge about HIV intersected with the shift to democratic and market reforms and a vision of democracy was promoted in which the need for science was used for political purposes.

By the time AIDS arrived in Poland, a significant knowledge base regarding its symptoms, the conditions that increased a person’s risk for infection, and the international consensus on prevention measures had been established. But important questions remain as to how Polish society reacted to and interpreted HIV within the context of its own political and social history. In short, the response has shifted over time, reflecting changing anxieties and concerns, including the way people perceive the government to be fulfilling its obligations, the relationship between those deemed to be “at risk” and those not, and the role of the Church in combating this problem. As I argue below, commentary on AIDS and critiques of the various responses to it became a means through which the transforming contemporary social and political order could be understood.

**Poland Responds to AIDS**

The Polish response to and experience with HIV/AIDS began before the disease was ever actually documented there. Whereas in places such as the United States and western European countries HIV/AIDS became a significant health crisis as early as 1981, the first Polish case was not registered until 1985. Those familiar with the history
of the epidemic know that the first signs of a potential public health threat that would later be defined as HIV/AIDS emerged in 1981 in the United States, first documented among gay men in San Francisco and New York City. From an epidemiological perspective, HIV/AIDS arrived in Poland relatively late (1985) and never reached the anticipated “epidemic” levels. In the years 1985, 1986, and 1987, for example, the number of newly detected HIV infections was 11, 9, and 32, respectively; the majority of cases were confined to major cities such as Warsaw (Szata 2002). The early 1990s, immediately following the collapse of socialism, saw significant increases in infection rates but these rates have since stabilized or declined. In 1984, the first two AIDS victims noted and acknowledged within the Soviet bloc (Council for Mutual Economic Assistance countries) were in Czechoslovakia, and the following year Poland acknowledged its first two AIDS cases (Bankowicz 1984). In the Polish press, there was little mention of this new disease until 1983, the same year that French and American scientists identified HIV as the cause of AIDS. But these four years were filled with anxious anticipation of a looming epidemic, prompting Polish popular press and trade journals to regularly write about this disease.

Anticipating the Epidemic

Polish reports on HIV at international locations covered two aspects of this new disease. First, news magazines regularly reported on the latest information about the disease garnered from scientific research. For example, in 1983 an article in Służba Zdrowia, the health services journal, detailed the plight of American doctors and epidemiologists in determining what was causing the increased cases of Kaposi’s Sarcoma in American gay men, and the work of determining the transmissions modes of AIDS (Służba Zdrowia 1983). Articles on HIV appeared throughout the 1980s, such as in monthly updates on the number of new infections in Poland and the rest of the world. Second, despite the fact that many observers of socialism point to the regional regimes’ silences on issues such as alcoholism, poverty, unemployment, and environmental

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31 Debate still exists as to whether HIV is a necessary causative agent for the condition known as AIDS. For more insights into this controversy, see for example Cochrane 2004.
degradation (e.g., Feshbach 1995), within the context of AIDS, articles began to appear in the Polish press that openly discussed drug addiction and homosexuality abroad.

In fact, the socialist government attempted to deny that AIDS either was or could become a problem in the region. In the years preceding HIV’s documentation in Eastern Europe and its official acknowledgment in Poland, official Soviet influenced reports attempted to define HIV as a problem exclusive to the “West.” Censorship was still in effect into the 1980s, shaping the ways in which HIV was represented and controlling the information about AIDS that was made available. For example, during the 1980s, Polish accounts frequently referred to AIDS as the “plague of the 20th century.” When a physician and future senator in post-socialist Poland wrote a book on AIDS entitled “About AIDS without Panic,” (O AIDS bez paniki), the censors required her to change it to “AIDS—A New Disease” (AIDS—Nowa Choroba) (Mankiewicz 1992). Additionally, in 1985, the communist paper Patriot pointed to American genetic experiments in Maryland as the source of AIDS. The author put forward the idea that cooperative efforts of American researchers from the Pentagon and the Centers for Disease Control had created a new type of biological weapon. According to the paper, American researchers affiliated with the military experimented on Haitians and specific groups of “deviant” Americans, such as drug addicts, gays, and the homeless (cf. Farmer 1992). The communist newspaper Literaturnaja Gazeta raised questions about the origins of AIDS, asking why AIDS, unlike other diseases, was mostly restricted to America’s large cities and coasts. The answer was found in the explanation that the Pentagon conducted experiments on patients, volunteers, prisoners and drug addicts in New York, Philadelphia, and Chicago, and special aerosol containers filled with the new biological weapon were built into airports and train stations in major cities to facilitate the spread of the pathogen (Zapiewałow 1985). The newspaper Prawda printed a drawing of a supposed Nazi doctor handing an American military officer a bottle labeled “AIDS” in exchange for American dollars, and newspapers throughout Africa and South America later published this same drawing and the accompanying article. At the 1986 annual meeting of developing nations, a supposed expert from the French Pasteur Institute testified that genetic manipulation was the only possible means through which AIDS could have originated (Wawelski 1996). Only in 1987, the year that HIV was registered
in Moscow, did Soviet authorities address these obviously falsified reports about AIDS and its origins. Instead of apologizing for the “campaign of disinformation,” Soviet authorities denied that such information had ever been written.

Other news stories focused on the responses to this new biological threat within the United States and Western Europe. Even though there existed a general silence about the existence of homosexuality in socialist Poland (discussed in more detail in subsequent chapters), homosexuality in relation to AIDS in western countries was frequently discussed in the Polish press. For example, as early as 1983 an article in the journal *Służba Zdrowia* described the moral and medical panic surrounding gay men seeking medical care for AIDS in the United States (Bańkowicz 1983). The story relates how an invitation to journalists to visit with AIDS patients by the Manhattan Gay Men’s Health Crisis was met with skepticism and fear, to the point where journalists declined the invitation and did not report on the story. The author suggested that gays in America are treated like lepers, as in the case of a mother in Massachusetts throwing her gay son out of the house because she feared infection. In San Jose, California, the author reported, nurses resigned from work rather than care for AIDS patients. In addition to the negative reactions met by gays in the United States, the article also describes the gay community in the United States, characterized by pride in their sexual orientation and the growth of a movement demanding the recognition of their rights. This author and others linked the spread of AIDS to the battles by the gay rights community in the United States to dissociate homosexuality from perversion and to combat discrimination based on sexual orientation.32 American gays, the author explained, are not ashamed of their sexual desire and have even developed their own press, stores, and meeting places, “forcing” the right to their own lifestyle onto the rest of society. Such reports suggested to their Polish readers that sexual non-discrimination and freedom promote the conditions that enable this new disease to threaten society.

Moreover, such reports linked the failure of American and European medicine to eradicate HIV with the social implications of its existence. In this view, Americans

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32 The author, along with many western commentators, fails to consider a more complicated view of “the gay lifestyle” that places it into its broader historical and social context, and falsely associates equates the equal rights movement of sexual minorities with sexual promiscuity that leads to the spread of HIV. In fact, as I demonstrate in chapters 6 and 7, the idea that sexual non-discrimination leads to the spread of AIDS was not a valid argument in the Polish context.
accept that gays deserve neither disdain nor persecution and have the same rights as heterosexuals to fulfillment of their desires. The result is that for Americans, gays living together like “man and wife” is no longer shocking. The author warns ambiguously, “Now AIDS is presented sometimes as a punishment for adulterers, the scourge of God sent on those not wanting to live in accordance with God’s laws. If in the end, the secrets of this disease are revealed, and doctors acquire weapons against it, this success will have not only medical significance” (Bańkowicz 1983). Writing in the health service’s primary journal, the author suggests that, on the one hand, the failures of medicine to find both a cause and a cure have led to the fears and panic over this disease. At the same time, science and medicine are championed as the means through which prejudices and intolerances will be overcome. This article appeared in the July 24, 1983 issue of Służba Zdrowia, and by September of the same year, the same journal reported the discovery of the virus named HTLV-III by American scientists (and LAV by their French counterparts and later renamed with the now known abbreviation HIV) and offered the hope that perhaps this new discovery will aid in understanding how this disease progresses and how it can be prevented. Thus, such articles highlighted the links that were being made between scientific knowledge and the social good.

AIDS Comes to Poland

Just two and a half months before AIDS was officially acknowledged as existing in Poland in the fall of 1985, an optimistic headline in the newsweekly Polityka announced, “Race with the virus: AIDS still avoids our country” (Kubowicz 1985). The hope that AIDS would not come to Poland was shattered in October 1985 when the same news magazine asked, “AIDS is already here—What now?” (Ołowski 1985). Throughout the history of the epidemic in Poland, numerous actors have been involved in education, prevention, and care for people with AIDS. Institutions range from the Polish Red Cross to the Polish national government and its various ministries to nongovernmental organizations and the United Nations Development Program. People working alone and with voluntary organizations likewise played a fundamental role in the 1980s and 1990s, and their crucial activities continue today. Each of these entities responded to HIV as a Polish problem in different ways.
Similar to initial responses to HIV in Western Europe and the United States, the now familiar “risk groups” of gay men, injection drug users, and hemophiliacs became the target of programs and the subject of debate. Despite limited funds and resources within the health services sector more generally, the Polish government purchased large numbers of the expensive test for detecting HIV antibodies just months after it was developed and registered in the United States (Ołowski 1985). The National Institute of Hygiene (Państwowy Zakład Higieny) used it to test over 1300 blood donors, all with negative results, and 52 gay men and 89 hemophiliacs, resulting in two positive test results in each group. Although HIV testing itself has never been mandatory in Poland, according to Polityka, all provincial (wojewódzkie) outpatient sexually transmitted disease clinics were obligated to identify “gay patients” and persuade them to undergo testing at the National Institute of Hygiene. The argument was made that the venereologists had the greatest possibility and qualifications to undertake the task of HIV testing among gay men (Ołowski 1985).

From the beginning of this new disease’s appearance, the ability to test for the AIDS virus was seen as the most effective tool in the battle against it. A test signified knowledge, and possessing this knowledge became a sign of hope and safety, as illustrated by the commentaries from the early 1980s. Furthermore, the media, researchers, and health professionals viewed lack of knowledge about the causes of this new, mysterious disease among gay men, blood donors, injection drug users, and hemophiliacs as the biggest danger. They concluded that if these “risk groups” (and dangers to “the rest” of society) knew about the disease, they would take the proper steps to protect themselves and others. Therefore, in addition to testing, the distribution of informational brochures, booklets, and pamphlets comprised one of the earliest responses to the epidemic. The Polish Red Cross, for example, distributed the first mass-circulated brochure by post in 1988, the high cost justified in its relative cheapness in comparison to the predicted cost of medical care for an HIV patient, at the time estimated to be 150 dollars per night, per patient.33

33 It was later reported that only 16% of Polish households received information about HIV, despite the fact that 10 million brochures were printed, and of those who received the information, only about half read it (Strękowski 1990).
HIV and Social Critique: Early HIV Activism

These initial government efforts and their subsequent shortcomings and failures were open to criticism directed at them by health service workers, advocates for those infected with the virus, and those interested in HIV prevention. As Ost (1990) notes, in Poland “by 1986 censorship had been liberalized, afterward it seemed almost to disappear. No longer was the underground press needed to talk about poor conditions on the job, about schools and hospitals falling apart, about the destruction of the environment. Official newspapers brutally dissected the ills of the system on their own” (176). The use of HIV as a forum for such critiques reflects the decline in censorship and the increasing problems ravaging socialist system. They carefully couched their criticisms in terms that reflected more general concerns about the direction of Polish society and politics during the late 1980s, such as the ability of the government to procure the supplies and equipment necessary for HIV prevention. For example, in a discussion about the efforts of the Polish Red Cross to fight AIDS, the author of a Služba Zdrowia article concedes that AIDS is an incurable disease and therefore the most effective method against it, as demonstrated in other countries, is prevention (Služba Zdrowia 1988). The author declares, however, that in comparison to other countries,

We are doing nothing. We are not being attacked with visual and written information. And that’s not even talking about other protections, such as supplying health care institutions with the adequate amount of onetime use equipment or rigorously following sterilization principles. The personal hygiene of our fellow countrymen [rodaków] leaves much to be desired, as does the sanitary condition of our country.

The author does not stop his critiques here. He continues, pointing to the shoddy quality of Polish condoms:

It is also known from other sources that infection most frequently occurs through sexual transmission. That’s why the rubber industry around the world has hit a gold mine [robi kokosowe interesy], which cannot be said about ours. To us, as protection, they propose a glass of cold water. Not before, not after—but instead. There are no condoms in pharmacies, and that’s not even talking about “Ruch” kiosks.34 It is calculated that Poles need 60 million pieces of the “Stomil.”

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34 Ruch kiosks are a fixture on the Polish landscape, as visible today as they were during the socialist years, during which time the government attempted to gain control over this company that had been founded in
product, but we are producing barely 15 million units and those are of doubtful quality. Admittedly, the purchase of a Japanese technology line is planned, but we still will have to wait for the arrival of the product.

He continues by citing the lack of sterilization procedures in dental practices and beauty salons (adding that “here, pamphlets are not enough”), as well as the general shortage of clinics and staff for the care of people with AIDS. Those seeking help, the author writes, have nowhere to turn except to the Polish Red Cross. The author concludes with the question, “But are they the only ones who are supposed to do this?” He raises early concerns about who should be responsible for protecting public health and caring for the sick.

The significance of this author’s comments shows on multiple fronts. First, he clearly places blame for the danger of AIDS within the failures of the late socialist system, pointing to poor production quality of items such as condoms, shortages, and lack of a unified and systematic plan of action. Second, he points to the semi-independent Polish Red Cross, rather than a governmentally-associated clinic or institute, as the place where the infected and their families seek help. Third, he does not question the protective value of condoms. During the socialist period, condoms were not part of a debate between health protection and the protection of Polish moral values as they are today. Rather, they were part of a more generalized critique about the failures of the socialist economic system and the ways in which the government reneged on its commitments to protect its citizens. Authors in publications such as Życie Warszawy also used the problem of condom production as social critique. In 1988, reporting on the possible purchase of condom production equipment that could be purchased from Japan for the price of US$8 million, the author explains that “in consideration of savings,” the government intended instead to buy already-produced condoms from South Korea. In other words, the effectiveness of condoms in HIV prevention and the potential moral implications of their promotion were not questioned. Rather, concerns for economic feasibility were foregrounded.

1918. Today, Ruch kiosks sell newspapers, tickets for public transportation, gum, candy, small personal hygiene products, and nonprescription medications, among other things.

35 Stomil is a Polish rubber company that produced condoms along with other products during the socialist period and today.
Moral questions about condoms did eventually emerge. But in the socialist Polish context, when questions about the moral implications of condoms promotion were raised, they reflected a convergence of socialist puritanism, exhibited in denials that certain problems existed, and Catholic Puritanism, voiced in objections to particular sexualities. In 1988, the chair of the Commission of Prevention and Social Council on AIDS (a governmental organization) wrote a letter to the editor of Życie Warszawy, the oldest daily newspaper published in Warsaw. In this letter, Stapiński outlines the key points in an effective HIV prevention program, particularly the importance of visible public information about AIDS and the promotion of condom use. He argues that because sexual transmission is the primary method of infection, it is important to provide people with accurate information about their use, in addition to making them widely available. Dr. Stapiński wrote into Życie Warszawy in response to a letter from a reader protesting a calendar with slogans promoting condom use. In this author’s interpretation of the letter, the “use condoms” message was an advertisement for homosexuality. Dr. Stapiński used his letter to the editor to clarify the actual message on the calendar. He argued, however, that it is important to direct safe sex messages at the 2-5 percent of the population that might be gay. It is not out of concern for their health and well-being, but in the best interest of protecting the health of the general population from infection through bisexuals who have sex with both men and women. In an effort to assert that this is a secular rather than a religious issue, he makes reference to “puritanical” Switzerland, a Catholic country with visible condom promotion message in their campaigns to fight AIDS.

Additionally, in an interview I had with the physician who treated the first Polish AIDS patient, he described how he, together with Marek Kotański (see below), wrote a letter to the socialist Ministry of Health requesting that disposable syringes and condoms (he jokingly said “one time use” for these as well) be made available to drug users. He said that that they received a letter back from this ministry in which was written: “Dear Sirs: we cannot agree to this proposal because there are no drug addicts in Poland.” When he attempted to distribute condoms and informational leaflets about HIV and promote needle exchange while he rode on public transportation, he was told to stop these activities by both the Church and the government. He was accused of
“demoralizing” Polish youth. In the Polish context “demoralization” (“demoralizacja”) had primarily social rather than religious undertones.\footnote{In 1994, Marek Kotański unexpectedly changed his stance on condoms. He declared that he stopped believing in their effectiveness in the fight against AIDS: “I saw, first, that they are not at all adequate protection. And secondly, in general they do not solve the problem of AIDS” (Najsztub 1994). Even though Kotański denied that this sudden change of opinion had any religious motivations, the Catholic Church did use it to validate its own anti-condom stance. The priest working for the National AIDS Center, Arkadiusz Nowak, expressed satisfaction in learning that Kotański was now against condom use as an HIV prevention strategy. And in 2005, the conservative Catholic newspaper, \textit{Nasz Dziennik}, reminded readers that Marek Kotański, who is hailed by both the Church and others as a champion advocate for the rights of the infected and as a key force in the creation of humane and comprehensive policies towards HIV positive people in Poland, had changed his position regarding condoms in their criticism of that year’s “ABC” campaign sponsored by the National AIDS Center. Unfortunately, it is impossible to know Kotański’s perspective on this issue today. In 2002, at the age of 60, he was tragically killed in a car accident. I was told that his funeral was attended by thousands, from former and current drug addicts to HIV patients, to homeless people, to politicians and the general public.} I asked one of my informants about the meaning of demoralization in Poland:

\textbf{JO:} What does that mean, “demoralized?”

\textbf{Interview 30:} “Demoralization” is a word that is directed at minors. Well, probably to adults as well, but professionally to minors who, for example, drink a lot of alcohol, take drugs, are impolite, cause educational problems, who commit crimes. They skip class, run away from home—those things that cause problems. They are demoralized people. There’s a description of the symptoms of demoralization in the legal code. It’s a statute about youth crimes. It says there which behaviors are included in demoralization.

In other words, while the distribution of condoms violated Church teachings on sexuality, condoms also stood in opposition to socialist beliefs about the origins and manifestations of particular “social ills.”

Furthermore, throughout the 1980s, pointing to the potential threat of AIDS continued to serve as a forum for the critique of social and political policies. In particular, the failure of the government to provide the appropriate equipment to ensure protection of health service workers from the virus emerged repeatedly in popular and medical commentary. For years, observers of the socialist health care system recognized supply shortages as one of the key failures of the state to meet its responsibilities towards its citizens. For example, in 1987, the Warsaw newspaper \textit{Życie Warszawy} reported that shortages of disposable syringes and needles resulted in “even little children” being given injections using multi-use needles (Dux 1987). As early as 1981 single-use needles produced abroad were difficult to obtain, as were paper for electrocardiograms, batteries
to power equipment, and catheters for newborns (Sienkiewicz 1981). General shortage of medicines, causing patients to run from one pharmacy to another in search of things such as antibiotics, prompted one critic to ask how it was possible that a “country at the end of the twentieth century, in the middle of civilization,” lacks basic hygienic equipment and medicines (Grzegrzółka 1988). Such critiques of the health care system in reference to AIDS reflect a more general context of shortage within medical services, as well as shortages of basic consumer goods and housing; generally poor conditions in hospitals and clinics; and maldistribution of physicians, including primary care doctors, pediatricians; and gynecologists, within this sector at the time. In fact, conditions in Polish health care were so appalling in the 1980s that the Solidarity labor union listed the need to improve the working conditions within health services and access to medical care in their demands following the strike in the Gdańsk shipyards. A Solidarity Health Section was formed, and included health personnel from all regions of the country. A series of protests and sit-ins resulted in increased salaries for health workers and greater openness on the part of the government about the actual conditions in the health services sector. However, acute shortages and poor conditions continued (Sokolowska and Moskalewicz 1987).

These shortages and the anxieties they produced affected debates and policies about AIDS and care for those infected with HIV. Following the approval of AZT (zidovudine) as a treatment for AIDS patients in 1987, the Polish government immediately made plans to purchase this drug as part of its comprehensive AIDS policy. However, plans to acquire this highly expensive therapy carried no guarantee that they would be enacted. For example, the government originally promised to allot 192 million złoty to fight AIDS but eventually reduced this amount to 72 million, causing people to question how the government could pay for AZT when other basic medicines proved to be inaccessible and unavailable. In my conversation with the one of the first Polish doctors to treat an AIDS patient in Poland, he told me that in order to compensate for the lack of equipment, medicines, and information available domestically, he found himself writing letters to medical professionals abroad (particularly in France), requesting anything he could get to help in his work with AIDS patients. By 1989, stories circulated in the press of AIDS patients breaking into pharmacies in order to steal medicines.
Public criticism regarding the government’s response to AIDS continued throughout the 1980s, and health service workers used the service journal *Służba Zdrowia* as a vehicle for voicing these criticisms. They called attention to the government’s slow response to the epidemic and its failure to implement any lasting measures or long-term plans. For example, although the first AIDS cases were registered in 1985 and the Council on AIDS formed that same year, it took more than a year for AIDS to be registered on the government’s list of infectious diseases. Moreover, critics argued that the government took insufficient action to work against the social panic around AIDS and did little to protect health service workers from infection. The government did sponsor educational workshops for doctors as early as 1986 and doctors generally possessed a high level of knowledge about AIDS. However, the lack of adequate supplies (needles, syringes, protective clothing such as rubber gloves, analytical and testing equipment, and sterilization and disinfectant materials) to follow sanitary guidelines prevented health service workers from feeling safe in their workplaces. In fact, in order to compensate for the perceived dangers within hospitals and clinics, the government proposed to increase the pay of those health service workers at the greatest risk for infection. In 1988, a twenty percent raise for employees of infectious disease hospitals was proposed, and in 1989 a second proposal called for a system of payment that varied depending on the degree of contact with AIDS patients and the relative risk of infection. *Służba Zdrowia*, however, questioned the appropriateness of these proposals. They pointed to the lack of clarity in the terms of the changes, the fact that historically workers received the lowest possible pay in such proposals, and that the proposition addressed only individual salaries while failing to address the general problems of all departments and employees. Importantly, these critiques did not focus on a lack of access to information about HIV, but the lack of the proper means through which protection could be assured.

In addition to calling attention to shortages and problems within the domestic health care system, authors frequently made reference to international standards and practices in the fight against HIV as a second way of accusing the socialist government of

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37 Ironically, in 1989 the city of Gdańsk scheduled an action to collect information on gays in the region, similar to the infamous “Hyacinth” actions conducted four years earlier. The program did not succeed, however, because the functionaries did not obtain the rubber gloves and facemasks they thought they needed to protect themselves from HIV infection while carrying out their investigation.
creating the conditions that made a broad spectrum of the public vulnerable to AIDS. Even the AIDS ward at the infectious disease hospital in Warsaw, the first of its kind in Poland, was criticized. One Swiss journalist visiting the facility disbelievingly commented, “This is supposed to be an infectious disease hospital? Here is where you treat AIDS patients? It is unacceptable that 20 patients use one washbasin” (Pietraszek 1990). Another “notable” feature of this hospital was that patients lay in the hallways because there was a lack of space, and the hospital did not have the facilities for conducting laboratory tests on the blood drawn from them. This was a serious problem because other labs would not accept the infected blood for testing. These poor conditions in the AIDS wards, however, were not unique. In general, the health services lacked the resources to properly maintain equipment and sanitary conditions, and hospital staff was extremely poorly paid. After the registration of the first Polish AIDS cases in 1985, the World Health Organization became the leading authority in guiding Poland in the development of a national AIDS policy. In 1987, in response to suggestions made by the World Health Organization, the Minister of Health and Social Welfare appointed a director to the newly formed National AIDS Committee, authorized the purchase of AIDS tests, and monitored testing of the blood supply (Bończak 1987). Then in 1988, after a meeting in London with World Health Organization officials resulted in the declaration of the first “World AIDS Day” on December 1 of that year, a two year plan for combating HIV in Poland was drafted and supported with about $300,000 in funds from WHO.

The calls to the international community to become involved in HIV in Poland are instructive theoretically. Such references reflect the internationalization of AIDS and its definition as a truly global disease, but also hint at the way developments at the international level could be used to urge the Polish government to become more actively engaged with domestic prevention efforts. In much of the literature on HIV in the developing world, HIV prevention is often portrayed as an impetus coming from the outside, and in some ways imposed on foreign governments. In the Polish case, however, calls for prevention and international involvement came from within and were a source of social and political critiques against the perceived inefficiencies of the state. Likewise, constant reminders of the international character of this disease peppered the news
reports. On the one hand, the Polish experience with this disease was internationalized from the beginning because the first two registered AIDS patients in Poland were, in reality, Polish expatriates from the United States and Germany who returned to Poland in order to spend the final moments of their lives in their homeland. On the other hand, the estimated number of people with AIDS in the world complemented predictions about the rise in numbers, with warnings such as those that suggested the number of people to die of AIDS might surpass the predicted death toll of a nuclear showdown between the world’s superpowers (Bończak 1987). Through constant reference to the Polish epidemic and the figures from the rest of the world, these articles have had the effect of extinguishing illusions that Poland (and other socialist countries by extension) is somehow protected from this epidemic. At the same time, it has the rhetorical and discursive effect of defining the problem as international, requiring internationally cooperative solutions.

As shown above, during the 1980s, the approach to AIDS in Poland emphasized the importance of supplying the proper equipment necessary for protection within the health services sector and the dissemination of information about the virus to the general public. The mainstay of prevention talk, such as condoms and sex education in schools did not invoke the moral debates that eventually characterized the post-socialist period. Instead, they were used as a means of articulating the shortcomings of the socialist system. Moreover, attempts to create permanent institutional structures for addressing the health needs of AIDS patients fell short due to funding problems, equipment shortages, and staff and citizen resistance.

In the final years of socialist Poland, anxieties about risk of infection were expressed in two seemingly contradictory arguments. On the one hand, it was suggested that the government inadequately addressed potential risks and dangers within clinical settings and failed to provide basic equipment and supplies to minimize the chance of exposure. The language of risk and danger provided the terms through which governmental failures were addressed. On the other hand, others suggested that doctors and other medical professionals continued to know too little about the disease (e.g., modes of transmission) and held stereotypes about people with AIDS (e.g., that infection results from a person’s poor choices and immoral lifestyle). Attention to “ignorance” as
a primary problem in HIV prevention, however, did not gain in popularity until the tumultuous period of transition began.

**Democratic Change, Social Panic, and the Reformulation of AIDS Policy**


“Someone must loudly say—I will take them in. Who? The Church? Some sort of Citizens’ Committee, Solidarity? Some government agency? Someone must.”—Jacek Fronczak, Reporter for *Gazeta Wyborcza*, commenting on the relocation of AIDS patients to the Ministry of Health, where they slept on the floors and participated in a hunger strike.

Throughout the 1980s, criticisms of the government’s response to HIV were both public and vocal. The social and political changes of 1989 and beyond brought new opportunities for acting on those critiques by those concerned with this issue. With the transition, governmental focus turned towards the realization of political and labor goals, diverting attention away from issues such as HIV and the health sector more generally. Individuals and newly established nongovernmental organizations continued to fight for more effective programs and policies.

In 1989, at the threshold of the transition, Maria Malewska, a professional psychologist and advocate for drug addicts, founded a nongovernmental organization offering therapeutic services to care for drug users and AIDS patients. She had been working with drug addicts for years prior to the advent of AIDS, and once AIDS arrived in Poland she increasingly had contact with HIV infected people. She witnessed both the health and social problems that her drug-addicted, HIV infected patients encountered, and in response founded a nongovernmental organization at the end of the 1980s. The organization bought food and small things for people with HIV, such as oranges (at the time considered to be an exotic and expensive fruit—see Dunn 2004) that they would give to them as Christmas and Easter presents. The money came from Polish people themselves, which she raised during weekly appearances on television to educate people about HIV.
In 1990, she attempted to find an office for her organization “Nie jesteś sam” ("You are not alone"), which up until that point had been operating out of her apartment in Warsaw (personal communication). She went through government channels in order to find an office to rent, which she planned to use as the base for various operations, such as educational campaigns and prevention programs targeted at youth, “risk groups,” and health care workers, educators, and the military. One change in governance that resulted from the transition was the shift from centralized state control to a new era of local rule and “pluralism.” For Maria Malewska, this meant that the city and national government no longer had the responsibility for finding organizations suitable office space, and Maria Malewska was not allocated any space. With the news that the government was unable to find her a location for her nongovernmental organization, Maria Malewska wondered how, then, the government planned to find a suitable location for a planned MONAR center that intended to accept HIV positive people for treatment (Jarosz 1990).

During the late 1980s and early 1990s, work in HIV prevention continued to be a form of government critique and offered a new forum of social activism. In my research, I had the opportunity to speak with a woman who became involved in what can be considered “underground,” street-level HIV prevention while still in high school. Magda described it as “natural” to enter into HIV prevention work because her mother was involved in such work. Magda therefore had frequent contact with HIV infected people and their advocates, which provided her with a significant amount of information in comparison with her peers. Even though the government had officially been publishing HIV-related educational materials for several years, Magda concluded that these materials inadequately addressed the prevention and educational needs of youth. Magda decided to create her own prevention materials. Using cutouts from newspapers, Magda created “HIV comic books” that she photocopied in black and white. Together with her friends, Magda passed them out, along with condoms received from foreign organizations, at concerts in Warsaw’s underground music scene. Given the context of the early 1990s and the hysteria surrounding fears of infection, Magda said that she really wanted to communicate a message about HIV different from that of the government:

But I remember that we started to make those leaflets for different targets. Because I thought that it’s not really good to have all those messages on one piece of paper because when, I don’t know, when a girl from a so-called “proper family”
will read about drugs, needles, she will throw it away. So I made a special leaflet for drug users. I mean, at that time we had joints and that Polish heroine—kompot—injectors, and it was mostly for them... So we were talking about—if you have to share, boil them for twenty minutes, and the same with kompot. And a leaflet about sex. And also, messages how you cannot get AIDS. It was very important because people were hysterical about it. They thought that, you know, sitting at the same table with an HIV positive person can make you sick, I don’t know. [Interview 4]

In order to get accurate information about HIV, she could turn to her mother, who was a part of some internationally-based mailing lists and would get newsletters and magazines with information, mostly from the United States. People in general thought, “We are normal people—we are safe.” At the same time, they were afraid of being in contact with HIV patients and the actual number of HIV patients was so low that the chances that they had actually came into contact with them was marginal. Magda described such an approach to HIV prevention—with innovative messages and means of delivering them—as “guerilla”-like (partyzancki) because “there were no structures at the time.”

Suggestions that working on issues surrounding HIV was in some ways “guerilla-like” in the late 1980s and early 1990s also emerged in other interviews I conducted with activists from that time period. The imagery was so strong to me that I later incorporated a question into my interviews of current HIV activists about the idea of this work as “guerilla.” All of my respondents agreed that such work no longer produced images of political and rebellious activity.38

Later, Magda got in touch with a youth-oriented Polish radio station and arranged to host a weekly half hour show on Monday nights in which she talked about HIV. The show, she emphasized, was not serious and she wanted to make people smile and have positive feelings, in an effort to make them better accept and retain the messages. With her friends, she wrote and recorded sketches about how one could and could not become infected with HIV. People called in and asked questions about HIV. Despite the success

38 Kubik (1994) offers an alternative and broader interpretation of terms such as partyzant (guerilla, partisan or “underground soldier”) in socialist Poland. He writes that all printed text had to be approved by the Główny Urząd Kontroli Prasy, Publikacji i Widowisk (Main Office for the Control of the Press, Publications, and Public Performance), and he describes the language of propaganda that resulted from this censorship as having a two-value orientation. He argues that the word partyzant was used in opposition to bandyta (“bandit”), the former in reference to a member of a “friendly” armed resistance and the latter to a member of a “hostile” resistance, in the a language that assigned unequivocal values and positive/negative dichotomies.
of the program, such activities had serious negative consequences for Magda. She was in her third year of high school (out of four) and, when school officials learned that she was talking about condoms on the radio, she was expelled from her school. Although she had no trouble finding another school, her expulsion highlighted the general silence about HIV and sexuality in schools at the time.

Magda also told me about the Amsterdam World AIDS Conference (1992) that she attended after her abstract had been accepted. The Polish Ministry of Health had also submitted a paper, which did not get accepted, but attended the conference anyway. The Ministry of Health representatives, however, would not let Magda and others from the NGO stay in the rooms paid for by the Ministry. She gave her talk and was invited with a group of other young people at the conference to create sketches that were to be performed on stage about HIV education. Her play, she recalled, had the message that government education does not work. In this skit, she stood in the middle of the stage and the other participants came up to her and hung bags filled with HIV information onto her. When someone gave her a condom, she feigned that she did not know how to use it and blew it up instead. The skit directly criticized the trend in HIV prevention that had been established in Poland since the 1980s—a focus on the indiscriminate provision of technical, epidemiological, and scientific information to all possible risk groups.

Questions of responsibility, visions of democracy

Maria Malewska’s and Magda’s involvement in HIV in the early 1990s speaks to the challenges of the organizational changes brought by the transition, as well as to the opportunities for action that the transition offered. The ability to form and register nongovernmental organizations offered new opportunities for addressing the needs of AIDS patients. The newly freed media allowed new and alternative messages about the disease to be communicated to diverse Polish audiences. In other words, at a practical level, attention to HIV served as a platform for exercising the new freedoms characteristic of the fall of socialism in Poland. At the same time, HIV served as a rhetorical category for AIDS activists, the media, and the government for debating the terms of the transition. Defining these terms had important consequences for the ways in
which AIDS patients would be cared for, how prevention messages would be formulated, and who would become responsible for these tasks.

In the events I describe below, AIDS patients and their advocates were the victims of often violent attacks. Why were these events so significant in the context of early 1990s Poland? I suggest that these sometimes cruel protests and the media attention they garnered speak to the core of the anxieties that surrounded Poles during the first years of the postsocialist transition. Moreover, analyzing the terms through which these series of protests were discussed and the solutions proposed helps situate the current Polish approach to HIV and its prevention, particularly concerning the importance of knowledge in combating both HIV and the “intolerance” that this disease has generated. In the protests, controversies, and debates about what to do with AIDS patients, the voices and experiences of HIV positive people were often silenced as attention focused on the intolerance of particular groups of people and the process of democracy. Moreover, AIDS patients often remained anonymous and voiceless out of fear, caught in the crossfire of this confused period at the beginning of the 1990s.

The number of known HIV infected people remained low at the eve of the transition: a total of 721 carriers had been registered by the end of 1989 (Semprich 1990). However, among those who had contact with these patients, some recognized the need to create special hospitals and palliative care centers for them. Marek Kotański, the founder of the drug prevention and addiction center MONAR, came to be interested in HIV/AIDS through his work on drug abuse and addiction that began in the 1970s while he was working at a therapeutic hospital.

Founded in the late 1970s before AIDS was discovered, these MONAR centers were envisioned as places for the recovery and reintegration into society of drug addicts. MONAR was built on a model of detoxification, treatment, and recovery that followed the ideas of the California-based organization “Synanon.” In the Polish version of this particular model of a “drug free therapeutic community,” drug addicts would live in detoxification centers isolated from towns and cities for a given period of time. People accepted to participate in the program were required make a pledge to stop using drugs, and a violation of this oath resulted in ejection from the center. While at the center, recovering addicts created a “self-sufficient” community designed to rebuild the troubled
understandings of personal roles and responsibilities resulting from poor family structure that had theoretically led them to begin drug use. The first of these centers was located in the town of Głosków in 1978, the location of violent protests on the issue of HIV in the 1990s.

Given his history of involvement with drug addicts and by extension AIDS patients, Kotański played a key role in efforts to build palliative care centers for HIV positive people. As early as 1987, Kotański expressed interest in opening a home for people with AIDS who were otherwise unable to find help and support among their friends and families. As soon as the economic and political reforms that marked the beginning of “transition” were implemented on January 1, 1990, people working on the behalf of HIV positive people began to seek out locations for homes and clinics where these patients could undergo treatment and care. Spearheaded by Kotański, these homes were envisioned as a solution to the intolerance AIDS patients experienced, and the lack of adequate facilities operated by government agencies.39 As homes separate from already-existing MONAR drug rehabilitation clinics, they were described as places where AIDS patients could go to “peacefully live and die” (Jarosz 1990).40 Organizers from MONAR and the AIDS association “Plus” regularly encountered HIV positive people living on the streets, unable to find anywhere else to go after getting kicked out of their own homes.

39 The significance of MONAR’s and Kotański’s work in support of people with AIDS was not lost on observers of the problems they encountered. Toward the end of the turbulent year 1990, an article in Polityka wrote the following about the organization and its leader:

Perhaps MONAR would not fall apart without Kotański. But with complete certainty, it would be a different institution: less crazy and less effective: a careful group of psychiatric therapy. MONAR, as it is now, with that strange leader, still insatiate with public glory, but also with unceasing coercion of helping people, as if no one else but MONAR is able to do it—that MONAR has already registered itself in contemporary ethical traditions. It is one of a few secular organizations that came out of the PRL that retained a deep, human virtue. That’s why it’s necessary to protect both MONAR and Kotański. (Pietkiewicz 1990).

Such a valuation of MONAR came at a time when this organization was suspected of unethical and/or illegal business practices, questioning how this organization managed to maintain operations and pull in money while official government institutions such as the health care services had less and less money (see for example, Pietraszek 1990b).

40 Time spent at the center often included arduous physical labor, such as working in fields or construction projects. During one of my interviews, I spoke with a young man who was both a recovering drug addict and HIV positive. In his efforts to stop using drugs, he had gone to such a MONAR center, but given his medical condition soon found it impossible to engage in the demanding labor required of him. From this perspective, then, the need for separate homes for HIV positive people is more understandable.
The difficulty of establishing suitable care and treatment facilities had roots in the 1980s, but became an urgent issue after socialism collapsed. Throughout Poland in the 1980s, infectious disease clinics could not meet the staff, funding, and equipment needs for AIDS care, and difficulties were met in finding suitable locales for their treatment. As with the creation of palliative care centers for AIDS patients, resistance also existed against building specialized out-patient clinics. Under the socialist system when a comprehensive clinic with gynecological, dental, venereological and analytical services was proposed, the government chose to keep its location a secret until the final moment in order to avoid public controversy. This clinic actually never materialized due to lack of ability to find an appropriate space. Instead, health ministry officials concentrated on the renovation of existing space at the infectious disease hospital where AIDS patients were treated. In fact, by 1991 five attempts to find a suitable location for an out-patient clinic dedicated to the care of HIV positive people had failed. In the 1990s, given the public outcry against these clinics and the protests described below, MONAR likewise resorted to establishing branches where HIV-positive injection drug users could report their status without public announcement (Jarosz 1989).

In Warsaw, activists and patients accepted from the city an abandoned building with bursting walls and broken pipes. Despite the decrepit conditions, these homes were seen as the only solution given the intolerance, and they argued that these homes were not a form of isolation from society. In contrast, they were seen as a way for AIDS patients to “come out from hiding, defeat hatred of one’s own body, holding one’s head high in the presence of sickness” (Wilczak 1990). Later, in 1992, Kotański worked to open a center that accepted HIV positive children specifically, recognizing that some infected children did not have the possibility to safely remain in family homes. Some

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41 During my fieldwork, I interviewed physicians working with AIDS patients at the infectious disease hospital in Warsaw. The outpatient clinic, located nearby, had recently been renovated and the doctors with whom I spoke were very proud of this new facility and tried (unsuccessfully) to arrange a visit for me so that I could see it firsthand. In many ways, the desire to show me the clinic reflects the tumultuous history of AIDS patients in Poland and was an effort to show me the progress that had been made in regard to the way that HIV positive people are treated in Poland and the amount of resources that are now allocated to them.

42 Such homes for children were also controversial, with some making the argument that all efforts should be made to find them a place within either a family home or an already existing home for children with the possibilities of ensuring a safe environment. The argument was made that otherwise these children will be isolated in “ghettoes” and separated from a normal environment. One solution to the dilemma of HIV
commentators questioned the value of these homes, pointing to the fact that isolating AIDS patients violated fundamental human rights because the course of the disease permits many people to work and live normally for many years without negative health consequences (Pietraszek 1990). Others argued that nowhere else in the developed world do such isolated facilities for AIDS patients exist, and placed questions of their ethicality in terms of what it means to be a “Western” country and embrace “Western values” of tolerance and democracy (Gladysz et al 1990). For example, as a reporter for Gazeta Wyborcza argued, “In the West, no one points out the infected. They live in normal apartments and homes. They work. They’re under the care of a doctor or social organization. There is no reason that people must know who is ‘plus’” (Fronczak 1990).

To build such homes in Poland would indicate a value system separate from (and less developed than) that of Western Europe and the United States. The symbolic power of references to the West increased given the new possibility that Poland would regain its position as a member of Europe. In other words, the controversy over the homes revolved around what it means to be tolerant, democratic, civilized, and educated as the socialist system collapsed.

On January 10, 1990, a mere ten days after the institution of dramatic “shock therapy” that set the Polish economic system into turmoil with skyrocketing inflation rates, sudden increases in unemployment, and declines in real incomes (Kolodko and Rutkowski 1991), Marek Kotański, along with activists from the AIDS organization “Plus—solidarni wobec AIDS” (“Plus—Together Against AIDS”) took the first steps towards making these homes a reality. They decided to house five HIV positive people in a single home in the Warsaw suburb of Rembertów. Three days later, residents of the neighborhood demanded that these patients leave the house, forbidding use of the community’s well and threatening that they would kill both Kotański and the newcomers if they did not leave. No one intervened. Twenty-one days later, the AIDS patients abandoned the house and moved to the Ministry of Health, where they slept on the floors positive children was the establishment of an organization called Maly Książę, which works with HIV positive parents and their children (both infected and not).
and commenced a hunger strike in protest of their eviction. Similar protests against attempts to establish other homes occurred in the town of Kawęczyn, as well as in the Warsaw suburb of Konstancin, where residents unsuccessfully attempted to burn down a house taken over by the Ministry of Health and Social Welfare.

Then in March 1990, the situation repeated itself, this time in the village of Michałówka, about 35 miles south of Warsaw. Using their tractors, residents there organized an hour-long blockade of an international route (to the Ukrainian city of Lwów) and all roads leading to the center of the town. They demanded that a MONAR center in operation for eleven years be liquidated, fearing that the center would begin to accept HIV positive residents. Again, no intervention was undertaken, not even to address the resulting serious traffic hazards. At a local church, protestors in support of the MONAR center carried banners reading, “Tractors to the Fields,” “Without Fanaticism” and “Intolerance is the Inheritance of Communism.” In 1991, residents of Warsaw protested against the construction of a consultation point for people with HIV. That year residents of the town Piastów, also a suburb of Warsaw, attempted to burn and then shut down the home of eight HIV positive people and one non-infected child, a home run by the Carmelite priest, Arkadiusz Nowak. Then in 1992, the Warsaw suburb of Józefów witnessed similarly violent protests.

It was in this context that the citizens’ protests against the homes for AIDS patients took place. The issue discussed here is not which side of the controversy acted “justly,” “ethically,” or as “Christians.” The issue, rather, are the ways in which the protests were written about in the media, the arguments invoked by all sides, and the ways in which they reflected other concerns of Poland at the time. In retrospect, the reasons for the protests articulated opposition to the AIDS homes in two ways. On the one hand, residents cast into doubt the legality of the homes, questioning the grounds on which they were occupied or built. On the other hand, residents expressed concerns about their own health and safety.

In the first case of protest in the town of Rembertów, which led to the hunger strike and sleep-in at the Ministry of Health and Social Welfare in 1990, the president of

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43 The AIDS patients were brought to the Ministry of Health by the current vice-minister Krystyna Sienkiewicz. During the hunger strike, Prime Minister Jacek Kuroń visited with the AIDS patients, greeting them and kissing them, and presented several solutions to the problem.
the citizens’ board offered the following explanation of the protests. First, he said, people had real fears about the virus and the safety of the residents, adding that no one guaranteed that those coming would not do drugs. Placing the concerns of the residents into socioeconomic terms, another woman from the citizens’ committee asked, “Interesting, would people in Saska Kępa (a historically wealthy neighborhood on the east bank of the Vistula River in Warsaw) be happy with that kind of neighbor?” (Wilczak 1990). She argued that Marek Kotański manipulated television and print media to cast residents as backward looking and opposed to new ideas, rather than powerless in the newly established socioeconomic system that valued economic wealth as a means of exercising political clout. The president of the citizens’ committee also declared that people demand the right to peace, recalling that a prison, reform school, and home of the socially marginalized already called Rembertów home. “Is Rembertów a place of exile?” he asked. Finally, he argued that any home for AIDS patients would need to be safe. The citizens’ committee maintained the position that the facility designated for the MONAR-run AIDS center was in danger of collapse, and had already been deemed unsuitable for a proposed preschool and clinic several years before.

Signs of collective protest appeared that read, “There is no authority that can repress the people.” In Rembertów, residents of the district protested on the grounds that no one had consulted with them before permission to occupy the home was granted to MONAR. In the town of Głosków, some protestors carried signs that read, “Instead of MONAR—A Senior Citizen’s Home” (“Zamiast MONARU—Dom Seniora Wsi Polskiej”). Such slogans reflected the villagers’ argument that there were other needs in these villages, such as an elder care center, that had gone unheeded. Residents invoked the symbolism of legitimate citizens’ authority in the emergent democracy against the perceived illegitimacy of the socialist state to protect their health interests. Undoubtedly, the residents of these towns expressed homophobia and AIDS phobia as they carried signs reading “Down with the Queers” (“Precz z pedałami”) (Krawczyk-Wasilewska 2000:67). The residents of these towns also used what they viewed as the uncertainties surrounding the danger of HIV infection as a way of voicing concerns about the directions of the political reforms sweeping the country and the legacy of socialist era neglect of issues important to their town.
In addition to the legal arguments against the homes stated above, residents also resisted these homes on the grounds of potential HIV infection and the possibility that their communities would be overrun by drug addicts. For example, the vice-director of a school near the town of Głosków publicly stated that it would be enough for the drug users to spit on the benches to infect everyone with AIDS (Pasek 1990). Another school director forbade students from going near the MONAR centers already established in one town that were rumored to be accepting AIDS patients.44 Others believed that AIDS could be spread through the air, mosquitoes, and squirrels. Residents in the suburbs of Warsaw pointed to the poorly functioning sewage system, lack of modern methods to destroy waste, and unsatisfactory sanitary conditions as possible conditions that could facilitate the spread of the disease (Mankiewicz 1992). In a study of people’s attitudes and knowledge about HIV at the peak of the protests in 1990, 50% feared infection through using the same dishes as infected people, and 25% believed that HIV could be spread through a handshake. Of 56 surveyed physicians, 66 percent believed that HIV could be transmitted through kissing (Strękowski 1990). In other situations, residents declared that they had nothing against HIV positive people, fully aware that they could not catch AIDS through the air. They were concerned, however with the increase of drug users in their neighborhood, and expressed concern over increased crime rates and decreased ability of public services (such as waste disposal) to deal with an influx of residents.

Those critical of the townspeople’s protests similarly used a language of democracy and progress in order to expose the “backward” thinking of the residents. Strękowski (1990) pointed to the irony that it was the very existence of democracy in Poland that allowed the fears and phobias of Polish society to be expressed. For example, an article about the protest in Michałówka declared it to be a “Barricade of Intolerance” (Pasek 1990). A 1992 feature article in Nowa Europa by Ewa and Janusz

44 It was only rumors of possible admission of AIDS patients to this MONAR center that sparked the protests. According to reports, the proposal to admit drug addicted HIV positive people had been withdrawn by the Ministry of Health, but by the time this information was made public, it was too late and the protests were underway. The context of the secretive nature of the socialist government makes the incident of the MONAR center and the question of whether it would accept HIV patients more understandable. The residents of the town could argue that MONAR was operating in a manner reminiscent of the socialist past rather than the democratic future.
Łętowscy about the protests against a home for AIDS patients in the town of Józefów illustrates the connections made between AIDS, democracy, Europeanness, and tolerance. The authors write that these protests demonstrate the “shallow and superficial” understanding of democracy in Poland (Łętowscy 1992). The authors declared that protests against the homes are “un-Christian, un-European, and medieval,” built on a misunderstanding of the nature of AIDS. In their view, violence against AIDS victims marked a failure to practice the Christian principle of “brotherly love.” Regarding tolerance, the authors pointed to the fact that in 1989, the European Parliament adopted a measure stating that discrimination against people with HIV is a violation of human rights. Therefore, for Poland to continue to discriminate and express violence towards AIDS patients was tantamount to a disregard of the “European” value of tolerance. In response to residents’ concerns about the health consequences of cesspools filled with waste from the AIDS home flooding into the forest, the authors responded that these fears do not reflect the biology of AIDS. To correct this problem, they argued, it is necessary to repeat information about AIDS infection until people either understand the risks, or at least “the more enlightened” got the message. The president of the city council at the time declared that the oath of office rather than the Polish constitution obligated him to represent and comply with the wishes of his constituents, and thus he needed to respect the wishes of the residents to disallow the home to be built in this area. The authors stated that the Polish constitution guarantees the protection of human rights, based on international standards accepted by the European Parliament. They state further that:

Democracy is not only that which the majority wants. Democracy is not the usual counting of raised hands. It may have been thought of that way, but that was many, many years ago, when democracy just began to form in its primitive stage. Mature, liberal democracy is admittedly the rule of the majority but with observance of the law and interests of the minority. And once again in the name of that observance, liberum veto is not necessary.  

That is not the way. Modern democracy requires compromise. [Łętowscy 1992]

In this interpretation of events, the authors tightly link together calls for further education about the virus, the supposed backwardness of residents born from their lack of

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45 The concept of Liberum veto originated in the mid sixteenth century when Polish gentry and nobility successfully gained control of the country and established a bicameral Sejm (parliament). In the system of liberum veto, any single member of the Sejm could prevent passage of legislation.
knowledge about AIDS, and a specific interpretation of democracy. Others, however, doubted the supposition that education would stop the residents’ protests, recognizing that the problem was not just about fears of HIV infection and that residents similarly protested against other specialized care homes in their neighborhoods. Such a perspective recognized as legitimate the residents’ concerns about local political control and the processes by which decisions affecting them are made (Semprich 1990).

In some ways, the violent reactions against the home caused some observers to lament Poland’s lack of “European” and “modern” values and behaviors. Importantly, in these articles, the residents of the towns in question were referred to as “chłopi,” or “peasants,” underscoring conceptions of them as somehow backward, uneducated, and intolerant. The vice-minister of health in 1990 Krystyna Sienkiewicz (who had suggested that HIV positive people move to the Ministry of Health after being evicted from their home in Rembertów) declared, “If we want to be recognized as civilized people, we cannot allow situations such as those that happened in Głosków and Rembertów. The time of burning witches passed a century ago” (unknown source). The image of “throwing stones” appears repeatedly in discussion surrounding controversial issues in Polish history and society, such as homosexuality and HIV. The image of a “thug” throwing stones at various groups serves as a metaphor for the perception of the social, if not physical, violence done against certain groups. It creates an image of the “primitive,” uneducated and anti-progress protestor (most often caricatured as an uneducated peasant or village dweller or an overzealous, young male Catholic with a shaved head) against the more “worldly” (i.e. European), democratic, educated victim. In some instances these references are real, for example when protestors threw stones and eggs at the various rights marches, but in other instances they are about an imagined, stereotyped “enemy.”

46 Interestingly, the debate about what democracy means reemerged in the same terms in the aftermath of the illegally held gay rights parade in Poznań in 2005. Former Polish president and Solidarity leader Lech Wałęsa stated in an interview about the parade: “Please, it is known what it was about. Let’s not play games. They need to know where their place is. They are the minority. Homosexuals are the minority. And they want to force their thoughts upon the majority, don’t they? Yes, they do. This is democracy. The majority rules, not the minority.” (Przose, Pani, wiadomo, o co chodzi. Nie budzmy dzieci. Oni muszblurzycz, gdzie ich miejsce jest. Przeciez to jest mniejszosc. Homoseksualisci to jest mniejszosc. Ich chce narzucie swoje mylenie wiekszosci. Nie jest tak? Tak jest! Demokracja jest. Wiekoszcz rzdzi, a nie mniejszosc.” (www.przekrok.com.pl)

47 The reference to “witch hunts” in the context of HIV reemerged in an interview I conducted with a playwright and physician I conducted as part of my research, which I will discuss in the following chapter.
These images of who is and is not democratic and what it means to live in a
democratic country became the focus of controversy over the AIDS homes in at least one
instance—in 1990 in the town of Konstancin outside of Warsaw. In many ways, HIV
acted as a catalyst for change, showing various issues of marginalization that needed to
be addressed. In January of that year, the Konstancin citizens’ committee had requested
that three buildings used by the Ministry of Internal Affairs be returned to the town.
They never received a reply but then in February, residents learned that the Ministry of
Internal Affairs had transferred one building, a deteriorating health spa, to the Ministry of
Health, which then brought the HIV positive patients to the building. The Ministry then
sent a letter to the townspeople with an appeal for Christian sentiment, reason, and help.
In protest of the relocation of four HIV positive people to the town, members of the local
Solidarity-affiliated citizens’ committee broke from the organization and formed their
own, and elected their own candidate for upcoming elections to run against the
Solidarity-backed candidate. In its newspaper, the breakaway citizens’ committee
clarified that they were not persecuting people with AIDS, of which they had been
accused by the Solidarity-based opposition. Rather, they demanded to know with what
authority the Ministry of Health brought the HIV positive people to the spa. When the
parish priest attempted to speak to residents about the extension of the “brotherly love”
and tolerance towards HIV positive people, he was skeptically asked, “And who brought
you here?” Someone set fire to the estate where the AIDS patients were living, and
signatures were collection in a petition to remove them from the building; a counter
petitioning effort by scouts was stopped by the parish priest. Then in March of 1990 (that
same year) at a special national council meeting, city leaders voted that the HIV positive
people must vacate the town by the end of May. In an alternative proposal, one candidate
for the elections offered that AIDS patients from the region could stay in the home but
“foreign” patients should seek housing in their own hometowns. From the perspective of
this splinter group, the local solidarity organization, in cooperation with the national
government, jeopardized the townspeople’s safety and violated their right to self-rule
when they attempted to find suitable care and housing for HIV positive people (Koral
1990).
In their protest against the homes, residents invoked slogans of home rule, democracy, and taking power into their own hands. Such invocations placed the new government in a difficult position. As the unfavorable economic reforms eroded their support throughout the country, the new ruling party needed the support of these residents in order to maintain power. Further, many Polish people at the beginning of the transition held the conviction that the entire legal system to that point needed to be discarded, and accused those who did not see such a need as supporting the old regime or as the voice of the new Communist elite who only exchanged places with the old (Strękowski 1990). The ombudsman (Rzecznik Praw Obywatelskich) noted that up until recently society in general was treated paternalistically, and after the collapse of the socialist regime, they no longer knew to what they had rights, where the claims based on law ended and where those dictated by someone’s own dangerous, egotistical interest began.

To reconcile the tensions between the residents of the towns and the newcomers, proposals to create coalitions between the Church, media (radio, television, and press), and various government ministries were made. It was in this context that the priest Arkadiusz Nowak began his work on HIV/AIDS (discussed in more detail in subsequent chapters). Incorporating the Catholic Church into the efforts was a significant move. Prior to Father Nowak’s engagement with HIV, various accounts reported on the Church’s indifference and silence regarding the problem of HIV and AIDS patients. During the 1980s, the Church, at least in newspaper accounts, remained publicly silent on the issue of HIV, permitting discussion of topics such as the preventive benefits of condom use and the need for more open sex education in schools as a method of HIV prevention. Then during the battles over the centers for AIDS patients in the early 1990s, the Church’s stance on AIDS emerged but with contradictions. One parish priest evaluated HIV as a punishment for sins based on the “shameful” modes of transmission (Wilczak 1990). When a bishop visited the town of Głosków during the height of protests there, he neglected to visit with protestors or clarify the unfounded nature of their fears of infection, which the residents took as a sign that the Church was “on their side.” Similarly, a local priest made no appearances during the blockades. Even when, during a Sunday mass, the priest spoke of tolerance, the residents expressed skepticism and
wondered if perhaps the priest had himself taken “dollars” from the drug addicts (Pasek 1990b).

Despite this historically, socially, and politically charged moment in Polish history regarding HIV policies and practices, attention did not drift towards understanding and resolving the political controversies and tensions at the root of the problem. Rather, the media and critics portrayed the residents of these towns as being ignorant about AIDS, and thus calls for “information only” campaigns about this disease were made. Moreover, supporters of the homes and AIDS patients made appeals that human rights needed to be respected, and that protecting them and human dignity required casting aside all stigmatization and discrimination against HIV positive people, as declared in 1988 at the AIDS summit in London (Strękowski 1990). Strękowski, the author of this news article, commented at the end of his article: the “bright side” of the discrimination and controversy would be if people in Poland began to speak and know about AIDS: “[T]he less we know and speak about this disease, the more quickly it spreads.” More than 15 years later, one of the women I interviewed who had been active in HIV work in the late 1980s stressed the continued importance of educating people about the ways the virus is not caught, reflecting the hysteria and the reasons cited for it from the early 1990s.

The shift in focus from the issues of democratization surrounding the AIDS homes to the root of intolerance being lack of knowledge about AIDS led to further calls for education about the virus. When I asked a woman active in the early HIV education movement at the beginning of the 1990s about the conditions that made it both possible and necessary for educational programs, she replied,

I don’t know exactly…because the conditions were simple. There was fear. There was a lot of fear. There was terror in some people. There was a complete lack of knowledge. The lack of knowledge was complete. People didn’t know anything. People only knew that it’s a fatal illness that is easily spread and period, nothing more. [Interview 6]

In these reflections, she did not comment on the political or social conditions that permitted a more open discussion about HIV, but rather the conditions of fear and ignorance that made such discussions necessary.
Most often, “lack of knowledge” translated into a focus on the amount of scientific and biological knowledge about HIV/AIDS that people demonstrated. For example, during the height of the controversies in the spring of 1990, the national newspaper *Rzeczpospolita* published the results of a study conducted by the Polish Public Opinion Research Center (Centrum Badania Opinii Społecznej—CBOS), reporting that lack of knowledge results in feelings of danger (Niewiedza 1990). The Institute of Mother and Child also conducted research on secondary school students in order to assess their knowledge about the disease and access to sexual education in schools (Juszczyk 1991). Other publications such as “What a high school graduate should know about AIDS” published by the School and Educational Publishers of Warsaw (Płytycz 1991), a booklet for teenagers detailed the biology of HIV, clinical manifestations of AIDS, and research progress in the development of a vaccine and treatment. A final chapter of this booklet on how to protect oneself from AIDS offered little in the way of practical advice, instead focusing on the pathways of infection, the percentages of the virus found in various body fluids, and the possibilities of infection for health service workers, based on the argument that “it is enough to recall the main knowledge about the retrovirus HIV and reflect on the pathways through which the virus can move from a sick to healthy person” (Płytycz 1991:55). The booklet detailed the ways one cannot get infected, for example explaining the difference between HIV and diseases transmitted by mosquitoes such as malaria, but offered no information about condoms use, sexual abstinence, or other practical ways of avoiding contact with HIV-infected body fluids.

**Conclusion**

Fee and Fox (1989) argue that the advent of AIDS has spurred a new interest in understanding the historical significance of modern diseases. Even 25 years after this new disease emerged, questions still remain about the social and political climate into which it was introduced. In this chapter, I have attempted to provide further insights into the ways in which the ideological and practical forces at work in the 1980s and 1990s in Eastern Europe and internationally shaped the development of HIV policies seen in Poland today. Such a project works towards providing a more “adequate and complete
history of AIDS” (Fee and Fox 1989:311) while simultaneously providing insights into what socialism was (Verdery 1996) and how the disruptions of the transition were confronted (Burawoy and Verdery 1999).

The Polish debates and controversies surrounding HIV in the 1980s and the construction of houses for carriers of the virus at the beginning of the 1990s inform the current understanding of what “democracy” means in the Polish context. Through continued calls during the socialist period to devote resources to HIV prevention, health service professionals and those working with HIV positive people critiqued the socialist government for its failure to address the needs of its citizens in what was perceived to be a period of extreme danger, in the form of this “new” biological pathogen. The perceived danger of HIV was magnified given the uncertainties in everyday lived experiences that the collapse of socialism brought (Burawoy and Verdery 1999). The history of HIV in Poland from the 1980s through the collapse of socialism reveals reactions similar to those that occurred throughout the world. In many ways, events such as the violent protests against AIDS care facilities were born out of fear, hatred, intolerance, and lack of education. However, I have attempted to show that they were also about people’s struggles to make sense of the new system of care and responsibility that would replace the socialist system. At the same time, debates about HIV were also a means through which people could call attention to the shortcomings of the socialist system and visions of its replacement could be formulated. In other words, the language and means for addressing the fears and intolerances diverged from those in the United States and Western Europe.

After the fall of socialism, these critiques were put into new terms: what it means to be democratic. In their calls for increased and improved access to information, those involved in HIV prevention during the early 1990s were sending the message that to be “democratic” means to have open and easy access to scientific information. Such an interpretation of democracy continues today in the arguments about HIV prevention and information communication by those involved in HIV prevention in the gay rights community. They argue that part of the role of a democratic government is to permit access to information, which in the case of the activists is “objective” information and “just the facts.” During the 1990s, because attention focused on the reaction of residents
in towns rather than the experiences of AIDS patients themselves, there was little attention on any activism by HIV positive people to further their own cause. In contrast, the Catholic Church, after Father Nowak began his work, became the advocate for AIDS patients, somewhat obscuring the struggles by the AIDS patients themselves. Therefore, the “problem” of what to do with AIDS patients became a struggle between local and national rule in which the national won. Today it is the role of the Catholic Church and Father Nowak that is seen as having made this possible. In the next chapters, I explore in greater detail the way in which the Church became a key partner in HIV prevention and Poland. I also explore contemporary manifestations of this unique history in the form of HIV prevention visible in Poland today, and the way broader questions of citizenship and responsibility continue to be addressed through HIV. In chapters five and six, I show the ways that other voices—such as those of gay rights activists, AIDS patients themselves, and volunteers of nongovernmental organizations, became excluded from the national landscape of HIV prevention.
CHAPTER FIVE

DEFINING THE TERMS OF PREVENTION:
THE INSTITUTIONALIZATION OF HIV

Introduction

The contemporary moral terrain of HIV prevention in Poland has been shaped in the context of the many failed efforts to bring HIV to the attention of the socialist government and the public and make it a policy priority. The presence and activism of the Catholic Church in this area has also shaped the moral terrain of HIV prevention. Following the protests surrounding the creation of palliative care centers for AIDS patients, the Catholic Church began to heavily influence the direction of Polish HIV policy. However, its role and present influence remain equivocal. The involvement of the Church has been instrumental in shaping people’s attitudes towards those infected with HIV, particularly in developing more humanitarian and compassionate attitudes towards them. Throughout the world, people infected with HIV and those people belonging to the originally conceived “risk groups” have been the victims of intolerance and persecution, and this story is no different in Poland. Prior to the solicitation of the Church’s assistance in dissuading the residents from protest, the Church in Poland remained relatively silent on the issue, even after Pope John Paul II began to speak directly about the issue of HIV infection and response to those with AIDS. The Pope’s teachings about HIV/AIDS incited many criticisms, particularly his denunciation of condom use as an effective method of prevention (see below). However, his statements and actions regarding people infected with HIV and living with AIDS carried great significance for the way that these people were treated and the type of resources that were made available to them. This is certainly the case in Poland and has implications for the relationship between prevention and care for people living with HIV, and is therefore worth understanding in detail.
At the same time that the Church’s role in HIV prevention began to solidify, gay rights activists in Poland were emerging as participants in HIV prevention as well. Their work, however, was shaped by a very different set of discourses. Discourses of homosexuality reflected socialist-era notions about sexuality and perceived deviance, as well as Catholic ideas of morality. In this chapter, I chronicle two histories—that of the Church and the eventual National AIDS Center, and that of gay rights organizations—and the ways in which both became involved in HIV prevention but in very different ways. Drawing on newspaper accounts, interviews, and materials produced by gay rights organizations, I trace the history of the gay rights movement in Poland and its relationship to HIV. Following Butler (1993:10), I use textual analysis of these various sources to explore how gay sexuality in Poland has been constituted, and the regulatory norms through which homosexuality is materialized. On the one hand, the inclusion of the Catholic Church as a key voice in the development of prevention messages creates a climate in which the person understood to be most vulnerable to HIV is heterosexual, despite the fact that gay men and injection drug users continue to be affected in greater proportions. On the other hand, Poland’s socialist legacy, Catholic national identity, and contemporary efforts to demonstrate its position as a member of the new Europe work to create a paradox for gay rights activists and members of the gay community in terms of HIV. Socialist gender and sexual ideologies that focused on the heterosexual couple as normative and the builders of the communist state, converged with Catholic notions of proper morality to marginalize and pathologize homosexuality. The advent of HIV, however, provided a context through which the historical public silence on homosexuality could be broken. Both the National AIDS Center and gay rights organizations formed in a context in which ideas about what it means to be democratic were formed, and in which the possibilities of participation in the new Polish democracy were defined.

**Religion, the Church, and Morality in the Creation of a Prevention Strategy**

For Poland, the most significant of the Pope John Paul II’s statements on AIDS came in 1989 when he addressed an international AIDS conference held in the Vatican
and organized by a Papal commission on the ministry of health services. He appealed to scientists and researchers to intensify and coordinate their work in order to provide hope for those suffering with AIDS. Turning attention to the social treatment of people with AIDS, Pope John Paul II linked the issue of human rights and their abuses to the suffering, discrimination, and intolerance of HIV-infected people: “Regardless of the specificity of the disease, they have—as with all other sick people—the right to proper care, respect, understanding and full solidarity of the community” (quoted in Nowak 1998:57). Then in 1990, the Pope went a step further by publicly embracing an infected person. In 1992, he called on local churches to stand by the sick “as Mary stood at the foot of the cross to share the pain of her son” and to “knock down the walls of isolation surrounding those suffering from AIDS” (Nowak 1998:58).

Such public declarations in support of AIDS sufferers were important given the widely circulating conviction that AIDS was a punishment from God for violations of the Church’s moral teachings regarding sex and sexuality. The Church delicately negotiated this issue by focusing on the sufferers rather than the mode of infection. It recognized that HIV infection resulted from a “crisis of values” and a “break of moral principles,” but asserted that AIDS itself is not a sin in the same way that death, for example, is not a sin (Nowak 1998:62, citing Polish Primate Cardinal Józef Glemp’s 1990 address to a gathering of American bishops in Poland). The disease may be a consequence of sinful behavior, but the disease itself is not a sin.

*The Church and Prevention in Poland*

In the panicked atmosphere surrounding HIV and fears of a generalized outbreak that existed in Poland during the late 1980s and early 1990s, and the violent reactions and protests towards HIV infected people, such statements from the Polish Pope carried great significance. Activists and politicians alike used them as the basis of appeals to end these attacks. Against the fact that many of the towns’ residents made arguments about the right to self rule in the face of democratic change, advocates for people with HIV saw championing the importance of a Christian ethic as a primary way to win the residents’ support. At the same time, the initial, sometimes violent and aggressive reactions to HIV-positive people have provided a platform for the Church to reiterate its principles of
“brotherly love,” compassion, and outreach. Through this emphasis on “Catholic values,” the Catholic Church in Poland has become particularly engaged in care for people living with the virus.

A history of the Polish National AIDS Center documents the creation of prevention strategies that shape who is understood to be the victim and “at risk” person in the Polish epidemic. The origins of a national agency dedicated to HIV in Poland resulted from the global focus on HIV in the 1980s. In 1987, the Global Program for AIDS Prevention was established as part of the World Health Organization, and in 1988 an attempt to form a similar agency at the national level was undertaken in Poland. With the approval of the Minister of Health and Social Welfare, the details of this program were worked on from 1988 to 1990, but funding was not secured for its implementation. The document outlining it was never published in printed form (Daniluk-Kula and Ciastoń-Przeclawska 2002). A second attempt likewise did not produce results. Then in 1993, a National Office of AIDS Prevention was established. In 1995, the Polish Parliament passed an act requiring the government to present HIV/AIDS prevention information to the Parliament. In compliance with this act, the Minister of Health formed a group of specialists with the task of preparing a coherent national strategy. In 1999, the National Office of AIDS Prevention was transformed into the National AIDS Center as an agenda of the Ministry of Health in 1999. It has retained this status since that time.

Since 1995, the national program is evaluated and renewed every three to five years, and addresses both HIV prevention and care for people living with HIV/AIDS. The national program emphasizes and coordinates the cooperation of a broad array of governmental and nongovernmental agencies. Government ministries such as Education, Internal Affairs, National Defense, Labor, Health, and Justice are included in the plan, as are nongovernmental organizations ranging from those working with drug addicts to family planning organizations, scientific associations, and support groups for HIV-positive people and their families. The national HIV program, however, is not legally binding and has very low priority within the various ministries. Moreover, the program remains consistently underfunded as it lacks priority status in the face of shrinking budgetary resources. The agenda of the National AIDS Center is broad and its tasks shift slightly with each revision of the plan. Its mandate includes overseeing HIV prevention,
educating the society about HIV, and ensuring integrated care for people living with HIV. Because this office coordinates both prevention and care, competition over budgetary resources is inevitable, and presents a dilemma that those working in HIV prevention easily recognize.

One program coordinator asked if I had seen one particular chart published by the National AIDS Center that details changes in spending on prevention versus treatment. The chart showed that in 1994, all but two percent of funds were spent on education, and in 1995 all funds were spent on prevention, as the main objective was to increase general knowledge about HIV. In subsequent years, more and more funds have been designated for treatment as the cost of medicines has risen. By 2000, an estimated 81 percent of funds were spent on treatment and the percent spent on prevention was reduced to 19 (Daniluk-Kula 2002:81). The positive result of this budgetary assignment is that Poland boasts free access to the most current HIV medications at levels comparable or superior to its western European neighbors. The drawback, however, is that the HIV prevention efforts see increasingly limited funds as the cost of care for HIV infected people rises (see Figure 5.1).

48 Interestingly, in the debates within anthropological community that took place regarding the effectiveness and appropriateness of the “ABC” prevention message, Paul Farmer (2003:7) made the following appeal: “Finally, I’d ask [Edward C.] Green to consider the thorny issue of treatment for advanced HIV disease as part of the prevention agenda, especially for Africa. We can formulate a rather long list of the ways in which improving HIV care can enhance prevention and have done so. Mostly, these lists have been ignored by ‘prevention people’ since prevention and care have been divorced, absurdly enough, by the ‘Western’ experts who run much of the world.” In this regard, the Polish system of a single governmental body that addresses both HIV prevention and care is progressive. However, as I document, such a system is not without its drawbacks and particular set of socio-political implications.

49 In its latest form, the national program aims to further expand its interest in the lives of people living with HIV. In addition to working towards stabilization of the Polish epidemiological situation in the face of the rapid increase in HIV infections in countries to Poland’s east, other goals include decreasing the number of HIV positive children born to infected mothers; increasing the accessibility of antiretroviral drugs after exposure to the virus; and improving the quality of life for people living with HIV. In a conversation with a representative from the National AIDS Center, I was told that people with HIV are often in need of various forms of social assistance, such as finding work and improving their educational skills, as well as reducing discrimination by employers. The development of programs to address these needs of HIV positive people reflects the fact that HIV positive people in Poland are living longer and do not want to live in isolation (Interview 18).
Figure 5.1: Expenditures on HIV prevention and treatment, 1994-2002.

It was through the inclusion of a young priest named Arkadiusz Nowak, a Camillian, that the gravity of the issue was communicated to the Polish people and the priorities and form of the national AIDS agenda developed. During my research, I never had the occasion to speak directly with Father Nowak (see Chapter Two). I did, however, speak with a young man who worked as Father Nowak’s assistant while he served as an advisor to the Ministry of Health regarding AIDS. Throughout my research, people’s interpretations of Father Nowak’s work intrigued me. My personal background and interest in HIV stemmed from the work of anthropologists such as Paul Farmer (1992; Farmer, Connor, and Simmons 1996), who focused on the political economies and historically constituted systems of inequality and impoverishment that leave certain segments of the population vulnerable to infection. I was familiar with U.S.-based models of HIV risk based on ideas of individual behavior. Although commonly viewed as antithetical to and incompatible with one another, these models of HIV vulnerability do share the assumption, in some instances more clearly articulated than in others, that effective promotion of condom use constitutes a necessary (but not necessarily sufficient) component of effective HIV prevention. Such an implicit assumption about the value of condoms and the focus on HIV as a sexually transmitted disease rarely focus on the religious implications of such messages. Therefore, I found myself somewhat unprepared theoretically and practically to grasp the significance of the Church’s role in HIV policy in Poland. With the opportunity to talk with someone who had worked
closely with Father Nowak and currently consulting for the National AIDS Center on various projects, I was able to gain some insight into Polish HIV policy from the perspective of the Church.

Jacek, Father Nowak’s assistant, and I met for coffee one June morning in Warsaw to talk about a project he had just finished for the National AIDS Center. I asked him about his history working with this organization, and he said that it began in the late 1990s when he became Father Nowak’s “right hand man,” around the time that Father Nowak received a humanitarian award from the United Nations (in 2000) in recognition of his work on “breaking the silence” around HIV in the region. The award distinguished him as one of the first Roman Catholic priests in the world to publicly work on this issue and defend the rights of HIV positive drug addicts. Nowak currently serves as an advisor to the National AIDS Center, and I felt provoked to ask what Jacek thought of the fact that a priest served as an official advisor on issues controversial in the Polish context, such as condom use, injection drug addiction, and homosexuality. Immediately, Jacek, as had others, assured me that it is necessary to know both the history of Father Nowak and HIV in eastern and central Europe in order to understand the necessity of his presence and his work.50 In the context of violent protests against the care centers for AIDS patients, the Polish government at the time needed to find a way to convince the public and negotiate for these homes for HIV-positive people to be built. They resolved to call on a mediator representing the Catholic Church, whom they hoped could convince people of the necessity of these centers. It was generally believed that the Church’s heretofore silence about HIV served to fuel the position of the residents that these homes had no place in the towns.

Arkadiusz Nowak was a young member of the Order of Camillians, maybe 25 or 26 years old and was asked to work as the negotiator and the educator on behalf of people living with AIDS. Camillians are a Catholic Order whose vocation lies in serving the sick and suffering, regardless of the nature of their illness. In his earlier work, Father Nowak had worked with drug addicts and their families, and through this work had contact with HIV infected people since the virus first appeared in Poland. He was one of

50 Unlike most other people with whom I spoke, Jacek expanded the significance of Father Nowak beyond Poland to encompass the entire formerly socialist Eastern European region.
the first Catholic priests in the world to fight for the rights of people with HIV/AIDS, even before official statements on HIV were made by those in the Church hierarchy. The Polish Ministry of Health then asked Nowak to become an advisor to the government regarding HIV/AIDS after one and then three palliative care centers were eventually built under his guidance and mediation. In fact, Nowak is seen as responsible for, and takes credit for, the founding of the three centers that currently house and care for people infected with HIV. Earlier in the 1990s, Marek Kotański of MONAR had requested Nowak’s assistance in persuading the residents in the town of Kawęczyn to accept the construction of a similar home. Kotański was unsuccessful, leading to the campout of HIV infected people at the Ministry of Health described in the previous chapter. Nowak then became the driving force behind the creation of the national program and national AIDS center. He served in this capacity during a period of rapid changes within the Minister of Health and eventually resigned, but has since maintained a working relationship with the Ministry of Health and the National AIDS Center in his current role as an advisor and advocate. His primary role today is a social advocate and media spokesperson; he retains a role as a social advisor for the prime minister of Poland and has opened a foundation for patients’ rights. In the mid 1990s, he proposed to Jolanta Kwaśniewska, wife of then president Aleksander Kwaśniewski, that she become a patron of International AIDS Days in Poland and use her celebrity to advocate for rights of people living with HIV. Through her husband’s presidency she acted as an intermediary between infected people, the government and the Church. In short, Father Nowak’s dedication to HIV and patients’ rights advocacy, and his moral authority as a Catholic priest, created the conditions through which HIV entered into the Polish consciousness and the health and social agenda of the postsocialist government.

Father Nowak was instrumental in the formation and leadership of the National AIDS Center for many years. Although his role today has somewhat diminished as he focuses his attention on other issues, the National AIDS Center remains the main coordinating organization for HIV prevention efforts and care for people living with AIDS at the national, regional, and local levels. Despite any doubts regarding the overall prevention agenda set forth by the National AIDS Center, those working in the
nongovernmental sector express that such a structure is necessary. As one volunteer commented,

And it’s the same with AIDS. In the beginning one home where infected people lived was built in Poland. Well, and it was met with tremendous resistance by society, etc., etc. But at this moment there are already certain structures. There’s the National AIDS Center. There are medications. There are organizations that work. These organizations or foundations function on the principle of mutual exchange of experiences. They create new programs…But now the structures are already concrete. [Interview 28]

Through the creation of this national institution, HIV ceased to be taboo; materials are published and accessible, places exist to make photocopies—everything today is “full service” (Interview 9). The National AIDS Center is viewed as an institution that legitimizes HIV knowledge and confers expertise through its system of workshops and certifications (e.g., Interviews 10 and 24; see also the following chapter), as well as a necessary regulatory and distributive agency for funds and materials.

Various church-related organizations have been instrumental in gaining the financial resources necessary for the construction of care facilities for HIV positive people, as well as providing the volunteers and staff for them. The Church has also campaigned for the recognition and application of the principles of internationally standardized human rights guidelines to people living with HIV in Poland. One of the primary cooperating nongovernmental organizations for the National AIDS Center is *Res Humanae* (literally, “The Space of Humanity”), the Polish Foundation for Humanitarian Aid. This organization, based on Catholic religious principles, concerns itself with care and support for those living with HIV and those close to them. It is also involved in the workshops I describe in chapter 7 and various HIV prevention activities. It also provides office space and support for the *Zielona Linia*, an anonymous hotline for people with questions regarding AIDS, a service that is contracted to them by the National AIDS Center. 51

During the early 1990s, in the wake of the controversies over the palliative care centers, the Church used the public discussions of HIV to reiterate its moral teachings, both on care of those with HIV and appropriate methods of prevention. In many ways,

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51 This organization, I was told, was founded by Father Arkadiusz’s brother. For a more detailed account of the perspective this organization brings to HIV, see its publication *Człowiek a AIDS* (1994).
the position of the Catholic Church in Poland parallels that of the Catholic Church in general, as expressed in statements by the Pope and various bishops. The Church’s official position stands against programs based on the principle of “safe sex,” extending to a stance against the free distribution of both condoms and needles/syringes. The argument that I heard repeatedly in both HIV workshops and church-based discussions about HIV posits that although these means may indeed reduce the risk of infection, they do not completely eliminate it (cf., Nowak 1998:59). Furthermore, the promotion of condoms conflicts with basic tenets of Church teaching, such as its position against sex outside the context of marriage, and the Church therefore promotes an abstinence-only approach to HIV prevention as the only truly guaranteed effective method.

Walking into the National AIDS Center in Poland for the first time provided me with a striking but subtle reminder of the Church’s anti-condom stance and its (perhaps unintentional) presence in the Center’s HIV prevention and awareness campaigns. This center, located in a far southern district of Warsaw, accessible through a difficult combination of subway, buses, and waiting, provides a testament to the differences between the Polish approach to HIV and that of its neighbors to the west. On the walls of the Center hung various posters from European countries, representative of recent campaigns in places such as France and Germany to promote safer sex and reduce HIV infections. In one, a “traffic light” composed of bright red, yellow, and green condoms contrasted against a white, text-free background. A second poster featured a sketch of an extended condom, with the tip pointed skyward with two people straddling the condom as if it was some sort of rocket ship. Like the other, this condom-themed poster featured very little writing, with the exception of some text at the bottom. These two posters contrasted starkly with the two Polish-produced posters also hanging on the wall. The first series were part of the 2004 national HIV prevention campaign and were in the form of true/false questions, written in white letters against a black background. The first one read, “HIV test: the one way to be sure—True” (see Figure 5.3). The second one was directed at women as it is written in the feminine grammatical form (see Figure 5.4). It reads, “I am faithful to my partner and that is why I am sure that I am not infected with the HIV virus—False.” This billboard reminds women that their sexual partners are a potential source of infection, from either past or current sexual relationships.
Figure 5.2: “Test na HIV” National HIV prevention campaign, 2004. (Photo by Jill Owczarzak)

Figure 5.3: “Jestem wierna partnerowi,” National HIV prevention campaign, 2004. (Photo by Jill Owczarzak)
A second set of posters, this time from the 2003 national campaign, featured a young heterosexual couple sitting on a couch with the caption, “You are together. AIDS: Talk about it.” None of these posters mentions condoms or safer sex and both focus on testing as the means of prevention.

_Criticisms of the Church’s Involvement in HIV Prevention_

The National AIDS Center readily admits that Arkadiusz Nowak does attract media attention to the issue of AIDS, including prevention campaigns (Kiluk 2002:61). The role of this priest as an advisor at the National AIDS Center also raises uncomfortable doubts and questions among those active in HIV prevention, particularly those working with the marginalized populations at the center of my research. On the one hand, they recognize the progress that has been made in regard to the treatment and care of people with AIDS. Marek, a volunteer at one organization, recognized Father Nowak as somehow atypical of the Catholic Church, a “special” priest with political thinking aligned more with the “left” than the “right” (Interview 3). Others saw the Church as closed and “behind” when it comes to matters such as HIV prevention (Interview 13). Some volunteers suggested that the Church should continue to address attitudes towards the infected based on Christian ethics in order to create tolerance and acceptance of them, but prevention should be left to the “experts” (Interview 10, Interview 11). Still others suggested that the Church could be involved in HIV prevention but on a limited basis—that is, only providing prevention guidelines to those who seek this source (Interview 12).

Father Nowak remains an important spokesman and advocate for those suffering from HIV, and continues to be one of the primary authorities on the subject for Poles. Although Father Nowak concentrates his attention on care for those infected with HIV, he cannot remain silent on prevention-related issues. In a 2005 interview published in the women’s magazine _Pani_, Father Nowak, then 39 years old, reiterated the position that the Catholic Church does not view AIDS to be God’s punishment for moral corruption. When the interviewer asked him about church reform and HIV prevention, Nowak once again voiced the Church’s stance towards condoms: condoms are not the only antidote to
HIV. HIV results from particular types of behaviors and changes to “our” sexual culture; condoms, he asserted, do not address these changes in values and do not guarantee a complete protection from infection: “[Condoms] reduce risk. But that does not mean that in the country you mentioned [South Africa—JO] there would be fewer infections if everyone used condoms but did not change the sexual culture” (Domagalik 2005:64). Because one can never be sure if a potential sexual partner has HIV and because condoms do not offer a guarantee of protection, one should avoid sex before marriage, therefore adhering to Christian values of fidelity.

Among other issues, Father Nowak also addressed homosexuality but outside the context of HIV. For him, homosexuality can be both acquired and innate. He disagrees with efforts to “heal” homosexuals, but recognizes that “active” homosexuality as a sin. He added, “However, all those parades of equality really irritate me. They are vulgar, provocative, and cause people to have a pathological image of homosexual people” (Domagalik 2005:66). In this interview, Father Nowak summarized the positions of the Church on two key issues regarding HIV in Poland that are central to the development of HIV prevention strategies by NGOs and the government.

During one of the HIV workshops I attended as part of my research (see Chapter 7 for a detailed discussion) Father Nowak gave a presentation primarily discussing the application of international human rights laws and standards to the treatment of HIV positive people. Although Father Nowak stayed only long enough to give brief presentation and answer a few questions, the workshop participants were whispering excitedly at the prospects of meeting this priest in person. At the conclusion of Nowak’s presentation, one employee from a MONAR branch took the opportunity to turn the discussion to prevention-specific issues. He pressed Father Nowak to clarify how the Church could extend the principle of brotherly love for an HIV-infected injection drug user, knowing that the behavior leading to infection was a result of sin and maintaining a stance that the behavior itself is sinful. Father Nowak reiterated the Church’s position described above, but this response clearly did not satisfy the MONAR volunteer, who later commented to me about the contradictions he saw in this position (Interview 24). He could not understand how the Church could justify the separation of a person from his behaviors, because in his view, the behaviors constituted the person. In reference to
homosexuality, Marek, another volunteer in HIV prevention, reached a similar conclusion: “How can you speak with someone about HIV—how priests can do this—if he knows that the person is gay? And how can this gay man or homosexual woman believe that this priest will understand and accept? If there is no acceptance, how can I get help?” (Interview 3). In other words, while the current generation of volunteers does not deny the historical importance of the Church’s role in the fight to get the cause of HIV and care for the suffering recognized, they are hesitant to embrace the Church as a key player in the development of prevention strategies precisely because it precludes a recognition of the experiences of AIDS sufferers as gays, as injection drug users.

In another example of the contested role of the National AIDS Center in controlling the AIDS narrative, one NGO working in HIV prevention from a non-religious approach, wrote a brochure that talked about prevention of HIV through both drug use and sexual contact (see Figure 5.2). According to the current coordinator of this organization, when the brochure was presented to the National AIDS Center to request funding for its publication, they were denied because the brochure was deemed to be too “pushy” and “crude.” If the Center were to publish it, the organization would have to change some of the contents and make it less graphic. The organization was not willing to compromise and therefore sought other funding, and obtained it through the United Nations Development Program and other organizations (Interview 26). Those associated with this particular organization make the assertion that materials that are not so explicit simply confuse and dilute the message (e.g., Interviews 8, 9, 28). That this same brochure later became a key piece of evidence in a controversial HIV education workshop (described in Chapter 5) underscores the significance of controlling the AIDS narrative.
In summary, the creation of the National AIDS Center in Poland occurred in a context in which residents protested against other solutions to the question of what to do about AIDS patients, who should be responsible for their care, and what HIV prevention should look like. In the minds of residents of Polish towns, care centers in “their” neighborhoods were not an option. However, through the inclusion of the Catholic Church in a national organization dedicated to AIDS treatment and prevention, residents’ fears were calmed and concerns about responsibility were addressed. The consequences of the Church’s prominent role in HIV policy, however, remain equivocal. On the one hand, the Church worked to create an atmosphere and ethic of tolerance towards AIDS patients. On the other hand, it served to create prevention messages limited by Catholic views on sexuality. I turn now to the history of gay rights organizations in this same process of defining the limits of responsibility in HIV prevention, and development of
prevention messages and targets. Examining the history of these organizations, and the moral terrains and discursive contexts of gay identity and AIDS vulnerability, reveals the opportunities for public activism around issues of sexuality that had not existed under socialism and prior to the advent of AIDS.

**Discourses of Homosexuality in Socialist Poland**

Examining the history of public discourse on homosexuality from socialism to the present illuminates the historically produced associations between gay identity and HIV/AIDS. By the time AIDS was officially documented in Poland, almost five years of experience with this virus in other parts of the world had a profound effect on the ways in which risk groups were defined in Poland. The first HIV infection in Poland was made two years after the virus was identified in France and the United States in 1983. Moreover, in the United States, the disease was first characterized as GRID—Gay-Related Immune Deficiency—thus establishing that it would be gay men who became the first “risk group” for this disease. The focus on white gay men in the United States, and eventually injection drug users, meant that others, such as women, heterosexual men, poor people, and minorities, were excluded from the portrait of vulnerability that organizations such as the Centers for Disease Control created (Treichler 1999). The U.S. pattern of disease influenced the way the disease was looked at on a global scale. Even as cases of heterosexual AIDS mounted in places such as Africa and Haiti, “Third World Women” were portrayed as “exceptional” and “not normal” (Treichler 1999:65). The characterization of AIDS as a “gay disease,” or a disease of the “deviant,” remained. This association between homosexuality and AIDS was transferred to Poland as well.

As in other parts of the world, particularly in Western Europe and the United States, HIV and homosexuality carry a strong and persistent negative association. However, in order to understand the particular ways in which the politics surrounding HIV can shed light on broader discussions of democracy, morality, and citizenship, it is first imperative to understand how this association has historically differed in Poland, and the ways in which the significance of this association has changed through time. An historical approach to the discursive linkages between homosexuality and HIV can shed
light on the changing role of Catholic ideology in shaping HIV policy in Poland. This approach works towards destabilizing assumptions about the Catholic Church’s position in Polish society.

Across the social sciences, little has been written about homosexuality in socialist Eastern Europe and Russia, but from the available literature, two conclusions can be drawn. The first is that alternately decriminalizing and recriminalizing same sex relations served various renditions of the revolutionary goals posited by Bolshevism, Stalinism and post-Stalinism (Healey 2001, Healey 2002). Healey (2001:3), for example, argues that late Soviet gender ideology generated a “myth of universal heterosexuality and patriotic sexual restraint.” The second conclusion is that although a culture of silence existed around homosexuality throughout socialist Eastern Europe, homosexuality did indeed exist. According to Essig (1999:5), both hetero- and homosexual sex was not the affair of the individual, but politicized and open for interference by the state. To be “queer” meant that one was not a patriot. Homosexuality often attracted the attention of the legal and criminal systems, as well as medical experts, as they negotiated their socialist identity vis-à-vis the West and ethnic minorities within the East (see Healey 2001). In official state discourse, homosexuality was a “vestige of bourgeois mentality:” discussing 1930s Soviet Russia, Kon (1995:71-72) writes that homosexuality was seen as a product of class exploitation, and a socialist society founded on “healthy principles” had no place for homosexuality or homosexuals.

Later, homosexuality was treated as a disease to be cured and treated, a trend that paralleled developments in Poland (Kurpios n.d.). For example, in the Soviet Union homosexuality was punishable for up to five years in prison, time in labor camps, or committal to psychiatric hospitals (Leszkowicz and Kitliński 2005:93). As Essig (1999:xi) notes, in the late 1980s and early 1990s, “the cracks in the foundations of Soviet power had become large enough to allow some of the most invisible and marginalized members of society to emerge from the shadows of law and psychiatry.” These conclusions suggest that gender and sexuality were at the core of the socialist project, and that the social and political changes brought by the collapse of socialism afforded new opportunities for activism and interpreting the various contested meanings of a gay identity.
This contradiction—that somehow issues of sexuality were fundamental to socialism but at the same time marked by silence—existed in socialist Poland as well. On the one hand, the legal code did not prohibit same sex relations, but on the other hand, society sustained a culture and politics of simultaneous surveillance and marginalization. During the socialist period, Poland was the only country in the Soviet bloc that did not criminalize homosexuality between consenting adults, a legal tradition with roots in the constitution that had been drafted following Poland’s reemergence after the First World War. The lack of specific reference to homosexuality within the legal code can simultaneously be interpreted as an example of the deliberate construction of homosexuality as non-existent and an attempt to put the ideals of liberalism and progressiveness into the legal system of this newly reformed nation (e.g., Boczkowski 1988). However, the fact that homosexuality was not officially illegal did not amount to parallel social freedoms and visibility. Gays in socialist Poland lacked public places such as clubs and bars where they could openly meet, and little was written about gay life during this time, particularly in the public press.

During this time, the word “gay” (Polish: gej) was not used. Instead, government writings, academic papers, and news articles referred to gay men as homoseksualiści (singular, homoseksualista), or more negatively pederasta or pedal (“queer”). The word “gay” was only introduced in the 1990s with the establishment of formal gay rights/support organizations. It was introduced in its English form, “gay,” as a noun (plural, gayowie) to refer to activists in the gay rights community who formed social and political organizations (Gotowiec 1990). This word was later Polonized to gej. Today, it is the most common word Polish gay men use to refer to themselves. Polish gay women refer to themselves as lesbijki (singluar, lesbijka). Only within the past several years has the term “queer” entered Polish lexicon and it is used as a politicized identity. It is used in its English form and confined mostly to academic discussions of gay identity politics. The Polish word pedal, which mostly closely translates to the English “queer,” is not used due to its negative historical connotations. Today, members of the Polish gay rights

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52 In the legal code, an adult was defined as someone over 15 years of age (Boczkowski 1988:69).
53 For a more detailed discussion of the history of homosexuality within socialist Poland, see Kurpios (n.d.). For further reading, Michał Witkowski’s 2005 novel Lubiewo provides a retrospective, fictional account of the lifeworlds of gay men during the socialist years of the Polish People’s Republic.
community use the terms *gej* (as in “*Jestem gejem,*” or “I’m a gay”), *lesbijka* (”*Jestem lesbijką,*” or “I’m a lesbian”), and *heteroseksualny* (“heterosexual,” as an adjective).

While a general culture of silence around homosexuality characterized the official approach to the issue in socialist Poland, homosexuality itself was also perceived as a product of Western decay. In the 1960s, the socialist government turned to the issue of homosexuality in Poland and explored the implications of its existence as a marker of the successes and failures of the socialist project (Majka-Rostek 2002:200; see also Kliszczyński 2001). Researchers focused their attention on prostitution and concluded that gay prostitution was primarily committed by youth. They characterized engagement in prostitution as a personal failure, indicative of a weak will and succumbing to temptation. Paralleling theories of homosexuality in the United States that understood homosexuality as a decision, in Poland it was understood to be the result of a disordered family that lacked a strong male role model but headed by an inattentive mother (Giza 1963:892). Young men from such “difficult life circumstances” were seen as easy victims of blackmail, which would lead them into sex work, or the sons of the working class who had “given up” on finding work in a legal trade. These young men were conceptualized as “socially dangerous” because they had been corrupted and driven away from productive working lives in pursuit of criminal activities. Gay men were accused of “demoralizing youth” and committing murders (e.g., Giza 1963). In other words, homosexuality was equated with pedophilia (Leszkowicz and Kitliński 2005).

Homosexuality also remained within the purview of the socialist state apparatus under the suspicion that gays were involved in opposition movements. By identifying gays as members of a “subculture” that would meet informally in designated places, the socialist government justified its violent surveillance of those it identified as gays. As a result, gay men were often the targets of police action. By the mid 1980s, the theme of a “hermetic” gay community separate and distinct from mainstream society served as the justification for increased surveillance of gays as part of crime prevention efforts. Law enforcement officials couched their argument in terms of protecting gays themselves.

54 These informal meeting places were known as “**pikieta,**” and in Warsaw they were located, for example, at Plac Trzech Krzyży and the main train station. As one of my informants told me, the train station was known more for “prostitution” but in general he described these pikiety as places where gay men would meet to find partners for sex. He did not mention other functions of these meetings, although I can imagine that there were others.
They suggested that the secretive nature of the gay community made them easy targets of criminal activities, particularly those committed by male prostitutes. Reports characterized the victims of such crimes as hypersexual criminals who were willing to undertake any necessary risk to satisfy their “needs.” The perpetrators of these crimes were said to be desperate young men who were neither studying nor working, but instead wandering around the country, robbing and killing their sexual partners as sources of easy money (Kirzyński 1986).

Depicting gay men as parasitic, criminal, hermetic, and overly sexual justified the infamous Hyacinth actions of mid 1980s, in which functionaries of the Citizens' Militia entered into schools, universities, and workplaces, and took men suspected of being gay to police headquarters (Kopka 1986:13). There, files were made that included fingerprints and photographs. They were questioned about their sexual contact with others, forced to sign documents declaring their homosexual activity, and persuaded into cooperating with the secret police. The Hyacinth action drew on the themes of violence, abuse, and general decay dominant in socialist accounts of homosexuality to justify surveillance and state-sponsored repression of gay men. Significantly, organizers of the Hyacinth action used HIV/AIDS as a pretext for this action. They argued that it was necessary for the Citizens’ Militia to maintain an interest in “particular sexual tendencies” as a means of protecting society from the danger of AIDS (Świeczyński 1988). Those active in the gay community at the time, however, counter that the action was undertaken in order to destroy the birth of a gay rights movement in socialist Poland. The point here is that during the earliest days of the virus’s appearance in socialist Poland, it became entangled in contestations of Polish national politics and a means of suppressing a particular social minority.

Efforts to counter this pathologizing discourse and state-sponsored repression did exist. As early as 1974, the literary journal Życie Literackie published two articles entitled “Homosexuality and Opinion” (Gorgol 1974). This ground breaking series of two articles directly addressed some of the assumptions about homosexuality existing in Poland at the time. To challenge the moral arguments made against homosexuality, particularly those that suggested gays deliberately violated socialist and Catholic mores, Tadeusz Gorgol (1974) referred to both Polish and foreign research in speculation about
the causes and origins of homosexuality. He presented the possibility of biological (genetic and hormonal) causes in addition to causal factors attributed to the environment (e.g., that homosexuality resulted from problems within the family). Presenting the possibility of a biological component of homosexuality countered the tendency in medical textbooks to depict homosexuality as a psychological disorder that resulted from problems in the family. Gorgol also addressed Polish stereotypes about gays, particularly that the degree of criminality and “filth” (characterized by the Polish term brud) is exceptionally high. He called to the reader’s attention experiences of misfortune and personal tragedy. He brought attention to the unprovoked physical violence and derogatory comments gays endured, simple because they are gay. He highlighted diversity among gays, pointing to differences of education, as well as differences in the way gays perceived themselves in relation to other gays and heterosexuals. All gays, therefore, cannot be “condemned en masse.”

To further his stance against the widespread stereotyping of gays, he posed the question, “If an adult heterosexual seduces an underage girl, should it be understood that all adult heterosexuals are seducers of minors?” Here, Gogol made a familiar contemporary argument that pedophilia is something separate from sexual orientation. He points to a contradiction within publicly acceptable displays of sexuality by calling attention to the fact that a heterosexual man may openly embrace his female partner and take her to public places while gay couples must live in secrecy and hiding. To further castigate Poles for what he saw as intolerance towards gays, the author details the history of homosexuals from biblical times through ancient Greece and Rome to Western European and American societies. The author even briefly mentions that among certain “peoples of color” (Native Americans, Pacific Islanders and certain African tribes), homosexuality was respected and treated as a “natural” form of sexual life. This first article, then, addressed key issues in the Polish debate on homosexuality that continue today: Polish intolerance towards gays; the assumption that to be gay is to be criminal;

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55 The author states at the beginning of his article that, “Homosexuality is understood to be sexual tendencies towards people of the same gender. There are therefore homosexual men as well as women. In the article below, I will discuss only men burdened with this peculiarity.” Therefore, in this discussion, “gays” refers to gay men in particular.
stereotypes of gays; and homosexuality as a historically and geographically widespread phenomenon.

In 1981, an article appeared in the newsweekly *Polityka* that signified a second attempt to address the issue of homosexuality in Poland. Publication of this article was made possible following the concessions won by the “Solidarity” trade union after it was legalized. This article addressed the negative attitudes of Poles towards gay people and described the gay community in Poland. This article, “Bitter Purple” (“Gorzki Fiolet”) presented competing theories about the causes of homosexuality and described the way that other cultures (both historical and contemporary) addressed its existence (Pietkiewicz 1981). The article also incorporated the personal stories of Polish gays living in both large cities and small villages to illustrate the discrimination they faced and the negative attitudes they encountered by the public and their families. Homosexuality was described as a “source of suffering” (*ból*), shame (*wstyd*), depression, loneliness, and poverty (particularly in old age). Gay men were depicted as struggling to lead “double lives” in order to reconcile social expectations of heterosexuality to marry women and have families with their sexual desires. One couple described that they were able to live together because they told their neighbors that they were brothers, and they sometimes brought women to the apartment as “camouflage.” The author did not take a clear stance on the origins of these negative experiences and impoverished lives. She did not discuss whether it is a result of homosexuality itself or the effects of society’s intolerance towards gays. Unfortunately, the imposition of martial law in December of that year reinstated the culture of silence around homosexuality (see Kliszczyński 2001:162).

With the exception of these two articles, then, little was written about homosexuality in the popular press in socialist Poland. Prior to the registration of the first Polish AIDS case, homosexuality vis-à-vis HIV was addressed as a phenomenon in the West that resulted from the negative association between AIDS and homosexuality. While no forthright denials of its existence in Poland or other socialist countries were made, homosexuality was also not treated as an issue that Polish people needed to address. During the early years of the HIV epidemic in the United States, Polish press *did*, however, report on violent reactions and discrimination against gays in the West. Bańkowicz (1983), for example, documented a hospital staff’s refusal to treat gay AIDS
patients; a New York prison refusing to hire gay people to serve food to prisoners; a mother throwing her gay son out of the house; and a San Francisco television station’s refusal to let HIV-positive gay men into its studio.

In fact, early Polish articles on HIV attempted to calm fears about the dangers of AIDS becoming more widespread in Poland, making reference to Poland and its gay population as unique from other countries. For example, Ołowski (1985) argued that there are fewer gays in Poland and those in Poland have less frequent contact with foreigners. In other words, he suggested that Polish gays are somehow fundamentally different from their western European counterparts. He hinted that perhaps Poland’s methods of control and containment of gays served to protect society more generally from this new disease. However, 1985, the year that HIV was officially documented in Poland, marked a turning point in the scope and frequency with which homosexuality was addressed.

The Advent of AIDS and Rewriting Discourses of Homosexuality

Since the collapse of socialism, interrogating homosexuality from the vantage point of AIDS suggests that gay rights advocates, through new interpretations of what it means to be “at risk” for HIV, can address the needs of their constituents and advance their particular social and political goals. Contemporary debates about Polish gays provide insights into both the state of HIV prevention in Poland today, and the organizations that undertake this challenge. Importantly, I do not take the relationship between gay identity and HIV as a given. Rather, I trace the ways in which this association was created and used by both those opposed to and in support of increased rights for sexual minorities in their efforts to advance their visions of Polish society.

The fact that AIDS had become a Polish problem forced a renewed debate about the position of Polish gays in society and an exploration of how the ways in which they were treated could possibly affect the course of the epidemic in Poland. In other words, Polish homosexuality did become an issue of urgent national importance following the

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56 In contemporary Polish discussions of HIV, the relationship between Poles and foreigners is discussed in a much different way, particularly in the ways in which Poland is seen to be vulnerable to an epidemic from its non-European Union neighbors to the east, and the flow of “undesirables” such as prostitutes across its eastern borders.
documentation of AIDS in this country in the mid 1980s. Questions were asked about what should be done in Poland so that the devastation of AIDS did not reach the scale in Poland as it had elsewhere (Darski 1985). After AIDS was first documented in Poland in 1985, the number of public discussions about homosexuality dramatically increased as HIV provided a new forum in which it could be talked about. Similar to the government’s focus on gay prostitution in the 1960s and 70s, gays continued to be understood as existing separate from mainstream society and posing a threat to national security. Now, rather than representing a moral threat to the future of Poland through prostitution and its attendant criminal activities, gays were now viewed as posing a direct medical threat with possibly widespread and fatal consequences.

An examination of the first popular press articles published after AIDS was officially documented in Poland reveals these concerns. An analysis of these texts provides insights into the kinds of political and social statements made about homosexuality. These articles also reveal the ways in which a gay identity was conflated with HIV during the 1980s and into the 1990s. As with prior discussions of homosexuality, these articles focused on gay male identity, and excluded the concerns and experiences of gay women. The issue of rights was connected with gay invisibility from the beginning. About one month after AIDS was documented in Poland, an article entitled “We are Different: Do Homosexuals Have Rights?” invoked images of gay men simultaneously in the middle of and on the margins of Polish society from earlier decades (Kliszczyński 2001:162). On the one hand, the author (presumably writing under a pseudonym—Kurpios n.d.) described “forced bisexuals,” married men living with their wives and children and having sporadic homosexual contacts. He described gays as the object of ridicule, homophobia, and violence; pushed to the margins of society; discriminated against by social institutions and organizations; and isolated and abandoned by the country, the Church, and science as authorities sat in silent agreement (Darski 1985). On the other hand, he also argued that gay men had created their own society governed by its own rules and morality, different from those governing the social behavior of mainstream (i.e., heterosexual) Poles (Darski 1985).

The author conflated homosexuality with HIV, and used HIV as a pretext for discussing the position of gays in Polish society. Propositions based on the assumption
that gays have AIDS were suggested as ways to prevent the spread of AIDS from gays to other Poles. Propositions included requesting that gays be asked not to donate blood, creating national organizations to deal with gays, and establishing alternative meeting places for them instead of the stereotyped clandestine rendezvous in parks, train stations, and public toilets. Such campaigns, Darski argued, were based on a sense of citizenship, solidarity, and shared responsibility among all members of a country. He feared that intolerance and discrimination towards gays would cause them to ignore appeals to cooperate with government institutions in the fight against AIDS.

In a response to these questions about the role gays would play in HIV prevention, the governmental press spokesman Jerzy Urban, wrote an article under the pseudonym Jan Rem. In 1957, Urban had been banned from publishing under his own name after the newspaper for which he wrote, Po prostu, was closed by Community Party leader Władysław Gmliński. Through the 1980s, Urban continued to publish opinion pieces under various pseudonyms in the newsweekly Polityka. In the 1990s, he became editor-in-chief of the magazine Nie!. In this particular opinion piece about homosexuality and HIV from 1989, Urban argued the position that gays had a moral obligation to help in the fight against AIDS. He asserted that for gays to resist these proposed measures, in retaliation for their marginalization and discrimination, constituted an immoral position (Rem 1986). He denied that gays were the victims of discrimination. He declared that gays in Poland (he used the word pederasta) are not “isolated lepers in leprosariums.” Rather, they are members of professional organizations, have jobs in all sectors of the economy, and are parish members. The moral pressure gay men feel to marry women and have children applies equally to heterosexual men. Intolerance and social pressure, he countered, equally affected dissenters, atheists, foreigners, rich and poor people, and gay men alike. He further argued that to create special institutions to address the problems that gays face would further marginalize them by placing them into “closed, fenced-in asylums.” He also saw the creation of a government office to address the issues gays face as an unnecessary proliferation of bureaucracy and further intrusion of the state into the private lives of its citizens.

Despite their different positioning concerning the role of gays in HIV prevention, both Darski and Rem recognized intolerance towards gays in Poland. However, each
offered divergent accounts of its causes and its effects. These different interpretations of the relationship between gays and Polish society resulted in each author proposing different models of surveillance and institutional arrangements for addressing both homosexuality and the possibility of an impending epidemic. In other words, both authors, despite their different positions, conflated homosexuality and HIV, and invoked models of Polish society and norms that placed gays as deviant and outsiders.

The coming of AIDS to Poland marked a shift in the way homosexuality was addressed in medical and sexuality books as well. Earlier, homosexuality was written about as one subject within a broader range of topics. Most often, it was addressed in discussions of sexual deviations or psychological disorders, and focused mainly on its sexual aspects.57 In the late 1980s, however, Boczkowski (1988) published the first books written in Polish exclusively about homosexuality. His discussion was mostly about homosexuality among men and mostly based on literature and studies from Western European and the United States. In addition to including a discussion of the causes and history of homosexuality, this book also addressed personal and social lives of gay people (Adamska 1998:31). In the introduction, Boczkowski suggests that it is necessary to understand this particular group, especially patterns of sexual behavior, due to the high frequency of AIDS within this community (Boczkowski 1988:10).58 He later makes this need more explicit, writing that AIDS makes necessary understanding “every issue related to homosexuality” (Boczkowski 1998:166).59

In other words, in the late socialist period, HIV made homosexuality “mentionable” and an object worthy of scrutiny and requiring surveillance. Gay men in Poland “materialized” as a group through their vulnerability to HIV, and a perceived

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57 Discussions of homosexuality were not completely absent from popular press. For example, in 1986 the letter of a sixteen-year-old boy seeking advice about his sexuality was published in the advice column “Sztuka Kochania” (“The Art of Loving”) in the teen magazine Razem (“Together”). In the letter, the author describes his experiences with the Citizen’s Militia as a result of his contacts within the homosexual community and his attempts to understand his own sexuality. This letter instigated a series of letters and articles about homosexuality.

58 Nowhere in the text does the author differentiate HIV from AIDS, and he uses AIDS throughout the text even in instances when he is clearly talking about the virus and not the result of this virus’s presence in the body.

59 Interestingly, in the 2003 edition to this book, while HIV is still mentioned, it has been removed from the book’s introduction and placed a chapter entitled “Świat homoseksualny a świat heteroseksualny,” which discusses the types of stereotypes and accusations that are often made about homosexuals. Neither HIV nor AIDS appears in the book’s index.

161
“threat” to Polish society and heterosexuals. As Butler (1993:34) writes, power operates in constituting the materiality of the subject, simultaneously forming and regulating the “subject” of subjectification. The materialization of these norms requires a process by which norms are assumed or appropriated, but are not necessarily performed by the subject. Creating norms necessarily creates a class of bodies and practices that do not fit that norm. By doing so, they reinforce the existence of the norm but also challenge that norm:

What challenge does that excluded and abjected realm produce to symbolic hegemony that might force a radical rearticulation of what qualifies as bodies that matter, ways of living that count as “life,” lives worth protecting, lives worth saving, lives worth grieving. [Butler 1993:16]

Books such as Boczkowski’s recognized the potential health threat and used it to provide a more realistic look at gay life in Poland, incorporating the voices of Polish gays into the text. Focusing specific attention on gays and portraying them as vulnerable to AIDS and as a specific “risk group” hints at the paradox that gays themselves struggled to resolve as they formed organizations based on a gay identity as socialism collapsed and a new system based on democratic principles was established in its place. AIDS became a key issue in the late 1980s and early 1990s for gay rights activists when they began to more formally organize and make attempts to register their organizations. The stigmatizing association between homosexuality and disease created conditions in which gay people’s needs and experiences would become openly examined. The textual analysis that I continue below asks which bodies materialized and which bodies matter in the Polish experience with HIV.

**HIV Vulnerability and the Formation of the Polish Gay Rights Movement**

Attention to the links between homosexuality and AIDS was not only drawn by those in opposition to the increased visibility and rights of gays. Gays themselves also drew attention to this relationship in their efforts to advocate for increased rights and encourage public dialogue about the issues gays face in their daily lives. Bringing attention to themselves as vulnerable to AIDS presented a dilemma that was not lost on those involved in the movement in the 1980s, as one person put it: “We had to get sick,
for example, in order to find ourselves in front of the television cameras” (Szczygiel 1989). Petryna (2002) draws a similar conclusion in her exploration of the ways in which Ukrainians draw on identities as disabled sufferers of Chernobyl to survive during the transition. She argues that the collapse of socialism and the attendant dismantling of the system of social protection prompted people to refashion “themselves (and their bodies) as persons to be protected by the biopolitical regime in which they now live” (Petryna 2002:216). People “medicalized” themselves in order to tap into a system of social welfare and formed networks to embed themselves into this system.

It is important to note a contrast between gay rights activists’ response to the phenomenon of HIV in the United States and Poland. Using anthropologist Catherine Lutz’s (1988) work on emotions in Micronesia, Basiuk (2004) defines the approach taken in the United States as “justifiable anger.” He contrasts the American gay rights response to AIDS with that of Polish gay rights organizations. In the United States, organizations such as ACT UP (AIDS Coalition to Unleash Power) and Gay Men’s Health Crisis expressed their anger at the inaction of people with the means to fight the epidemic among gay men, such as health workers, epidemiologists, and the government. ACT UP and Gay Men’s Health Crisis took decidedly political and aggressive approaches in fighting for attention to be paid to this disease among gay men, and to gain access to cheaper anti-retroviral therapies. Actions such as “die-ins” at the Food and Drug Administration in Rockville, Maryland in 1988 and in front of Saint Patrick’s Cathedral in New York in 1989, communicated through this “justifiable anger” that lack of action was an immoral response to the growing crisis in the gay community (DeLuca 1999). Actions by these organizations forced the United States into action against both homophobia and AIDS at a time when gays were dying in large numbers, despite the availability (but inaccessibility) of drugs such as AZT.

In contrast to ACT UP and Gay Men’s Health Crisis, Polish gay rights organizations have focused more on support groups, help lines, and HIV education and prevention, rather than political and social agitation. In his essay exploring the differences between these approaches, Basiuk argues that the strategy of agitation is not available to Polish gays due to accusations that are made against them of being “immature.” For example, a well-known Catholic “expert” on homosexuality, priest Józef
Augustyn writes that the “problem” with gays is a lack of personal identity that manifests itself in compulsiveness, lack of self control, and neurotic aggression. By using methods of political agitation that involve aggression, Basiuk suggests, Polish gays would only showcase their purported inability to control themselves. In this way, Basiuk argues, the association between homosexuality and immaturity, and eventually psychological instability, would be further strengthened and justified. Such images of gays continue to circulate in Poland because much of the conversation about homosexuality occurs without their participation. In a televised discussion about homosexuality, for example, no members of the gay community were invited to participate (Basiuk 2004:195). Unlike ACT UP and Gay Men’s Health Crisis, which made a moral argument about government inaction, the Polish gay rights movement, due to this characterization of gays as child-like and disabled, has no grounds on which to make similar moral claims about their social marginalization. An important contrast that strengthens the argument that certain forms of political and social agitation are unavailable to gays is to recall that the socialist-era political movement *Solidarity* engaged in aggressive political agitation without repercussion or social disapproval.

Unlike Darski’s and Rem’s earlier proposals (1985) of establishing state-sponsored gay-oriented institutions in response to HIV, nascent gay organizations saw the potential of HIV prevention as a justification of their existence. They could use HIV prevention to legitimize the value of such organizations for the greater good of society. Moreover, the possibility of controlling and participating in the task of HIV prevention by gay organizations could serve as an alternative to state-sponsored surveillance of this group that had been conducted under the guise of HIV prevention. Importantly, these arguments invoked the notion that gays as a distinct social group existed in Polish society, and that its members constituted a defined HIV risk group. Therefore, in part it was through HIV vulnerability that gays in Poland came to exist publicly as a group.

Based on particular interpretations of risk and identity more generally, from the 1980s into the 1990s, the association between gays and AIDS was paradoxical and productive. On the one hand, it was used to increase calls for surveillance and reify the stigma of homosexuality. On the other, it provided a justification for greater public attention to gays and the formation of gay organizations. While the need for prevention
amongst gay men was recognized, the inability of the growing underground gay rights movement to formally register their organizations and openly work as gay rights advocates *per se* limited the development of AIDS programs for gays specifically, as well as the gay rights movement more broadly. As described in Chapter Three, the controversy over the construction of palliative care centers for AIDS patients in the late 1990s and early 1990s also worked to define the terms of how the disease was discussed. Following debates surrounding AIDS in the late 1980s and early 1990s, the focus of the National AIDS Center became “AIDS patients” and heterosexuals. Gays and rights activists were largely excluded from discussions of how best to prevent HIV.

*The Polish Gay Rights Movement and HIV/AIDS*

The origins of the Polish gay rights movement can be traced to at least the 1980s. During socialism, as with other underground political movements, gay activists met informally in the people’s apartments, and engaged in discussions with representatives of labor organizations about the possibilities of cooperation in a united oppositional effort against the socialist government (Krajski 2000). Activists also published and distributed gay-themed magazines such as “Filo,” which was passed from reader to reader in a system of informal circulation. The number of copies was kept low (less than 100) in order to avoid scrutiny by the censors. Then in the late 1980s, with the perceived relaxing of repression for opposition social and political organizations, several gay groups formed in Wrocław, Łódź, Gdańsk and Warsaw with the hope that they could

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60 This situation contrasts with that of injection drug users. In Poland, drug addiction had been recognized as a social and medical problem since the late 1970s and early 1980s, thanks in large part to the work of Marek Kotański and his organization MONAR (*Młodzieżowy Ruch na Rzecz Przeciwdziałania Narkomanii*—The Youth Movement for Counteracting Drug Abuse). His actions prompted the government to form its own body to deal with the problem, at times creating tension and controversy in reference to the amount of freedom with which Kotański ran his organization. The existence of this organization meant that when AIDS arrived in Poland and the notion of risk groups was imported, an institutional structure already existed for addressing HIV amongst injection drug users. As a result, during socialism efforts were made to begin needle exchange programs, although as described earlier, these programs were not successful given the equipment supplies characteristic of the health services in late socialism.

61 This information, ironically, comes from the conservative Catholic newspaper *Nasz Dziennik*. This article quotes at length excerpts from a now defunct website funded and supported by the Stefan Batory Foundation, an independent Polish foundation funded by American George Soros committed to the development of civil society in Poland.
formally register with the government. The government, however, refused this initial attempt to register the organization on the basis of such a group’s purported “moral damage to society.” The government representatives told the organizers that they were not allowed to use the word “homosexuality” in the name of their organization (Szczygiel 1989).

The admission that AIDS was a problem in Poland and political changes such as greater freedom to form nongovernmental organizations renewed the possibility for these organizations to officially form, underscoring the productive nature of the link between HIV and gay identity. Through official organizations, gays could begin to address the discrimination and violence they had experienced, and become involved in newly created political processes to expand their rights. For example, newly formed gay rights organizations could work to put language barring discrimination based on sexual orientation into the Polish constitution. They could also engage in political lobbying to push for the legalization of same-sex unions and adoption by same-sex couples. As one observer commented in 1987, fear of AIDS and fear of the effects of social intolerance renewed the efforts to formally register these organizations. Drawing on socialist accounts of homosexuality that portrayed gays as members of a closed, hermetic, and secretive community, gay activists asserted that they could more easily contact, enter, and interact with what had become a “risk group” (and a “threat,” I would add) than either heterosexuals or the government (e.g., Kirzyński 1986). Thus, in the early efforts to create gay-specific institutions, proponents agreed that incorporating HIV prevention

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62 Leszkowicz and Kitliński (2005) argue that immediately following the collapse of socialism in the 1990s, an atmosphere of optimism dominated the Polish gay rights movement as they officially registered their organizations and voiced their hopes for constitutional changes that would legally recognize gay relationships. But, they argue, “After 1993 culture and society were closed. The rights of women and sexual minorities were negated. Fundamentalism ruled public discussion. Had it not been for the market and the commercialization of sexuality, gays and lesbians would still be in the socialist underground” (2005:173). They assert, therefore, that it is Polish capitalism and not democracy that afford Polish sexual minorities the ability exhibit their sexuality in public. They characterize Poland as a place of paradoxical “abnormal normalcy” in terms of sexuality within the public sphere: Catholic morality forces official silence around homosexuality but the effects of the market promote the explosion of sexuality, particularly evidenced by the proliferation of pornography and erotic media. This tension was highlighted while I was in the field when the Warsaw church Saint Anna (described in Chapter 6) held a public debate about pornography. Similar to the debate held there about AIDS, this debate began with a video that described and displayed the sale and distribution of pornographic/erotic materials in the Polish market. The showing of erotic images in a church caused more than one incensed audience member to declare his disgust and leave the church in protest that the church would allow the profane to be shown in such a sacred space.
would be an important part of the work of these organizations. In reference to AIDS, gay activists continued to assert that they, as gays, could more easily contact and interact with this closed, impenetrable “risk group” than those outside (e.g., Kirzyński 1986).

At the same time, the image of an isolated gay community was also used by gays to advocate for their increased participation in the fight against AIDS with the declaration, “If we don’t defend ourselves, no one will stand in our defense” (Kołodziejski 1987). The use of AIDS “risk” and danger in the formation of the gay rights movement, however, also had the effect of excluding lesbians from this process of defining gay identity in the public sphere. Only in 2004, with the formation of Porozumienie Lesbijek (“Lesbian Coalition”), has an organized effort to increase the visibility of lesbian social issues in Poland developed.

By the mid 1980s and through the early 1990s, other gay activists invoked the image of the “forced bisexual” in which gays tried to create the pretense of “normalcy” by adapting to the model of the heteronormative family and relegating homosexual contact to sporadic and hidden meetings with other gays. This image expanded on that of the “isolated gay” by suggesting that Polish gays are unaware of their own difference and live disconnected not from mainstream Polish society but from the “gay community.” Others argued, in contrast, that gays existed in all aspects of Polish social life, and therefore gay hangouts and gay-specific organizations need to be created (Przybyla 1991). In other words, with the advent of AIDS in Poland, gays increasingly became recognized as a distinct social group, but the implications of this characterization varied widely. Some authors, such as Darski, called for increased state surveillance through the creation of national institutions to address homosexuality and conflated the recognition of a specific “gay identity” with the need to prevent HIV. Gay rights advocates used the same model of Polish society and gays’ position within it, but focused on intolerance towards homosexuality and public invisibility. They used this intolerance as the justification for creating gay organizations that took on the task of HIV surveillance and prevention themselves.

At the same time, gay activists were able to critique the socialist legacy that banned civil society and eradicated social intercourse. For example, as a member of one early gay organizations watched a film about a AIDS parade, he commented: “There is
no habit of social discourse because it was effectively eradicated by communism. That’s why a march against AIDS like in the film [referring to a film showing a German AIDS parade] will not be successful in Poland for a long time” (Nie! 1991). In this context, forming organizations based on gay identity and incorporating messages about HIV reflected an effort to participate in the transition process and be active members of the “new” Polish society that was being built. Whereas under socialism a monopoly over the media portrayed gays as criminals or victims of male prostitutes, and prevented them from sharing their views and experiences with the public, the collapse of socialism offered new possibilities. Gays now argued that in a democratic society, access to factual information about both HIV and gay identity is the most important. If proper information is provided, the “witch hunts” against gays will cease. In this account, therefore, the early gay rights movement cites the communist system, as opposed to religious norms, as the reason for the inability to organize. Ironically, the Catholic religious right in 2005 points to the communist government as the reason that gay rights organizations were able to form in the first place, arguing that the current effort to organize gay rights marches is the “continuation of the work that the communists did not finish, that is, the destruction of Christian fundamentals of social and family life in Poland” (Rola 2005).

Additionally, echoing the critiques waged against the socialist government by health care professionals and other AIDS activists, a nascent gay organization in Wroclaw used AIDS to call the government to action. In 1987, the informal gay rights oriented organization “ETAP,” located in Wroclaw, recognized the government’s distribution of informational pamphlets regarding HIV, but questioned the value of such a prevention method:

Cases of AIDS are already registered in Poland, and the problem does not touch only the groups of particular risk, as Polish statistical data shows. Informing and propagating prevention, including the safer sex method, is one of the important tasks of the gay movement. Indeed the Committee on AIDS has published a pamphlet on AIDS, but has it reached those interested? AIDS is written about frequently and sensationaly, but do the press notes, without concrete prevention instructions communicated by competent and interested people, help with anything? [Grupa ETAP 1987]

The prevention activities developed by these organizations sought to draw attention to and counteract the perceived ineffectiveness of the brochures.
With the demise of socialism in Poland, increased opportunities arose for various groups to formally organize around issues of rights and identity. Gay rights activists, like women’s and feminist organizations, recognized these opportunities and began to create advocacy organizations. Into the 1990s and through today, the path they pursue differed significantly from the activism of gay rights movements in the United States. Politically active gay organizations worked to recast their constituents as members of Polish society. They challenged assumptions that they differ from or exist in isolation from dominant Polish culture, values, and systems of rights and obligations. In turn, as participants in the democratic process, these nascent gay organizations saw it as their task to provide information that will allow both myths of Polish gay life to be dispelled and AIDS to be prevented. They also saw it as the responsibility of the government to create the conditions necessary for their formation. Thus, one of the efforts of the gay rights community since in the early 1990s and continuing today focuses on informing society “how we really are,” that “we are normal and not from Mars” (“Nie” 1991).

Gay rights activists recognized the power of AIDS as a tool that could be used to mobilize resources and incite people to action. Gay organizations developed their HIV prevention programs in a context of generalized homophobia and fears of infection. They also recognized the very real possibility of further pathologization of homosexuality through its association with AIDS. Yet, after the fall of socialism, gay rights characterized HIV prevention and awareness education as the central pillars of their newly formed organizations. These early gay rights organizations also presented a vision of Polish society that redefines responsibility. Either gay rights organizations or the government—someone—was responsible for helping people: going to them and offering services and means of protection. Two of the four main goals of the Warsaw gay rights organizations, for example, were dedicated to HIV: the first to promote behavioral guidelines to prevent HIV and the second to cooperate with social and governmental organizations in the field of HIV prevention and fighting AIDS in general (Adamska 1998:101). The other two goals of the first Lambda organization are promoting social tolerance towards homosexuality and forming a positive self-identity among gay men and women. Thus, from their beginnings, these gay rights/support organizations linked HIV prevention and the promotion of tolerance towards sexual minorities.
In practice, however, these HIV prevention efforts were limited in scope. In the early 1990s, the emerging gay press dedicated space to discussing the disease and risks of infection. The magazine *Kochając inaczej* (“Loving Differently”), for example, published articles about HIV and other sexually transmitted diseases, and prominently displayed safe sex messages. In the November 1992 issue, the following message was presented: “If someone doesn’t want to be talked into safe sex, tell him NO! A man in a condom is still a man.” The graphic below this prevention message reminds, in English and Polish, “Safe sex is hot sex; use a condom every time; remember a condom!” This text frames an image of two nude men caressing and kissing one another. One alternative prevention effort featured the band “Balkan Electrique,” formed by the Polish gay rights activist leader Sławek Starosta and Bulgarian vocalist Fiolka Najdenowicz. A song sung by the band and distributed to dance clubs, gave instructions for how to practice safer sex. A second project “Love, Don’t Kill” (*Kochaj, nie zabijaj*) used funds from the World Health Organization to create a helpline for gays (Przybyła 1991).

The perceived paradox of linking HIV to gay identity in order to legitimize the existence of their organizations was obvious to these leaders. Even though the early gay rights leaders attempted to emphasize the multiple pillars of their programs, media interviews invariably turned to the issue of HIV prevention. Concerns with tolerance, discrimination, and informing about the “gay community” were largely ignored (e.g., Gadomski 1990). One way of resolving this paradox was to make the connection between these other issues and HIV explicit through the suggestion that increased rights and tolerance would lead to more effective prevention. During an interview in 1994, for example, a representative of the then-national Lambda organization said that estimates put the number of gays within the population at between six and ten percent, and that bisexuals comprise more than thirty percent of the population. He argued that frequent partner change constitutes the easiest way to infection and that a constitutional change that no one be discriminated on the basis of sexual orientation would work towards reducing the risk of infection. In the interview, however, the representative of Lambda did not make clear how exactly such a change in the law would work towards reducing HIV risk on a practical level.
Resolving this paradox has had long term effects on the formation of a unified gay rights movement and the development of comprehensive prevention programs. Until 1993, Lambda had existed as a national organization with branches in major Polish cities (Poznań, Szczecin, Gdańsk, Kraków and Wrocław). These branches were joined together under the general Lambda structure in a formal network. However, an inability to communicate effectively before the widespread use of the internet and mobile phones, along with funding difficulties, led to the disintegration of this coalition. Today, several independent Lambda associations exist in Poland, but they are organizationally, functionally, and fiscally independent. Their programs are not centrally determined or coordinated (Interview 8).

Furthermore, disagreement over what the work of these organizations should be led to the formation of two separate organizations that are conceptually seen as working on different aspects of gay life in Poland. The Campaign Against Homophobia was organized in 2001. It works on issues such as changing the constitution to permit same-sex unions and adoption by same-sex couples, ensuring that gays are offered legal protection from discrimination in the workplace, and increasing social representation for sexual minorities. That is, the work of the Campaign Against Homophobia is to change the political climate for gays.63

The work of the Campaign Against Homophobia contrasts with that of Lambda organizations, and the history of Lambda-Warszawa illustrates the key ways in which the work of these two organizations differ. The Lambda-Warszawa organization, founded in 1997, is the largest Lambda organization in Poland. The Lambda-Warszawa organization was officially formed in 1997. The organization’s former president, who is also the current person responsible for funding and program development, reiterated the idea that Lambda’s work is “internal.” That is, its programs target members of the gay community

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63 Importantly, on the description of its activities on its website, the Campaign Against Homophobia lists “shaping and raising positive self-esteem of bi-, homo-, and transsexual people; and promoting knowledge about safe sex and sexually transmitted diseases, HIV/AIDS in particular” (kampania.org.pl). However, this organization does not actively pursue the second of these two activities. Therefore, despite that this organization was formed in 2001—over a decade after the Lambda organizations were formed throughout Poland—the association between a gay identity and HIV retains its mobilizing power even for this organization that is not actively engaged in issues surrounding HIV. At the same time, that this organization mentions HIV demonstrates that attempts are still made to link issues of health vulnerability to issues of political and social rights.
itself. This organization sees itself as a support organization that focuses on the problems people have because they are homosexual, transsexual, or bisexual in Poland. Lambda includes sexuality and HIV in this list of potential problems (Interview 1). Those involved with Lambda activities reiterated to me repeatedly that their activities are not political. Lambda members envision their work as taking place “inside” the gay community. As the current president explained, “We try to cooperate but of course we have different targets. Because they operate more through lobbying and such things—more outside. We are more inside….But generally I would like to keep the split and do things separately—like they go outside and we go inside” (Interview 8).

Such a commitment to working “within” the gay community stems from the ways in which the gay rights movement in Poland was originally conceived, as described above. It also reflects a particular interpretation of the scope of political activities. I quote at length from an interview with one of Lambda-Warszawa’s founders:

[L]ambda is not connected in any way with political thinking. For us, politicians are just people who can help us. I’m open to talk with President Kaczyński and I’m open to talk with the League of Polish Families in the case that it would be possible. And of course, me, as a private person, I have my private political opinions, but as Lambda, we can’t be connected with any political way of thinking. It’s because we’re supporting people and that’s important. So we are not involved in political work. Of course, we can show the authorities that there is a problem of discrimination and we can communicate with them, but it is not depending on the authority. I can send such information to the League of Polish Families and to the Social Democratic Party. It’s also because to be professional, it’s in opposition to be connected with any kind of political party.

While homophobia was and continues to be recognized as a problem that these organizations must confront, the possibility of real political change is seen as slow and difficult. Just as important as political change, and perhaps more effective in this view, is the idea of working on issues of self-acceptance and dealing with the psychological problems and possible physical harms associated with homosexuality, particularly in the face of homophobia.64

64 Within all of the work and programs I observed at Lambda, including the HIV prevention program, and from looking at the literature on homosexuality in Poland, there is a strong and visible element that deals with homosexuality from a psychological perspective, focusing on the psychological difficulties of being homosexual and facing discrimination, for example. (See also interviews 1, 2, 3, and 8 especially.)
These two organizations—Lambda-Warszawa and the Campaign Against Homophobia—do, however, cooperate on one important activity: research, writing, and publication of a report concerning violence and discrimination against sexual minorities in Poland. The first report, published in 2003, surveyed 425 people (284 men, 128 women, and 4 transsexuals) primarily in Poland’s largest cities (Warsaw, Kraków, Szczecin, Poznań, Katowice, Bydgoszcz, Białystok, and Łódź). The report documents instances of beatings, kicking, and assaults against sexual minorities, as well as discrimination in workplaces, health care settings, living situations, and the Church based on sexual orientation and identity (“Raport” 2003). Sponsoring this report works with the goals of both organizations. For the Campaign Against Homophobia, the report supports the need for the introduction of a non-discrimination on the grounds of sexual orientation clause into the Polish constitution. For Lambda-Warszawa, the report highlights the continued need for changing negative stereotypes about sexual minorities and creating a cultural of tolerance. It also provides evidence regarding the necessity of programs that address the social and psychological needs of Lambda-Warszawa’s clientele.

**Conclusion**

Both the National AIDS Center and Polish gay rights organizations formed in a context in which the boundaries of Polish democracy and institutional participation in it were being defined. A climate of fear and intolerance led to the incorporation of a strong religious element into the national program for AIDS treatment and prevention. In many ways, the inclusion of the Church was seen as a necessary alliance in the creation of this institution. However, the concerns of gay men—who in the West eventually became key architects in the development of AIDS awareness and prevention—were largely marginalized in this process. At the same time, as the history of the gay rights movement against this political and social climate of fear and intolerance shows, gay men did become “bodies that matter” in the Polish fight against this disease. In the next chapter, I focus on norms of heterosexual hegemony, bolstered by prevention discourses that focus on risk and individual decision-making, and the ways these norms create spaces for HIV prevention activists to challenge this hegemony in their practices.
CHAPTER SIX

HIV VULNERABILITY, THE POLISH NATION, AND
THE LEGITIMATION OF KNOWLEDGE

Introduction

The role of an internationally recognized and nationally championed Polish Catholic priest, with his tremendous influence in the formation of HIV programs in Poland, provides one avenue for understanding the role of the Church in the development of a nationally coherent approach to AIDS. As Poland negotiated ways of dealing with the “new” class of AIDS victims, its approach was shaped by religion and AIDS policies from the “global” perspective (i.e. the teachings and appeals of Pope John Paul II). However, while religious principles served to reduce national anxiety surrounding HIV positive people, today they create a tentative and at times contradictory relationship between prevention efforts, programs for the care of people with AIDS, and discussions of things such as “risk” and morally controversial modes of infection such as sexuality and drug use. The people active in HIV prevention in these morally “fuzzy” and contentious areas with whom I spoke during my research expressed ambivalent stances towards the presence and influence of the Church in Polish HIV policy. They recognized and struggled to resolve the tension between the positive role the Church played in placing HIV onto the national agenda, on the one hand, and the constrictions presented by the Catholic Church’s positions on issues such as homosexuality, on the other.

All the work of the nongovernmental organizations working on HIV prevention in Poland conduct their activities with either direct or indirect support and cooperation from the National AIDS Center that Father Nowak helped build. As an institution, the Polish National AIDS Center is a product of the particular history described in the previous
chapter. It also manufactures AIDS narratives and histories (both in the historical sense and as a key architect of the present), as well as chronicles that narrative. In the process of historical production, the National AIDS Center serves as an “archive” that mediates between the sociohistorical process and the narratives of that process, and struggles to convey authority and set the rules for credibility (Trouillot 1995:52). The National AIDS Center tells narratives of AIDS through which it recounts the history of the epidemic in Poland, and shapes the epidemic in Poland today. In this production of narratives, alternative representations of the epidemic today are silenced (cf Trouillot 1995:49). One of the primary objectives of my research was to describe what I refer to as the “landscape” of HIV prevention in Poland. That is, I asked what are the institutional arrangements, possibilities, and locations of HIV prevention work in Poland? Who is responsible for such tasks? Where are they conducted? What types of information are available? To whom? By whom? The trips I made to the National AIDS Center and my attendance at overnight HIV workshops and public talks led me to feel frustrated, as the same narratives of HIV were repeated over and over. Only after sifting through the materials in the “library” of the gay rights organization did I uncover an alternative view of AIDS. My work at the gay rights organization led me to understand the ways in which the National AIDS Center, public talks, workshops, and HIV prevention NGOs, omitted or offered particular types of documents and histories of HIV in Poland.

My purpose in this chapter is to expose these omissions, and present the relationship between the official narrative of HIV with these alternate histories and interpretations of the contemporary contours of the epidemic in Poland. I begin with a description of the Polish version of the ABC (Abstain, Be faithful/reduce partners, use Condoms) campaign that has been used throughout the world, and highlight the tensions it raises regarding gays as “at risk” for HIV. I then turn to a discussion of past national HIV prevention campaigns, which culminated in 2005 with a program based on the ABC model, and the ways in which it challenged the role of the Church in shaping national HIV prevention policy. This history illustrates how the supposedly morally neutral messages in the campaigns actually served to exclude gays from effective prevention. Finally, I look at the work of gay rights organizations on issues of prevention in order to
highlight how the National AIDS Center molds the public’s view of who is at risk for HIV, and the ways in which alternative visions are communicated.

I suggest that the official narrative of HIV prevention often overlooks the important work being done at the level of nongovernmental organizations, by people who spend countless hours in run down buildings without proper heat in the winter, forgoing pay when budgets fail to get approved and funding dries up. For example, in 2005, a calendar featuring famous Poles was released in an effort to draw attention to the situation of HIV infected people in Poland. Father Nowak, who oversaw the calendar’s development, commented that successfully changing society’s attitude towards HIV infected people was due, in part, to the cooperation and participation of “known” people. Without their help, he continued, such work would be difficult. He made no mention of volunteers in nongovernmental organizations, and some of my informants complained to me that NGOs are continually excluded from the development of the national program and the annual AIDS conference held in Warsaw.

The National AIDS Center, the Church, and NGOs are engaged in the process of defining who is HIV positive and who is at risk for infection. Control and legitimization of particular types of information and prevention strategies serve to define the terms through which, for example, nongovernmental and secular organizations can conduct their activities and the scope of prevention activities more generally. Understanding the historical circumstances that lead to the forms of HIV prevention present in Poland today moves further into an interrogation of the silences inherent in the process of historical production. This perspective asks what is missing from the official narratives of the National AIDS Center in Poland and the press (Trouillot 1995:26). Through the creation of a National AIDS Center, specific messages about HIV and its prevention have been communicated and alternately deemed appropriate or censored. I ask what strategies nongovernmental organizations have to promote their HIV prevention messages within this landscape and its attendant silences, erasures, and omissions.
National HIV Prevention Campaigns and Creating the “AIDS Victim”

At the end of 2004 and into 2005, a debate took place among the community of U.S. anthropologists active in and concerned with reducing the impact and spread of HIV. At issue was a commentary published in the medical journal *The Lancet* that called for a consensus on HIV prevention based on two principles. The first principle called for programmatic approaches that are “locally endorsed, relevant to the indigenous social and cultural context, and respectful of human rights” (Halperin *et al* 2004:1913). The second principle called for the broad application of the ABC prevention strategy, which in Uganda demonstrated success in reducing the number of sexually transmitted HIV infections. In reference to this second principle, the authors offered the following caveat:

> Although the overall programmatic mix should include an appropriate balance of A, B, and C interventions, it is not essential that every organization promote all three elements: each can focus on the part(s) they are most comfortable supporting. However, all people should have accurate and complete information about different prevention options, including all three elements of the ABC approach. [Halperin *et al* 2004:1913]

A critical response to this letter, and the promotion of the ABC approach more generally, argued that this prevention strategy’s focus on abstinence represented the “hidden insidious agenda of the NeoCons [using] HIV/AIDS as a mechanism to promote their ideology on a global level” (Feldman 2005:4). Others, in addressing the success of the ABC campaign, argued that prevention aimed at individual behavioral change “missed the point” about HIV through its failure to interrogate the relationship between poverty, inequality, and vulnerability to infection (Farmer 2003:7).

Uganda’s success in confronting HIV has garnered significant attention by those who attribute it to various aspects of the “ABC” approach, and by those who point to other factors external to the HIV prevention campaign itself. Some, for example, pointed to the prominence of the abstinence message in the campaign as key to its success, citing that surrounding African countries with higher condom purchase and use rates also experienced higher rates of HIV infection. Others argue that abstinence messages are not fully responsible for the decline and suggest that such campaigns may even distort life-saving prevention information and exclude certain categories (such as victims of sexual
violence) from developing prevention strategies (e.g., Cohen, Schleifer and Tate 2005). Others suggested that political structures, rather than the specific content of the HIV prevention message, were responsible for its success (e.g., Parkhurst and Lush 2004). The debates surrounding the success in Uganda suggest that we must acknowledge that prevention strategies are created in and adopted within politicized landscapes. These landscapes marginalize and exclude certain groups and values while promoting others (see Kalipeni et al 2004 for a more comprehensive discussion of the limitations of HIV prevention efforts in Africa). Moreover, these modes of exclusion can have consequences for the health vulnerability of certain groups. It follows, then, that it is first necessary to understand these broader social and political factors before interrogating the strategies that marginalized groups and their advocates engage in order to protect their health and promote their rights as citizens. I recognize the urgency of developing effective prevention strategies as the death toll from HIV/AIDS continues to grow and program and after program fails to alter this trend. However, I also caution that before particular models of prevention are promoted wholesale, we must consider the implications they have in terms of whom they might exclude and what prevention alternatives they do not address.

The internationalization of HIV prevention paradigms is particularly relevant for Poland, as it continues to formulate a domestic HIV prevention agenda. An HIV prevention model based on Uganda’s “ABC” program has entered Poland’s HIV prevention landscape at multiple sites, and raise questions of who is included in and excluded from this prevention strategy. With the globalization of HIV prevention efforts, understanding local prevention landscapes becomes even more important. If the late 1980s and early 1990s signified a controversial period in the Polish response to AIDS at both institutional and societal levels, it also marked a period in which the government response and approach to the virus crystallized into formal and long-lasting institutional arrangements. In the context of discrimination and fear that characterized the Polish response to AIDS in the late 1980s, inclusion of the Church was also seen as a way of putting Christian (and by extension, Polish) values of tolerance and support into practice.

The African and Polish HIV contexts are starkly contrasting, and to analyze the Polish prevention landscape drawing on the arguments and calls to action above, which
have been developed in such different settings, opens the way for accusations of making invalid comparisons. However, as Moran (2005) indicated, the ABC approach has been endorsed and promoted by a broad range of religious, political, health and scientific leaders from around the world, and it is no surprise that it has reached Poland. In the 2005 annual national HIV prevention campaign sponsored by the Polish National AIDS Center, billboards touting the ABC’s of prevention in bold blues, greens, and reds hung throughout Warsaw (see Figures 6.1 and 6.2). The “ABC’s” were imported without modification into Poland, despite a significant linguistic conundrum: the ABC’s only partially translated. “A” for “abstinence” and “B” for “be faithful” were easily transposed into the Polish abstynencja seksualna and bycie wierym respectively. The third—“C” for “condoms”—required finagling: the “C” for condoms does not align with the Polish word for condom, prezerwatywa. The designers of the campaign, undaunted, created the cumbersome zabezpieCzenie prezerwatywa—“protection with a condom,” simply capitalizing the “C” in the middle of the word.65

Figure 6.1: ABC zapobiegania (“The ABCs of prevention”), National HIV Prevention campaign, 2005. (Photo by Jill Owczarzak)

65 One person active in HIV prevention and education with whom I spoke expressed dismay that the National AIDS Center adopted such a campaign. Aware that the ABC approach had developed in Africa, he reasoned that it was inappropriate for Poles. He argued that Poles are “more educated” and beyond “the ABCs,” as if a prevention message based on the childlike imperative to learn the alphabet insulted the intelligence and sophistication of Poles. Also, the Polish rather than Latin-derived word for abstinence, wstrzemięźliwość, obviously could not be used in this campaign.
Figure 6.2: Billboard for prevention, ABC Zapobiegania, 2005. (Photo by Jill Owczarzak)

This campaign began towards the end of my stay in Warsaw in November 2005, but upon seeing the billboards I was catapulted back to an event that took place almost a year earlier. On a frigid, snowy, and windy January evening, I made my way to the Church of Saint Anna for a presentation on HIV. This event was co-sponsored by the religious/conservative publishing house “Fronda” and the ministry of the church.66 Located at the edge of Warsaw’s Old Town in a tourist area and affiliated with Warsaw University, this church boasts a high attendance of locals, students, and visitors. Its historical and national significance was solidified as it served as the site of a mass held by Pope John Paul II during his first visit to his native Poland in 1979. A large white billboard had been chained to one of pillars outside the church throughout the week and

66 To provide a context for the nature of Fronda’s publication activities, in 2005 a scandal erupted when it was discovered that Fronda and a second publisher based in Kraków had distributed a book and film to be purchased by high school teachers of ethics or religion classes. The film featured Danish and American theologians and therapists making statements such as “They [gay men—JO] achieved orgasm through the use of various inanimate objects such as leather, shoes, and other articles of clothing, through urinating and defecating on one another…and also through fondling children of both sexes.” One accompanying exercise had the students read the letter of a gay person, and then instead of reading the word “gay” substitute the word “fascist” and read it again. The end of the classroom exercise suggested that the teacher summarize with the following: “This grotesque exchange of one word in the test should show how easily we give in to political correctness and emotional blackmail from the aggrieved party” (Skowrońska and Krzyk 2005).
announced, “AIDS a prezerwatywizm,” an academic and intellectual debate about the “state of the phenomenon.” I was curious what a church would have to say on the subject. I was, however, a bit baffled by the word “prezerwatywizm.” I knew the word “prezerwatywa” (condom) but not this one. I checked my Polish-English and then Polish-Polish dictionary, but soon realized that this word, in actuality, does not exist as such in the Polish language, and required me to consult my native speaker friends to understand its meaning.

In this context, it seems, “prezerwatywizm” roughly translates into “condomism.” It is understood as a neologism coined by the Church, derived from the Polish word for condom, prezerwatywa. In the context here, it has a negative meaning that contrasts HIV prevention based on safer sex messages and condom use, with the Church’s stance against condom use and emphasis on sexual abstinence as an alternative HIV prevention strategy. Furthermore, condom use in this context is understood to result in “primitive” and insincere sex. Condom use and promotion of their use, in addition, lead people away from the characteristics of the “true” nature of love, built on responsibility and maturity. In other words, “condomism” encapsulates a philosophy that links together safer sex messages with a lack of moral values and a deviation from Catholic morality more generally that characterizes contemporary social life. In fact, the event was actually part of a series of discussions on various topics, including pornography, homosexuality, and techno music, problems in which the reassertion of Catholic morality and the values of the Church are deemed to be essential correctives.

By the time the event began, the church was filled. People crowded into the uncomfortable wooden pews and others stood in the back and on the sides. A small movie screen was placed at the front of the church and after an opening prayer, organizers began a 2004 film produced by the publisher Fronda in cooperation with the television station Polsat. The film opened with shots of people throughout the world suffering from HIV, juxtaposed with text presenting “information” about the current state of the global epidemic. The screen then went black and the question appeared to the clicking of typewriter keys, “Is this the end of our world?” More pictures were shown of emaciated, weakened Polish men in hospital beds suffering from AIDS. A brief history of the HIV epidemic was then presented, beginning with the epidemic in the United
States. It focused on its manifestations among gay men and illustrated by clips of famous people such as Freddie Mercury of the band Queen and Rock Hudson. The example of Freddie Mercury was accompanied by the image of him and his band giving a performance while the song “We Are the Champions” played around them. With the knowledge that Freddie Mercury died of AIDS, the choice of songs created an ironic and sarcastic tone. It suggested that to consider a gay man who died from this disease “a champion” is a “joke.” The audience sat in captivated silence. The focus on the homosexual origins of the epidemic in the west and the United States continued with shots of gay male couples getting married and marching with posters supporting their rights.

One of the most memorable, graphic, and startling moments of the film included footage of a gay pride parade in Germany. The film depicted men in drag, thong-clad couples, and two men who were embracing each other and engaged in a long, deep kiss. The clip ended with a series of images in which the kissing couple became the center of the shot. The shot began with them against the background of other revelers in the city streets, but then zoomed in closer and closer, until it was just focused on their mouths. The image of these two men kissing lasted for close to one minute. The accompanying fast-tempo music as the camera zeroed in on the couple created a sense of urgency, shock, and desecration with the marble pillars and golden figures of the church looming behind the movie screen. Other images shocking in the church setting included the promotion of condoms in India and Africa. There was as a 1999 World AIDS Day celebration in which a woman placed an oversized condom onto a gigantic penis-shaped balloon that was then released into the air to the cheers of the onlookers. Uncomfortable chuckles echoed in the church and the film continued its barrage of images of both the sufferers and the potential victims of HIV—prostitutes in countries to Poland’s east, injection drug users, and teenage girls engaging in sex with a young men. In many ways, the film used HIV to mount a campaign against others and emphasize moral deviance.

The video then turned to HIV prevention strategies in particular, through the comparison and contrast of programs in Sweden and Uganda. The argument made by the “experts” in the film was that the source of the money for poor countries came from richer and more powerful countries, such as the United States and European nations. The
poor countries were not in a position to determine the conditions of aid and could not decide on their own what they wanted to do with the money. The donor countries had the power to make decisions regarding how the money would be spent, particularly on the promotion of condoms. The poor countries had to accept this use of the money or be denied access to it. Some countries, however, refused to accept the money on these conditions, and Thailand, Senegal, and Uganda were given as examples. These countries, it was argued, “knew their societies” and determined what would be the best way to prevent HIV.

At the conclusion of the film, the Polish expert on the topic held up the book *Rethinking AIDS Prevention*, written by anthropologist Edward C. Green (2003), in which the author attributes Uganda’s success in the fight against AIDS to the ABC approach of abstinence, being faithful and using condoms (as a last resort). The Polish expert argued that Uganda encouraged people to go to church and put up posters of people suffering from AIDS. These acts alone, he argued, had been enough within this social context to prevent the spread of HIV. He countered the success of Uganda with the “failure” of Great Britain. In Great Britain, HIV prevention programs relied on a condom-use message. Although successful in the earlier years of the epidemic, now exhibit signs of failure as currently the number of HIV infections Britain is increasing. He argued that people are having more sexual partners now because the message had not been to reduce partners but to promote and condone sexual promiscuity as long as condoms were being used. His talk centered on the idea that “saturation” has been reached, and people no longer respond to condom use messages. They still engage in sexual behavior with multiple partners, thus placing them at risk.

When the floor was opened for audience comments, the discussion, rather than focusing on HIV/AIDS broadly, deteriorated into a series of comments about the immorality of homosexuality and the importance of religion to protect society from its harmful effects. Some speakers pondered if gays could be the product of “good Catholic families.” Only one young man countered this trend. He waited patiently for his turn at the microphone and when given the chance to speak, bravely identified himself as gay and reminded the audience that anal sex poses the same risks of infections for heterosexuals as it does for homosexuals. The “ABC’s” of prevention had come to
Poland and entered into the social and moral debates about homosexuality. But within the anti-gay context of this film and discussion, the three pillars of the successful “ABC” Ugandan HIV prevention strategy were reduced to two, as any benefits of condoms were denied. This film and debate in the Warsaw church illustrates that not all churches have followed the approach of the national religious hierarchy in Poland. The Warsaw church’s AIDS presentation illustrates a case of fomenting bigotry, homophobia, and AIDS phobia in the name of Christian values.

This church-based presentation coincided with the National AIDS Center’s development of a prevention campaign with the ABC’s at its center. In November of 2005, the Polish National AIDS Center held a press conference to mark the commencement of that year’s annual HIV prevention campaign. The gathering was small, with the audience limited to reporters and a few invited officials from various government agencies. The theme of this year’s campaign was based on the “ABC” concept popularized by the success seen in Uganda’s ability to decrease the number of HIV infections through this model. At the front of the room, the director of the National AIDS Center, Dr. Anna Marzec-Bogusławska, was flanked by Father Arkadiusz Nowak; a panel of representatives from the United Nations Development Program, the Ministry of Health, and the advertising agency that had designed this and previous years’ campaigns; and medical doctors and sexologists. After showing the “ABC” campaign television spot, the director of the National AIDS Center began the press conference by saying that two-thirds of infected people in Poland do not know their status. She added that there are an estimated 20-30,000 HIV positive people in Poland. Even though the ABC campaign presents an opportunity for “every group to choose something for itself,” this year’s campaign is targeted at women. A physician from the Institute of Mother and Child later supported the decision to make women the target of the campaign, citing that currently out of 700 pregnant women tested for HIV, six were found to be infected.

The director’s description of the campaign was followed by a presentation by Father Nowak, who described the campaign as a compromise. His talk focused on promoting a “healthy lifestyle” to avoid infection through faithfulness. This lifestyle and

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67 Here I would like to sincerely thank my friends Anika and Paweł (both anthropologists), who attended this press conference on my behalf as I had temporarily returned to the United States on the day the conference was held.
value, he concluded, can be achieved “by the citizen” and through the promotion of National AIDS Center. He addressed the issue of condoms, reminding the audience that condoms do not guarantee avoidance of infection, but that each person has the choice: to avoid “risky” behavior or decrease “risk.” The success of the campaign, he added, will be an increase in the number of people taking HIV tests. Other panelists echoed this call: “We don’t want to moralize. It’s your choice.” So while the representative of the National AIDS Center excitedly told me about the central place of condoms in this year’s campaign, the public promotion of it tried to downplay their significance.

The existence of the National AIDS Center, its cooperation with the Catholic Church, and the promotion of its particular prevention agenda and AIDS narratives, however, do not preclude conflict over how to best communicate about this disease. The representative of the National AIDS Center’s fears about criticism of the ABC campaign, it turned out, were justified. A few weeks later I was sitting in a café with an acquaintance active in HIV prevention. While we were talking over coffee, he casually said to me, “Oh, did you hear that Nasz Dziennik protested against the ABC campaign?” I had not heard and so I made a trip to the library to see the nature of the protest. Nasz Dziennik is a conservative Catholic daily newspaper with a circulation of about 100,000 copies.68 This particular campaign and the response to it took place as Poland prepared to transition from the liberal presidency of Aleksander Kwaśniewski to the conservative presidency of Lech Kaczyński.

The Nasz Dziennik article asked sarcastically if the campaign was a “goodbye present” from the outgoing government, which would not have to face the consequences and responsibilities for such a campaign (Lewandowicz 2005). The author criticized the campaign’s simple message: “The current campaign recalls campaigns conducted in countries of the Third World, where the international agencies of the United Nations propose condoms as a remedy for everything (probably including hunger).” He expressed hope that the new government will eliminate the National AIDS Center in the same way that it eliminated the Plenipotentiary for Equal Status of Men and Women because both institutions “deprecate marriage.” The author mounted further criticism of the National AIDS Center from the Catholic perspective. He argued that the

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68 The major national newspaper Gazeta Wyborcza, in comparison, boasts a circulation of about 450,000.
juxtaposition of abstinence and faithfulness with condom use leads to the conclusion, “If you can, don’t commit adultery, but if you can’t manage that, commit adultery but with a condom.” Further, the National AIDS Center’s push to take an HIV test within the campaigns, he argued, leads to the conclusion, “Do what you want and infect yourself—we’ll check if and with what you got infected.” In other words, the visible influence of the Catholic Church in the formation of Polish AIDS policy through the presence of Arkadiusz Nowak does not protect this institution from criticisms from certain religious elements.

During one of my visits to the National AIDS Center, I spoke with a representative about this year’s ABC campaign. She expressed excitement over the campaign, adding that it marked the first time that the National AIDS Center so openly mentioned condoms. She knew the program had been developed “somewhere there in Africa” and had been successful, and hoped the same would be true in Poland (Interview 18). She did, however, express some apprehension about the program. It was an election year and she worried that the campaign would bring the attention of Catholic conservatives. In her interpretation, Catholic conservatives could influence the politicians that determined the funding and status of this organization. Although the National AIDS Center was an official branch of the Ministry of Health, until the early fall of 2005 it did not have any sort of guarantee that it would continue to exist. People often expressed fear that it would be shut down as part of a political agenda. The National AIDS Center, therefore, tended to operate cautiously in the development of its campaigns, careful not to explicitly mention sexual activity. Only in 2005 did the

69 This written condemnation of the ABC campaign was not the first, as the ABC campaign of 2005 marked the consecutive installment of a series of such yearly, national campaigns. In 1999, the office that is now known as the National AIDS Center developed a similar campaign that focused on condoms in cooperation with the United Nations. This campaign, targeted at youth, had the slogan, “You’re all doing it. And it’s OK, as long as you use your head. Remember a condom. AIDS.” The conservative Catholic press accused the creators of this campaign of being based on lies to help the financial interests of companies manufacturing contraceptives (Grzesica 2000). Condoms, the author of this article argued, are something that can be given to animals; man, on the other hand, has “reason” and can take responsibility for every action, including sexual activity.

70 Table 6.1 reflects the shifting targets and messages of the Polish national HIV prevention campaigns from 2001 through 2006. Note that following the controversial 2005 “ABC” campaign, the 2006 campaign aimed to promote “family values” through HIV prevention. While I was not in Poland to witness the development of this campaign, the Church-based criticisms of the 2005 campaign suggest that the National AIDS Center tried to avoid controversy through the development of the message in this particular campaign.
National AIDS Center manage to get a three year plan guaranteeing its existence passed in Parliament. One person I met, who was familiar with the predicament of this institution, marked it as a significant victory in this election year, in which a populist government had taken control of the presidency and the parliament. Concerns arose that money would not be given to “drug users and homosexuals.”

The ABC campaign of 2005 marked a consecutive attempt by the National AIDS Center to navigate through the realm of possible prevention slogans and awareness messages. Each year, the National AIDS Center develops a different campaign with a different target audience, based on the combined epidemiological data from within Poland and “the world” about which social groups are deemed to be most “at risk” for HIV infection (see Table 6.1). In 2004 (see Figures 5.3 and 5.4) and 2003, the campaigns were targeted at heterosexual couples, and featured a series of billboards with true/false questions. Just as the conservative Catholic constituency publicly voices its criticisms of the campaigns in its newspaper, volunteers and organizers within the nongovernmental prevention sector voiced their concerns privately when I asked. These billboards, with their white text on black backgrounds, were extremely unpopular amongst the HIV prevention volunteers from the nongovernmental organizations with whom I spoke. Some questioned why the National AIDS Center would choose a campaign based on creating an atmosphere of fear, pointing to the negative attitude with which Poles still view HIV-infected people; they expressed concern that such a campaign would only further people’s stereotypes about the disease. Others, including the major television station Telewizja Polska, which refused to air the campaign, lamented the lack of people in the campaign, questioning how people could relate to such a campaign (see also Interview 23).
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<td><strong>Targets</strong></td>
<td>General.</td>
<td>Sexually active women.</td>
<td>Youth between 15 and 19 years of age.</td>
<td>Heterosexual men and women between 18 and 39 years of age.</td>
<td>Heterosexual partners between 18 and 29 years of age.</td>
<td>Sexually active people between 18 and 29 years of age.</td>
<td>Families with young, growing children, and couples planning to have children.</td>
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<td><strong>Images</strong></td>
<td>N/A</td>
<td>Young, professional women engaged in a variety of activities, including reading, working at an office, talking on the phone, and drinking coffee.</td>
<td>Photo of a young girl as appears on gravestones in Polish cemeteries; pictures of her boyfriends/lovers. Floral wreath for decorating a grave.</td>
<td>Young, heterosexual couple seated casually on a couch, talking to one another.</td>
<td>White text on black background with true/false questions and check boxes marked with red “X”s.</td>
<td>Green, red, and blue dice with the letters “A,” “B,” and “C” written on them.</td>
<td>Mother, father, daughter and son smiling into the camera and leaning on one another, wearing color-coordinated shirts.</td>
</tr>
<tr>
<td><strong>Message</strong></td>
<td>Reduce shame associated with taking an HIV test. Communicate existence of free and confidential HIV testing services.</td>
<td>All women are “at risk” for HIV, regardless of socioeconomic status, life stage. Encourage recipients not to enter into any “risky” sex behavior; encourage HIV testing.</td>
<td>Drinking alcohol and taking drugs impairs decision-making. Remember about one’s own safety.</td>
<td>The topic of HIV and past sexual experiences is taboo between heterosexual partners. Encourage testing and safer sex behavior, including condom use (although condoms not mentioned in billboards).</td>
<td>Encourage discussion between partners, elimination of risky sexual behavior, encourage condom use, and encourage HIV testing.</td>
<td>Disseminate information about various methods of HIV prevention in terms of infection through sexual contact. Encourage the idea that each person may choose behaviors in terms of HIV prevention.</td>
<td>Promote family values through HIV prevention. HIV/AIDS affects everyone. Encourage the home/family as location of HIV education. Promote image of family built on mutual love, trust, and faithfulness.</td>
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The 2001 campaign, which was more positively evaluated, pictured the “modern” Polish woman in multiple roles—businesswoman, mother, wife—but possibly infected with HIV through the past and unknown relationships of her husband. The following campaign in 2002, which was also met with heavy criticism, targeted youth by putting pictures of teens on the grave markers common in Polish cemeteries and wreaths of flowers. One featured the photograph of a young, smiling woman on such a grave marker with the smiling faces of her lovers above, with the phrases, “In eternal remembrance” and “HIV does not choose. You can.”

The National AIDS Center describes the yearly mass marketing AIDS campaigns as “key elements” of their HIV prevention efforts. One of the most visible and consistent aspects of the HIV prevention message within Poland at the level of the National AIDS Center and echoed somewhat in the prevention talk within nongovernmental organizations (Interview 1) is the message that getting tested for HIV is key to prevention. In fact, in the several permutations of the national HIV prevention campaign since 2001, aimed each year at a different audience (heterosexual women, teenagers, heterosexual couples) one message has remained consistent: Nie daj szansy. Zrób test na HIV—“Don’t live in uncertainty. Take an HIV test.” The directive to take an HIV test partly reflects fears that a hidden HIV epidemic exists in Poland. It also reflects the idea

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71 The focus on Polish heterosexual women as vulnerable to HIV is subject to contradictory interpretations. On the one hand, the history of the HIV epidemic in Western Europe and the United States highlights that heterosexual women were systematically disregarded as at risk of infection. In fact, in the early years of the epidemic, scientists made arguments that women’s biology made them unable to become infected with the virus. Even as growing evidence from Africa indicated that the disease could indeed be transmitted through heterosexual contact, women were excluded from prevention and education efforts, and HIV prevention resources were directed at white gay men. Therefore, to acknowledge heterosexual women as at risk for infection serves as a corrective to their historic exclusion from HIV prevention efforts. On the other hand, women in Eastern Europe have, as I argued in my theoretical discussion, been the subject of state-sponsored programs to control and interfere with their sexuality and reproduction in effort to advance particular political and social policies. Gail Kligman’s (1998) research on abortion policy in Romania is a stark reminder of the effects of such political uses and control of women’s bodies. Therefore, the prominent focus on women’s vulnerability to HIV and mother-to-child transmission in Poland raises concern. Fewer than 100 children have been documented as having contracted HIV from their mothers, and injection drug users still constitute the greatest number of new HIV infections in Poland (Niemiec 2002). However, Poland makes it a high priority to follow the directives of organizations such as the World Health Organization and UNAIDS that advocate for increased attention to women’s vulnerability to AIDS. One must ask if the focus on heterosexual women accurately reflects prevention priorities, or if it exemplifies the history of using women’s bodies and arguments about their sexuality to enact visions of the moral and political order.

72 One employee of the National AIDS Center found the pictures on the calendar printed in association with the campaign to be so depressing that she pasted her own pictures overtop of them before hanging it on the wall above her desk.
that knowing one’s status will translate into access to care and safer sex strategies. In any
given presentation of the epidemiological situation in Poland, when the total number of
official HIV infections from 1985 to December 2005 is stated officially as 9,798 (with
1,725 AIDS cases), a disclaimer always accompanies this number: “But estimates put the
number between 20,000 and 30,000.” The emphasis on testing also reflects one of the
strategies the NAC can employ to avoid seemingly more morally controversial subjects
such as condom use and sexual behavior in its programs. Pursuing this strategy, one
nongovernmental organization that is engaged in social marketing initiated an HIV
campaign targeted at youth called “The Test of Normality.” This campaign, with public
service ads that aired on Polish MTV with the support of the National AIDS Center,
featured a male Claymation character “Stefan” that took HIV tests as part of their
“normal” activities in an effort to destigmatize HIV testing by putting it in the same
category as other health maintenance activities such as going to the dentist. The slogan
for the campaign was, “Test normally. Things mean what they are. Take an HIV test.”
The character was deemed to be so successful that a female version (“Malina”) was
created and used as the basis for a United Nations Development Program and World
Health Organization campaign implemented in Poland during 2005 (see Figure 6.3). This
campaign encouraged women to get HIV tests, not as a woman’s responsibility to herself
or her sexual partners, but as a responsibility to her unborn child. As with the play

73 During my research, I brought up this estimate with several physicians working in HIV either
professionally or voluntarily, hoping to locate its origins. I recalled that other English-language reports that
I had read before I went to the field that had similarly labeled the below-10,000 number of infections as
overly optimistic. The response of the doctors was that the likelihood that the actual number of infections
was over the officially reported number was low because Poland has good and accessible testing facilities.
I was never able to locate a source that provided the calculations for the way this estimate was reached.
74 Adkins (2001) locates the impetus for HIV testing within the proliferation of surveillance medicine and
the development of “risk society.” She writes, “since the logics of testing involve the identification of
those defined to be ‘at risk,’ that is, of those positioned as having a potential to develop a certain condition
or disease; an incitement of those defined to be at risk to test, involving self-identification in relation to risk
categories; and, if testing points to the potential of a future medical condition or disease, that such
knowledge will lead to appropriate forms of self-management and self-regulation in relation to health”
(Adkins 2001:39). Lupton (1993) makes a similar argument regarding heterosexuality and HIV testing,
suggesting that taking such tests reflects self-management and self-regulation.
75 To note, this second campaign directed at women was not cosponsored by the National AIDS Center.
The message in this campaign in many ways reinforces themes well-known in studies of gender in Poland
in that they address women’s roles as mothers/potential mothers while avoiding discussions of women’s
sexuality. In addition, this campaign emphasized a particular vision of the “modern Polish woman” as
simultaneously a “responsible consumer” who invests in herself and as a wife and mother (Marody and
Giza-Poleszczuk 2000).
I describe later, although the “Malina” character targeted heterosexual women, transmission through sexual contact was minimized. For example, an article published in the women’s magazine Świat Kobiety (“Woman’s World”) informing readers of the campaign listed tattoos, body piercing, and acupuncture as possible infection sources (Zielewska 2005).

Figure 6.3: “Normalnie Test.”

In sum, within public HIV prevention/ awareness projects, then, the focus has been placed on HIV testing, whereas other subjects such as safe sex have been cautiously and contentiously approached. The development of an HIV prevention campaign based on the “ABCs of prevention” marks a pivotal moment in the National AIDS Center’s history. It demonstrates an effort to more overtly address sexuality in its messages, while carefully negotiating their moral and political implications.

Changing the Face of AIDS and Confronting Stereotypes

As seen earlier, the development of a national approach to prevent HIV resulted from the combined efforts, at times antagonistic and at times complementary, by
governmental and nongovernmental organizations. One part of this process involved changing the public perception of an HIV positive person and the stereotypes associated with HIV positive status, and such an agenda continues today. Historically, the majority of registered HIV cases in Poland throughout the 1980s and early 1990s were documented among injection drug users and gay men, contributing to the stereotype of HIV risk groups. In order to promote the idea that HIV was not a punishment for sins, that HIV is a problem that should concern all of Polish society, and that HIV infected people deserve the Christian ethics of care, forces joined together to change the “face” of the epidemic. In Magda’s description of her role as an “underground” prevention worker from the previous chapter, it is clear that, historically, approaches to the epidemic existed that moved beyond the traditional “risk groups.” Rather than focusing on gays and injection drug users, Magda made an effort to distribute HIV prevention materials to people within clubs, through the radio, and to students in her school.

Redefining Risk and Suffering

Other early activists more deliberately worked to change the face of AIDS. Maria Malewska, the founder of the organization “Nie Jesteś Sam” (You are not Alone) described in the previous chapter, often appeared on Polish television in the beginning of the 1990s as part of her HIV prevention efforts. She describes her experiences:

In relation with that organization—founding that organization—and my medical profession, I began to propagate AIDS prevention. And that really was the first in Poland—what we did—that was precisely me and my foundation. Among other things, we were invited by Telewizja Polska because I had a lot of contacts with television. I was on Telewizja Polska quite often and I did a few really good programs. Among them, for the first time on television I spoke with a person infected with HIV. I invited a woman from the United States—a Polish woman—who was infected through her husband. That is—do you understand?—not a drug addicted woman, not, I don’t know, not a gay man, but simply a normal person who became infected through her husband. I invited her to Polish television. I conducted an interview with her. I shook her hand. We hugged each other to show that it’s not like that—that we can get infected and that it’s a terrible thing. [Interview 6]

76 In almost all of my interviews, those working in HIV admitted that although “everyone is at risk,” certain stereotypes about HIV persist, including that only intravenous drug users, gays and prostitutes get HIV; that HIV is spread through mosquitoes; and it is dangerous to touch an HIV-positive person.
Maria Malewska, in other words, used the newly freed access to the media to not just educate about HIV but to change the way that Polish people thought about the disease and its sufferers. She made a point to bring a “normal” person to the screen, rather than the stereotyped gay man or injection drug user. She was invited almost on a weekly basis and talk just for short periods of time—three to five minutes—about AIDS, drug addiction, and prevention. During one of her appearances, she showed that she and her two children were currently living with an HIV positive man, whom she had invited from either the United States or Canada (she could not recall specifically). She recalled that when people would see her on the streets, rather than expressing fear and anxiety, they thanked her for showing that HIV cannot be caught through casual contact and everyday situations. Later in my interview with her, she underscored her point that it was necessary to show people that AIDS is “everyone’s problem,” and that it can affect all people, not just gays and drug users.

Breaking the stereotype of the AIDS sufferer as a gay man or injection drug user also marked a key aspect of Father Arkadiusz Nowak’s activism in the fight against AIDS. According to the Catholic Church, the types of “risky behaviors” that can lead to HIV infection are a violation of the Church’s teachings. Some Catholic priests and members of the Church therefore extended this association further and concluded that AIDS is a punishment from God for moral disarray. At the beginning of the 1990s, for example, the Polish Catholic newspaper Tygodnik Powszechny promulgated such a position. Nowak stated that such a perspective reflects a more general conviction that AIDS afflicts only specific risk groups. In his writings, Nowak cites a pastoral letter by the then archbishop of Chicago Joseph Bernadin, who declared that from a medical perspective, although the majority of cases in the United States may occur among gay men, AIDS is an illness dangerous to all people. A person’s worth in the eyes of God is priceless and independent from sexual orientation, and therefore it is necessary to respect the dignity of every human (Nowak 1998:63). Such a stance presents a delicate balance within the Church, as Father Nowak concedes that AIDS cannot be identified as a

77 The idea of AIDS as God’s punishment continued even after Nowak published the Church’s teachings on the subject. A headline from 1999 asks, “Punishment for Sins?” (Kara za grzechy?) with a answer to the question in the negative after explaining that although the earlier HIV epidemiology showed that the majority of the cases were documented in gays and injection drug users, today youth between 10 and 24 years of age make up the majority of cases.
punishment for sin, but this does not mean that situations do not exist in which AIDS is a consequence of “sinful” behavior. Yet importantly, it also shifts the focus from a “risky behavior” or “risk group” to the “AIDS sufferer” sans mode of infection.

Contemporary Social Critique through HIV/AIDS Risk and Suffering

In addition to the public campaigns described above, plays and books mark a second significant forum through which ideas about HIV/AIDS are communicated to a broad Polish audience. Three plays and one book in particular illustrate the ways in which the current HIV prevention and awareness landscape is shaped by the historical developments of the 1980s, and the role the government’s conservative and cautious sexual policies affect the messages about HIV that are presented to the public. The materials I discuss below range from a play published in a specialized literary journal in the 1980s and later made into a television production, to a book about an HIV positive gay man published by an independent, alternative publisher.

The first Polish play about HIV, written by Paweł Mossakowski, was published in 1986 in the literary journal Dialog under the title “Skrzep” (“Clot”), which was then produced for the Polish television channel TVP in 1993 under the title “Test” (Walewski 1993). In many ways, this play anticipated the negative reaction against and fears of people with HIV described in the previous chapter. It also presents an early example of the ways in which talk about HIV remains a means of cultural critique as well as a tool through which the popular focus on people with AIDS rather than AIDS prevention is retained. The play details the reaction of friends, colleagues, and fans of a young, promising actor, Krzysztof, after he learns that he is HIV positive. Over the course of the play, Krzysztof’s friends cease all contact with him, even through the telephone, and his neighbors join together to petition for his and his wife’s eviction from the building. The offer to star in a new play is rescinded and Krzysztof finds that he must disguise himself in order to leave the house and conduct such mundane tasks as grocery shopping. He finally reaches a point of frustration and exhaustion when his physician calls to inform him that the hospital staff has refused to help AIDS patients and the hospital management decided to ban them from entering the hospital at all. (“An admission ban to the hospital…for the sick?” the main character asks in disbelief.) Krzysztof confronts his
own biases about AIDS, perplexedly asking his doctor, “Is it possible? After all, it’s a disease of homosexuals. I never had such experiences.” Against this backdrop of dealing with society’s reaction to an HIV positive person, Krzysztof and his wife struggle to maintain their relationship, and he considers suicide. In the end, they find comfort in each other and learn to appreciate the value of “true” friends. They begin to seek fulfillment outside the material world, with its dinner parties, alcohol, and adoring fans that disappear in the face of this devastating diagnosis. Interestingly, the final moments of the play feature Krzysztof’s doctor calling once again, this time to share the good news that he was falsely diagnosed with HIV.

This Polish play and a few others, as well as the long history of artistic involvement in HIV in places such as the United States, inspired a young Polish journalist to initiate a competition to select the best dramatic work about HIV in 2004 (Grzela 2005, Interview 23). During 2005, the National AIDS Center sponsored a competition in which authors submitted plays about AIDS to be judged by a jury. The organizer saw working with artists as an alternative approach to HIV prevention. Informational brochures about HIV, he told me—as he picked up the menu from the coffee shop table, flipped through it, and tossed it back to the table in mock reading of an AIDS pamphlet—fail to engage the audience and are an inefficient use of limited resources. In theater, the audience can become emotionally engaged in the characters and the plot, allowing them to think more personally about the topics presented. This personal engagement, he argued, makes for more effective prevention.

Remigiusz Grzela also pointed to the play called “Bez tytułu” (“No title”) written by the playwright Jarosław Swierszcz, under the pseudonym Ingmar Villquist, as an inspiration for the creation of this competition. This play, which was also later produced for television under the title “51 Minut” (51 Minutes), tells the story of a young man dying of an illness. Although it is never stated to the audience what ailment afflicts him, it is presumed to be AIDS. He is hated by his father and rejected from his family, fleeing to spend his final days in a large town. His mother follows him to the town and wants to cure him through her love for him and eventually his father joins the mother in her struggle to keep her son alive. Using the theater as a forum for discussions about AIDS existed on smaller scale in the mid 1990s in Wrocław, where a festival was organized through the provincial epidemiological stations’ Department of Health Promotion and Health Education. This festival, as with the others that followed, were directed at high school students, who prepared, directed, and starred in their own original productions about HIV. The play that won the contest in 2004 featured a student portraying HIV who would appear in various situations. For example, a gay couple in the play had sex and while they were sleeping, the “virus” appeared and told them that they were infected with in “this and that situation because they didn’t do this, this, and this.” Similar to the goals of the national competition, these regional attempts to address HIV prevention through drama operated on the idea that youth in particular will take away more information about HIV from a play than from a lecture (Interview 28).
He proposed his idea for the contest to the National AIDS Center, which eagerly accepted it, but with several stipulations. First, the plays had to be directed at heterosexual couples between 18 and 29 years old, and the central characters had to also fulfill these criteria. Such a requirement also ensured that the plays fit with the National AIDS Center’s target group for the year 2004—young, heterosexual couples. The focus on this group ostensibly derived from the fact that heterosexuals between 18 and 29 are the group that is most threatened with HIV infection (Grzela 2005:3). Women now comprise over 20% of people living with HIV in Poland (UNAIDS 2005). Secondly, the plays had to be factually sound and present information about HIV and its prevention. Finally, the plays needed to fulfill all the principles of good theater. The winning play was then produced by the NAC.

Of all the plays entered into the contest, all but six were disqualified for not fulfilling the stated criteria. Here, I want to talk specifically about two plays, the play entitled “Psychotest,” which won the contest, and a second play “Miss HIV,” which was disqualified from the competition but produced anyway. The winning play was written by a 26-year-old physician and amateur playwright who learned about the contest as she browsed the internet four weeks before the contest deadline (Interview 16). Her play tells the story of a young, professional successful woman who finds out that she has been infected with HIV through a tattoo parlor (rather than through sexual contact, paradoxically, given the insistence of the National AIDS Center that the characters be heterosexual couples). She later discovers that she is pregnant, but eventually finds sense in her life as an HIV positive woman through the responsibility she now faces to give birth to a child free from the virus (abortion is never discussed as an option).

When I interviewed the playwright, she indicated that her play attempts to break stereotypes about HIV positive people through its focus on a heterosexual woman rather than a “junkie from the train station” (Interview 16). In addition, the author used the character’s struggle to reconcile her HIV positive status with her career ambitions as a way to criticize the “rat race” and the way it excludes those who are weak or sick. A diagnosis with a disease, in this case, creates a moment for reflection upon the things in life that are valuable and worthwhile. Moreover, the author aimed to communicate a
message of not just tolerance towards but acceptance of the infected. She takes her aim a step further, commenting on Poland’s identification as a European country:

> It’s really important to me that Poland and Poles are not a country on the peripheries of Europe, where people who are different from the rest are attacked with pitchforks. I don’t want my country to be afraid to shake hands with a person infected with HIV. Ignorance gives rise to fear, and fear to aggression. But in Poland it is really difficult to destroy ignorance. And how to do it? Knock on doors and talk about sources of infection?

In other words, the play chosen by the National AIDS Center as part of its prevention campaign aimed at heterosexual couples downplays the significance of heterosexual transmission of the virus. Instead, it focuses not on the experiences of an HIV positive woman but her inner struggles to accept her disease through her pregnancy, and generally critiques the growth of the capitalist market in contemporary Poland.\(^79\) This play was shown for several months with mostly daytime performances in an obscure Warsaw theater near Warsaw’s touristy Old Town but without the reputation of the controversial Le Madame.\(^80\)

Warsaw’s Le Madame was a club located on the fringe of Warsaw’s heavily-touristed Old Town. In addition to serving as a gay-friendly bar and nightclub for Warsaw’s young and “alternative” crowd, Le Madame is also the site of political debates, film screenings, and book discussions. It was at this club that a second play, “Miss HIV,” premiered in April of 2005 and as of March 2006 still played to sell-out crowds. Of all the plays that had been disqualified from the competition, “Miss HIV” was the only one in particular that was ever discussed. The play “Miss HIV,” in contrast to the winner, was written by professional actor and playwright Maciej Kowalewski. Because the

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\(^79\) Other examples of the use of HIV as a forum for capitalist critique exist, such as the publication “Komiks kontra AIDS.” In this book of comics created by high school students, the idea that an HIV positive diagnosis causes one to reevaluate life and that it is a shifting of values away from compassion and towards consumerism that fuels intolerance is recurrent. I thank Remigiusz Grzela for giving me one of the last remaining copies of these comics to assist in my research.

\(^80\) I went to see this play on the opening night and then again several month’s later for a daytime performance. I had originally planned to go soon after the Pope’s death on April 2, 2005, but the theater was closed due to the period of national mourning. When the play was rescheduled, I took one of my friends to see the play with me. At the door, we were met with resistance because we did not have tickets and, to our surprise, we were not allowed to buy tickets at the theater. A group of high school students was there to see the play, and one of the students kindly “passed back” two tickets that had already been checked so that we could see the play. The person checking the ticket was aware that we did not initially have tickets, but only expressed amused curiosity about how we had mysteriously come across these tickets. We were eventually let into the play.
process of review and selection was “blind,” the jury did not know the author’s identity until after the winner had been selected. The events surrounding the play’s rejection are mostly hearsay but significant in their content. According to the people with whom I spoke (the competition’s initiator, the play’s author, and a spokesperson from the National AIDS Center) the play was disqualified on several grounds. First, according to the medical experts on the jury, the play did not fit the criteria from an epidemiological and prevention point of view. Others, it was rumored, deemed the play to be too vulgar. Still others feared that HIV positive people would be offended by it because it features, for example, a woman who pretends to have HIV in order to advance her acting career. Others argued that it violated a fundamental principle of the National AIDS Center—that a person’s HIV status should never be made public—because the play is built around the idea of contest for a “Miss HIV” similar to a beauty pageant.81 Even though this play was disqualified, it was still mentioned (given an entire page) in the introduction to the published collection of the winning plays. Eventually the National AIDS Center became an honorary sponsor, and not a financial or technical supporter, of the theater production of “Miss HIV,” as the playbill indicates (see Figure 6.4).82

81 Maciej Kowalewski told me that the idea for his play was based on an actual “Miss HIV” contest that is held in Botswana, the purpose of which is to fight stigma associated with an HIV-positive status.
82 I was told that one of the motivations for the National AIDS Center’s honorary sponsorship was a fear that it would reflect poorly on this institution to have an HIV-related production without the NAC’s name and logo. In the end, the play’s author self-financed the production of the play, and was able to get several high profile theater and television actors to star in the play.
Figure 6.4: Miss HIV playbill.

The play “Miss HIV” centers on the pre-show, backstage tensions and on-stage speeches of four (supposed) HIV-positive women who are in a contest to be crowned Miss HIV. The women include an 18-year-old high school student who got infected through unprotected sex (but lies to the audience and tells them she was infected by a vengeful drug addict who stabbed her with an infected needle); a 25-year-old astrologist and fortune teller who is not infected with HIV but invents a story in which she becomes infected while saving the life of her fictitious adopted, HIV-infected daughter who is bitten by a poisonous snake in Teotihuacan; a 35-year-old bank teller and mother of two
who is infected by her gay husband;\textsuperscript{83} and a 50-year-old wife and mother of three who enters the contest on behalf of her deceased twin sister, infected with HIV after having sex while on a mission trip to Africa. (This character initially lies and says that her sister was the victim of a nosocomial infection.) One of the central characters of the play was the beauty pageants master of ceremonies, a drug-sniffing drag queen who strutted across the stage alternately in nothing but tights, high heels and makeup and an evening gown and wig. The female characters challenge the idea that “Catholics don’t cheat on their partners,” that to be “cultured” and educated does not mean to be free of HIV, that young intelligent women do not have unprotected sex, and that HIV status creates a period of self-reflection followed by selflessness and rejection of the material world. In contrast, the women in the play are portrayed as self-serving, conniving, and ambitious.\textsuperscript{84} While the play did not aim to deconstruct and combat the stigma of gays and IDUs in particular, it did work to challenge the idea that HIV infection serves as a positive transformative moment for the victim. The play “Psychotest” centered on characters whose HIV infection prompted introspection and a refocusing on values such as marriage instead of career. In contrast, Kowalewski’s “Miss HIV” presents HIV-positive characters struggling with the same desires as people who are not infected.

In the end, both the author and the contest’s initiator were satisfied that the play was disqualified from the competition. If the play had won, the organizer reasoned, “It would not be ‘Miss HIV’” (Interview 23). If the play was perceived as something that came from the government, he did not think that the response would be so positive. It would not have been shown in the night club Le Madame but in a more “traditional” theater. With the play’s disqualification, there was a “double win:” a “traditional” play was produced in the form of “Psychotest” and the “Miss HIV” targeted a different, alternative audience that otherwise would be excluded from the official program, through its debut at Le Madame. Although the contest’s winner wrote her play independent of consultation with the National AIDS Center with the exception of some guidance

\textsuperscript{83} In this respect, that the woman is infected by her gay husband, Kowalewski offers a critique of the general homophobia existing in Poland that is often cited as the reason many people remain secretive about a gay identity.

\textsuperscript{84} Importantly, Maciej Kowalewski consulted with people from the association “Bądź z nami” (“Be with Us”), a support group of HIV-positive people. They generally approved of the play and appreciated that they were portrayed realistically.
regarding medical concepts, in the end it was the National AIDS Center that had the authority to approve or disqualify particular plays and the messages contained within them.

Finally, in 2005 the book *Pozytywni* by Maciek Miller was published by Ha!art press. In contrast to the plays above, this book focused on gay rather than straight HIV positive characters. In many ways, it paralleled themes familiar in Polish HIV dramas generally—that HIV is used as the forum through which the characters reconsider their lives within an increasingly materialistic and fast-paced capitalist world. At the same time, it challenges the heterosexual biases in these other forums. Like the play “Psychotest,” *Pozytywni* was written by a medical doctor, but its central character is successful and gay (and divorced from a woman), struggling with the rejection of his lover after his condition is revealed. He works to build relationships with the other HIV patients in the hospital, and maintain those with his friends. The story is populated by members of Warsaw’s fashion-conscious, career-seeking gay elite, set in trendy clubs and neighborhoods.

Together, these plays and books work to form the “faces of AIDS” in Poland. On the one hand, they strive to counter prevailing stereotypes about the disease—that only drug users, gays, and prostitutes become infected; and about the infected themselves—that an HIV-positive diagnosis signals the end of life. On the other hand, they create a landscape in which particular voices of AIDS experience are excluded from official endorsement, thus creating the space for the production of alternative interpretations of HIV. In doing so, such plays and books also call to attention other experiences and stereotypes pervading this disease. At the same time, they do little to combat the stigma of gay people and intravenous drug users. The constrictive assumptions of the Catholic Church regarding the decent treatment of the sufferer without the acceptance of the drug use or the sexual identity and practices, create a landscape in which such alternatives remain hidden.

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85 I would like to thank Dr. Tomasz Basiuk of the American Studies Center in Warsaw, Poland for discussing the significance of this book with me and sharing his insights.
Safer Liaisons: Defining and Serving the Gay Community

The plays, books, and national HIV prevention campaigns work to define a public image of the AIDS sufferer. Together, they create a focus on heterosexual transmission of the virus while at the same time trying to circumvent morally controversial subjects, such as condom use and same-sex sexuality. That is, within the very public domain of HIV prevention, attempts are made to decrease stigma associated with HIV by demonstrating that women and heterosexuals are also at risk for and affected by the disease. Today, gay rights advocates can draw from international rights discourses to advance their social and political goals. Nevertheless, HIV remains stigmatized particularly for gay men, but clients and workers attempt to redefine it in HIV prevention programs directed at men who have sex with men. Whereas earlier I discussed the ways in which particular interpretations of sexuality are communicated through HIV prevention messages, in this section I focus specifically on the historical and contemporary cultural and political linkages between gay identity and HIV. These linkages have shifted over time, with implications for the form and content of HIV prevention programs. The shifting linkages between gay identity and HIV provide insight into how gays in Poland envision themselves to be part of the Polish nation. From socialism to the present, homosexuality has been at the center of debates about what it means to be both “democratic” and Polish in the post-socialist world. Mainstream public discourses place gay male sexual activity into the realm of the diseased and dirty, a legacy of socialist discourses that characterized gay identity as a dangerous threat to the socialist project and Polish society. Contemporary discourses continue to link gay identity with deviant sexuality.

While incidences such as the film viewed in the church might suggest otherwise, the Catholic Church’s involvement in shaping Polish HIV policy does not preclude the development of alternative models of risk, responsibility, and morality. I highlight the

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86 While I recognize that a variety of competing perspectives exists within the Polish gay rights community, this chapter analyzes general arguments made about homosexuality in Polish public discourse and the practices and programs of one particular organization. For an account on the role of art in the creation of subversive gay politics, see Leskowicz and Kitiński 2005.

87 Paweł Leskowicz and Tomek Kitiński explore the implications of the process of Poland’s democratization and homosexuality in their 2005 book Miłość i demokracja.
ways in which drawing attention to themselves as “at risk” for HIV created paradoxes for
gays as they worked towards naming, conceptualizing, and identifying gay organizational
goals. I also explore the relationships of these processes to the funding opportunities,
constraints, and broader political-social climate in which they occur. Prevention and gay
support organizations draw on diverse discursive and practical resources in order to serve
the needs of their clientele. The HIV prevention programs at the center of my research,
however, counter the negative linkages between homosexuality and HIV by
reconfiguring gay identity to exist within a broader framework of citizenship rights and
inclusion in the Polish nation. With the registration of the first AIDS cases in Poland,
understanding homosexuality became an issue of national importance as the Polish nation
itself was perceived to be “at risk” for infection.

Creating an HIV Prevention Strategy

The HIV prevention component of Lambda-Warszawa traces its origins to 1998. After receiving free condoms from the national sanitation authorities, a small group of
volunteers began to distribute these condoms and informational leaflets in gay hangouts,
in an early form of street-level outreach. In retrospect, these volunteers admit that they
were “unprepared” for this work. Through continued dedication to this issue, they
“learned by doing.” They began to contact people working on similar issues abroad in
order learn the practice and philosophy of street-level HIV prevention (and “harm
reduction” more generally). Some even traveled to Canada to be trained in such work.
Today, they see themselves as leaders in HIV prevention, particularly based on the
principle of harm reduction and street-level HIV prevention directed at gay men.

In looking back at their initial efforts to develop an HIV prevention program with
the financial and resource support of city and national governing bodies, current leaders
and volunteers discuss the barriers they encountered. They highlight what they today see
as the absurdity of the government’s reasoning in an attempt to inhibit the development
of Lambda’s HIV prevention program. Every municipality in Poland can voluntarily
reserve money in its budget for HIV prevention and care for people living with
HIV/AIDS. Although under no legal mandate to do so, the municipality of Warsaw did
allocate funds for HIV programs. In 1998, Lambda recognized this potential source of
funding and contacted the municipality, which at the time was run by the social
democratic party. Lambda’s request for funding of an HIV prevention program,
however, was denied on the grounds that Lambda was a *gay and lesbian* organization,
rather than an *HIV prevention* organization. The following year, Lambda was able to
convince the city government that they were indeed an HIV prevention organization. As
a result, Lambda-Warszawa was able to obtain funds for HIV prevention until 2002, at
which time the conservative party was elected to power in the city. Conservative Lech
Kaczyński, who was elected president of Poland in 2005, became mayor. Lambda’s
request for funding that year was met with this response:

> We asked the municipality again for the money and the new chief of this
commission responsible for the HIV prevention grants answered that we, of
course, are an HIV prevention organization, but she can’t accept that lesbian and
gay—that a gay man will do HIV prevention work among gay men because that’s
a kind of promotion of homosexuality. So, in case you’d like to do good HIV
prevention work, you need to send straight people to the gay clubs because gay
people in gay clubs do promotion of homosexuality. [Interview 1]

Stunned and speechless, the group left the municipal office, unable to defend themselves
or their program in what they saw as a completely incomprehensible logic for denying
their request. Undeterred, they regrouped and began a lobbying action. They appealed
the decision directly to the mayor, and successfully persuaded him to reverse the
decision. Lambda-Warszawa has been receiving money from the city for its program
“Safer Liaisons” since then.

The ability to procure municipal funds on a somewhat guaranteed basis is seen as
a victory for this organization and a sign of social change. The fact that they have
received the money for several years without problems, and predict that they will
continue to do so, gives this organization the sense that “HIV prevention for men having
sex with men, it’s a part of municipal policy now” (Interview 1). Significantly, Lambda
receives neither material nor financial support from the National AIDS Center for its HIV
prevention program based on the argument that the program is not national in scope.
They also do not receive money from international sources. In comparison with
other regions such as sub-Saharan Africa, Asia, and formerly socialist countries further to
Poland’s east, the number of infections in Poland is low and stable.
Lambda-Warszawa conducts its prevention activities through the program “Safer Liaisons.” This program is directed at male prostitutes, most in their late teens and twenties. The program is not directed at the gay population more generally. The organization currently faces difficulty targeting other members of this community, particularly those who are economically well-off. When I asked the current president how the HIV program fits into the overall goals of the organization, she responded:

> It fits because we are doing inside work, like prostitutes and in this situation HIV is a very big problem because mostly there are not white collars and I talk with people from this program and I don’t think it was a big problem to get these people—white collar [workers]. They say, “I’m not homosexual. I don’t like boys.” But they have sex with them—they pay them…It’s a problem. And of course we’d like to prevent this…This is one thing—it’s being outside—going to the streets and there is also other people who haven’t come out [of the ‘closet’] yet and in the sex clubs they do something like unsafe sex. Sometimes they don’t know about sex and condoms, and sometimes they are HIV positive. After one year they open their minds, and “Oh my God, I don’t know what happened!” So, there is still a very low awareness [among white collar workers]. It’s a problem, so for us it’s kind of a challenge. [Interview 8]

In other words, lack of volunteers and resources rather than ambition limit the extent to which Lambda and its HIV prevention program are targeted at a broader gay male audience, particularly gay men who go to gay clubs and of middle and higher economic status (Interview 5). The lack of attention to HIV risk and prevention among gay, middle class men in Poland is a result of several factors. First, gay organizations are unable to openly and directly target this group specifically, through visible campaigns, due to the social and political climate surrounding homosexuality in Poland (e.g., Interview 1). Second, a lack of resources (time, personnel, financial) limits the scope of its activities. For Lambda, more expanded programs that directly target gay men in spaces defined as “gay,” such as clubs and saunas, are not possible. Gay people who are not users of paid sexual services and do not go to gay-only clubs, therefore, are largely excluded from the prevention landscape. The failure to recognize gay men as at risk for or infected by HIV as partially addressed in the 2005 novel *Pozytywni* by Maciek Miller that I described
earlier, which featured a young, upwardly mobile gay man infected with HIV as the central character. 88

By working with male prostitutes, the Safer Liaisons program does fulfill the broader organizational goal of working “inside” the gay community. The relationship between the male prostitute clientele and the “gay community” has a problematic and controversial history, particularly in socialist Poland. Returning to the case of the Hyacinth actions described above, official reports described that the targets were not gays in general, but the “criminal element” of male prostitutes—żuli—that exists around them (Kirzyński 1986). As mentioned above, distinguishing between the “criminal element” and their so-called victims amongst gays marks a common theme in socialist writings about homosexuality in Poland, particularly in official government reports and newspaper accounts. Gay rights activists in general and HIV prevention programs in particular invoke a model of the gay identity that works against the socialist era model of the gay community as parasitic and positioned outside mainstream society. The HIV prevention program, therefore, is envisioned as keeping with the goals of working “within” the gay community, in response partly to an assumption that no other groups or organizations will fulfill this role and partly from a sense of responsibility to address the problems gay rights activists have defined as most pressing for this group. 89 By directing their program at male prostitutes, this organization has worked to redefine who is and is not a member of the gay community. They also counter the stigma and exclusion that male sex workers face by including them in the concept of the “gay community.” 90

88 I did have the opportunity to go to gay clubs in Warsaw not related to my research, and I noticed that at the coat check, informational booklets about HIV published by the National AIDS Center were visibly displayed.

89 During my fieldwork, several times one of the key volunteers of the HIV prevention program commented to me that the HIV prevention program was the “engine” of Lambda. He suggested that the city government gave money to this organization because “the government gives to what it is interested in.” Such statements and assessments of the work at this organization suggest that on the one hand, HIV/AIDS and fears of it are powerful tools that can be used to mobilize a specific set of resources. On the other hand, it raises questions about why particular groups are given funding for prevention—to protect the health of the target group or to ensure the health and safety of those on the “outside?” In my research, the answer to this dilemma is something with which I struggled through my fieldwork, in data analysis, and in the writing process. I am not sure if I have successfully resolved this tension either in my own understanding of my work or in my writing.

90 While Lambda-Warszawa focuses on male sex workers involved in homosexual prostitution, a second organization works with female prostitutes involved in the heterosexual sex trade. The history and work of this second organization, and the heterosexual sex trade generally, is beyond the scope of this dissertation.
The HIV prevention program “Safer Liaisons” of Lambda-Warszawa, is only a small part of the overall work of this organization. Officially, Lambda-Warszawa’s mission is to “build a positive identity among lesbians, gay men, bisexuals, and transgender individuals and create social acceptance of them.” In pursuit of this goal of working in support of the LGBT community, Lambda offers the following programs: a support group for parents of gay children; Alcoholics Anonymous; a helpline; psychological counseling; a Christian ecumenical group; a sailing club; legal counseling; a film discussion group; HIV prevention; a group for lesbians; an academic discussion group that deals with topics such as sexual minorities, discrimination, intolerance; and a support group for transsexuals. In general, however, the objectives laid out by earlier activists of the gay rights movement in Poland have been retained in the current organizations. That is, the programs at Lambda-Warszawa work to address social discrimination, change perceptions of what it means to be gay in Poland, and build a network and resources for members of the so-called gay community, including those related to HIV prevention.

The Safer Liaisons program, where I conducted a large portion of my fieldwork, is a combination of a “drop-in center,” street-level outreach—“streetworking,” and workshops.91 The drop-in center, based in the organization’s office, offers clients psychological counseling, doctor’s consultation, and legal advice. It also provides food, drink and conversation at designated times each week. The myriad programs offered by Lambda mean that time and space at the NGO’s office are limited resources, and these two hours are shared with at least one other program that takes place in an adjacent room. Safer Liaisons also serves as the distribution point for condoms and lubricants, mostly purchased with the funds from the municipality, along with some donated condoms from the National AIDS Center.92 The streetwork component consists of teams of usually two

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91 Going to clubs and local gay hangouts, as well as to the places where prostitutes work is referred to with the English word “streetwork/streetworking.” A person who does these activities is a “streetworker” (plural, “streetworkerzy”). There is no Polish equivalent, a sign of this concept’s importation into Poland from the West.

92 In 2004, the condom company Durex sponsored its annual “Global Sex Survey,” which it bills as the “world largest survey of sexual attitudes and behaviors.” People from all over the world (41 countries) completed the online survey. In this year, the country with the most participants was Poland, and the prize for this accomplishment was the donation of 50,000 condoms to the National AIDS Center, which were then given to organizations such as Lambda. As one employee of the Center told me, the donation was
(one male and one female) trained counselors who go out to the streets where prostitutes work and to gay clubs and hand out information and talk with “clients.” Streetworkers believe that working in mixed gender pairs offers the safest and most comfortable arrangement for both volunteers and clients. The client can choose which person he feels more comfortable speaking with, and the volunteers, as they put it, can have safety in numbers. The workshops, which I describe in Chapter 7, are a forum for training new volunteers for this program and providing general information about HIV and its prevention to them.

Prior to beginning my fieldwork, I had been in contact via email with a young physician who volunteered at the project. After consulting with the governing board, he agreed to allow me to conduct my research there. Shortly after I arrived in Warsaw in the fall of 2005, I went to the first of many of these HIV prevention meetings. The next morning, I wrote in my field notes:

At 7:15, and then again at 7:35, I looked at my watch, wondering when the meeting was going to start. I thought to myself that they must be waiting for someone to come who was in charge of the meeting, going to talk to the group, or going to bring some sort of supplies to give people. As the time approached 8:00, I realized that this was the meeting. [Field notes 20 September 2004, emphasis in original]

This first week, as with every week after that, the same events unfolded, with only an occasional variation or incident to break the normal routine. After I had been attending the weekly HIV prevention meetings of the program “Safer Liaisons” at Lambda for several months, numerous doubts and questions ran through my mind. The meetings did not focus on HIV as I had expected. Moreover, they were repetitious and did not seem to address HIV or its prevention in any way that I could discern. I wondered time and again if this was even a relevant site for my fieldwork.

much needed because often there are not adequate funds for purchasing condoms (see chapter 4). In 2004, Durex also began a new condom marketing campaign with the slogan, “Easy On” (in English). The brightly colored condoms were prominently displayed in department stores and kiosks. A Durex representative with whom I spoke said that Durex was attempting to get away from marketing condoms as disease prevention methods and focus on them as “fun” impulse buys that can enhance a sexual relationship. When clients of the Safer Liaisons program were asked, one replied that he preferred Durex condoms over other brands, despite their significantly higher price.

93 The term “client” is used by those working at the programs almost exclusively when referring to those who attend these programs.
For the Safer Liaisons program, a group of between 5 and 15 young men, mostly in their early twenties, some of them prostitutes and some not, gathered each week in Lambda’s small community room. The NGO’s office is located in the upper floor of an office building near Warsaw’s center. After standing in the stairwell smoking cigarettes, chatting, and waiting for the leader to open the door, clients filed into the room and made the space their own. Someone often brought a mini-portable radio and tape deck, along with a selection of tapes, and would play the latest dance music during the meeting. Sometimes this music was so loud that someone from the Alcoholics Anonymous meeting occurring in the adjacent room would poke his head out of the door and request that the music be turned down. The clients sat around the square table in the center of the room on uncomfortable wooden folding chairs, drinking instant coffee and black tea overloaded with sugar. Occasionally they would eat the instant tomato soup that had been purchased with the municipal funds.

They would sit for the two hours each week, talking to one another about any topic—what had happened at the clubs over the weekend and who had been seen where; what televisions shows they had watched; developments in their personal lives, including their relationships with their partners and family members; or any interesting news stories they had read or heard. On most days, a few people sat at the table with magazines in front of them—usually political news weeklies or English-language gay press but occasionally Polish gay press—and distractedly flipped through the pages looking at the pictures. Sometimes a client would hold up a picture to get the groups’ opinion on the man-in-question’s looks. Others used the two computers, with their unreliable internet connection, to look at Polish gay-oriented websites and make use of online “chats.” This latter activity, however, was always highly suspect and subject to surveillance by the volunteers because it chanced violating the organization’s ban on erotic behavior, material, and language. Others used the computers to work on resumes, check email, and search for information for papers they had to write for their classes.94 Once, the conversation turned to why the men came to these meetings each week—the same core

94 While the majority of those attending this program are unemployed and lack higher education, some attendants are enrolled in university courses, speaking to the diversity within the group who attend the HIV programs. Other attendants included an older female prostitute and an older married man who had two children.
group of men came with few lasting new additions—and the general response was that it
beat sitting at home watching television and being bored.

On any given night, between one and three volunteers were present, but in reality
only one was there regularly. A young woman in her twenties, Beata had been working
with this group since 1998. Trained as a pedagogue and currently working at an
alternative school for youth with social and behavioral problems, her primary role at this
organization was to serve as the counselor. While the men sat in the common room, she
went into the organization’s office and would wait for the young men to come to talk to
her either individually or in pairs. In the privacy of this office, she would talk to them
about a variety of issues and problems they faced, such as alcohol and drug abuse,
difficulties finding places to sleep, or incidences of unsafe sex. If a second or even third
volunteer had come on a particular night, they would sit in the common room, more
patrolling the activities than engaging in conversations with the men. After Beata, Janek
was the volunteer who was there most consistently. Janek was the program’s physician,
and in addition to working at Lambda, he also had teaching duties at the university
medical hospital and was writing his own dissertation. Thus, there were often long
stretches of time where he could not attend the meetings. When he was there, Janek
would dispense advice about people’s health concerns, sometimes related to HIV and
sexually transmitted diseases and sometimes not. One older man who attended the
meetings, for example, often used the doctor’s expertise to ask him about a variety of
heart and blood medications that he was taking. Each meeting concluded with the
distribution of condoms and lubricants to the clients, and their dispersal until the next
gathering. These meetings followed the same form, week after week. On the other
nights of the week the same small group of men headed down the street to spend a couple
hours each evening at a second HIV prevention program and repeated much of the same
events, but without as much focus on the private counseling.95

95 This second organization officially was supposed to work with female prostitutes in “harm reduction.”
However, the young men from the Safer Liaisons program exploited the space of this program and met
there at least three nights each week. Their presence at this organization, ironically and unfortunately,
discouraged the female prostitutes from coming to the drop-in center as well, as many of them were
uncomfortable with the homosexuality of the Safer Liaisons’ clients. Therefore, the harm reduction work
of this second organization concentrated mostly on visiting the women on the streets and dispensing
condoms and advice there, rather than at the center.
During the beginning of my fieldwork, a new volunteer seemed to have similar doubts about this program’s ability to effectively reduce the risks of HIV infection that these young men faced. She tried to create a more formalized atmosphere at the meetings based on the idea that each week should be dedicated to a new discussion topic. She wanted to engage the clients in conversation centered on ideas of practicing safer sex, building positive self-images, and understanding the current social attitudes towards gays in Poland. Her first few attempts, however, were met with indifference and lack of participation, and she eventually abandoned this project. When one night a regular attendant jokingly asked her what the topic of conversation would be, she irritably and sarcastically responded, “Tomato soup,” and quickly resumed eating the bowl of reconstituted soup in front of her.

The potential effectiveness of this program was dubious to both me and this new volunteer. However, the actual activities of this program highlight the ways in which this program worked to address other the concerns of significance to these young men and issues at the core of the Polish gay rights movement more broadly. One particular evening, something different happened at the meeting. Beata, one of the program’s leaders and counselors, announced “Now for some fun” as she brought a large cardboard box from the other room. Both the clients and I were curious. I raised myself from my chair and peered into the box, where I saw hundreds of condoms attached to little rectangles of glossy orange and yellow paper. On the paper was written “Think” ("Pomyśl"), followed by an eight-step guide on how to properly choose, use, and discard a condom, along with tips for proper storage of a condom to protect its quality. This informational brochure was published by the organization with funds from the city of Warsaw. Our task was to remove this little piece of paper from the backs of the condoms and attach the condoms to each other if glue remained on the package. When asked why we were doing this, Beata replied that having a plain condom without the accompanying brochure required conversation and could thus serve as a more effective method of communicating about HIV risk and prevention methods. We made quick work of the task, relieved that we had something concrete to be doing. As we worked, we put the condoms back into the box and discarded the glossy paper onto the floor. One of the clients then picked up the miniature information pamphlets and threw them into the
garbage can. Immediately after we finished, one of the clients asked if he could have his condoms now. Beata told him yes, and he gladly placed the seventeen condoms that Beata counted out for him into the inside breast pocket of his blazer.

Later in the evening, Beata came back into the room holding up another informational pamphlet with a condom glued to it, distributed by the National AIDS Center. The rigid cover featured the undone snap of a pair of jeans on the front, and opening the cover revealed a condom and a “checklist” of questions that a person could use to evaluate his risk of HIV infection: Have you had casual sexual contact? Do you frequently change sexual partners? Do you like to make acquaintances that “end in bed?” Do you take intravenous drugs? Have you lost control of your behavior as the result of alcohol or drug use? Answering yes to any questions means that you behaved in a way that can lead to HIV infection (see Figure 6.5). As Beata held up this particular condom, she looked at it and then asked the group, “It looks cool, right?” She concluded that it was ok to leave this condom attached. Its rigid cardboard holder and colorful graphic contrasted with the cheap, thin glossy paper and dull orange and yellow of the other.

Nevertheless, at the end of every meeting, the clients who took any condoms always removed them from any informational packaging before placing them in their bags and heading out the door. In effect, then, this HIV prevention program through such liberating gestures worked to decouple the association between gay sexuality and disease. The act did not deny the risks of HIV infection that these men could face. Rather, through the act of removing the informational pamphlets that declared an association between sex and disease, both the young male clients and the volunteers depathologized this form of sexuality. They erased medical and church stereotypes, and placed it within a broader framework that recognizes vulnerability to HIV as existing within a range of possible threats to social, physical, and mental well-being.
Figure 6.5: Condom packaged by National AIDS Center and distributed to Safer Liaison clients. (Top: Outside front and back cover; Bottom: Inside)
The suggestion that HIV vulnerability results from a broad range of factors—Independent
from one’s sexual identity—was a common way through which volunteers, employees,
and directors of this program understood their work. Grzegorz, one of the founders of
such a program made the following assessment when I asked him about the clients of the
organization and format of the program:

> Everything is very connected. For example, the problematics of employment. In
case you don’t have a job, you are marginalized—unemployment. The
problematics of the unemployment market. So everything is connected. We can’t
only work for the HIV prevention or unemployment or something like that.
Everything here is connected. They [the clients—JO] are not well educated, they
have no job, they practice risky sexual behaviors, they sometimes work as sexual
workers, they are homeless, they have no friends, very often they are mentally ill.
We are sure about it. That is a problem. I think that we need to treat them
holistically. [Interview 2]

In his view, vulnerability to HIV existed as one of many vulnerabilities with which
clients struggle, from unemployment to shelter. In contrast to the pamphlet attached to
the condoms that emphasized choice and decision-making in HIV prevention, this
volunteer emphasized the myriad problems clients face that potentially contribute to HIV
vulnerability.

> It’s strange because I cannot say that I’m doing something special, something
defined. I’m coming, saying hello, and after this we are talking…I don’t know if
it’s correct or if it’s enough for those people [the clients—JO]. But every time
when I’m starting to think about it, Beata, for example, said to me that your
presence here in Lambda is valuable because these people, for example, they
don’t have homes and do not have work. They do not have money, do not have
someone who they can speak with not only about sex. And [few if any
opportunities to speak] with someone who is not saying that they are stupid and
and that they are “unnaturals” or something like this. And maybe it is enough, I don’t
know. I don’t know if I can say that I am doing something special. [Interview 3]

Later in the interview, Marek questioned the ability of his presence to actually help the
young men attending the program. He recognized that changes are often slow and
difficult to notice, and wondered how merely talking with such a small group of men
week after week could be considered “harm reduction.” But he concluded, “I cannot
imagine something different than the Lambda activities.” Another volunteer, Andrzej, added, “We can also offer them something they need additionally. So when they need a place to meet for a moment, and sit down and drink a cup of coffee, then we are able to offer them this place. Then at the same time we are able to talk with them about HIV and HIV related problems” (Interview 5). In short, the Safer Liaisons program, in addition to prevention activities, provided a very different climate—from the streets, the clubs, and the government—and offered the clients an opportunity for the clients to “be normal.”

In the development and implementation of prevention strategies, HIV programs invoke particular models of risk and vulnerability that reflect more generalized ideas of responsibility. In contrast to the message of responsibility in the National AIDS Center campaigns that emphasizes personal responsibility through taking HIV tests, the employees and volunteers of the HIV prevention programs targeted at male sex workers see their “clients” as people with a variety of needs and vulnerabilities and deserving respect and dignity. Moreover, the way the clients of these programs are perceived to be at risk for HIV is also significant. When asked why particular people are “at risk” for HIV infection, volunteers of these HIV prevention programs are quick to point out that everyone is “at risk” for HIV (see chapter 7). While they recognize that their clients are vulnerable to infection through their livelihood, they also address the myriad problems that clients face on a daily basis. At the same time, the Safer Liaisons program offers a place where clients can talk openly about their sexuality and work in ways they are not permitted in their daily lives. The space of Lambda and the opportunities it affords—listening to music, socializing, eating, receiving advice and counseling—offers the clients (in the words of the volunteers) social space to “be normal,” and a place to enact complex identities and to meet other people. Given the continued efforts to pathologize homosexuality in contemporary Poland, such opportunities are invaluable to both the young men and the advancement of the Polish gay rights movement more broadly.

Being Polish, Gay, and “Normal”

By offering the clients a place to relax and working to destigmatize gay sexuality more generally, the Safer Liaisons program specifically, and the entire Lambda
organization more generally, work to define what it means to be “normal” and Polish as a gay person. The events surrounding the Pope’s death and the reaction to it by attendants of the Safer Liaisons program illustrate the relationship between the idea of being “normal,” identifying as members of the Polish nation, and creating effective and appropriate HIV prevention programs. In the days and weeks following the Pope’s death in April of 2005, public space in Poland became a staging ground for displays of respect and mourning. Pope John Paul II had come to embody ideas of Polish national identity and pride for several decades. The streets of Warsaw were decorated with three flags that hung from offices, homes, and government buildings: the Polish national flag, the Warsaw city flag, and the Vatican flag. Strips of black cloth were added to the Polish flag, symbolizing this national loss. Candles and flowers provided colorful and visible impromptu memorials throughout the city. Pictures of the Pope, supplied for free in one of the national newspapers, appeared in store and apartment windows. A gigantic, five story picture of the Pope was even hung on Warsaw’s “famous” landmark, the Palace of Science and Culture in the center of the city (see Figure 6.6).

During the week long official national mourning, everyday at noon all public transportation stopped in observance of a minute of silence; hip-hop and dance radio stations changed a week’s worth of programming in order to broadcast classical, jazz, and “easy listening” music. Masses were celebrated in public squares, attended by tens of thousands of people who traveled to Warsaw from all over the country. Street vendors quickly began selling framed pictures of the Pope, accented with a black stripe in the corner to mark that the Pope had died. The fans of rivaling Polish soccer teams even declared a truce in the name of national solidarity. The passing of the Pope bore witness to grand and public displays of the often repeated idea that to be Polish is to be Catholic, as well as a sense of “belonging” to Poland.
The Pope’s death occurred on a Saturday and the following Monday, I attended an HIV prevention program at the gay right’s organization in Warsaw, as I had done for many months prior. Hanging from the balcony outside of this organization is the familiar, international symbol of the gay rights movement, a rainbow flag, along side the blue and yellow flag of the European Union. Soon after this night’s meeting began, one
of the regular attendants of these meetings pulled a folder from his bag, which contained what could be considered a “Pope kit.” It included a Polish flag with the black ribbon and various pictures of the Pope. Before the group’s leader arrived, Feliks took the opportunity to go to the balcony and hang the Polish flag, adorned with the black ribbon, next to the rainbow and EU flags. When the group’s leader finally arrived, Feliks took her arrival as an opportunity to ask her if it was okay that he had hung this Polish flag on the balcony. Unsure, Beata took her cell phone from her bag and said that she would check by asking the president of the organization, and sat at the table typing a text message to him.96 This process of typing, sending, and waiting for a reply took several minutes, during which time Feliks waited impatiently, asking repeatedly if he had permission. When her phone beeped, signaling that she had received a reply, she picked up her phone and read the message to the group. The president responded that because it was a period of “national mourning” and because “We are Polish,” it was ok to hang the flag. By offering a place in which these young men can be “normal” and insisting that they too are “Poles,” the Safer Liaisons program attempts to counter the legacy of police discrimination and negligence against gays. These young men invoked claims to citizenship through the notion that they, too, are part of the Polish nation.

As the former president of the gay rights/support organization contends, recognition of a minority’s status as important members of the nation offers new possibilities for rights and mitigating health vulnerabilities. He suggests that in the future a new and expanded HIV prevention program will be possible that includes the cooperation of law enforcement officials:

There’s an idea to meet with the head of the police and talk with him about homosexuality, and this is important if you talk about HIV/AIDS. There’s this situation that there are these cruising areas…and the police go there and people escape. If there’s a crime, they don’t tell the police because they are afraid. There’s an action now that police should protect lesbians and gays and not the people who go there. They are not doing a favor—it is their responsibility that they should help…We want to do a workshop for policemen—that the streetworkers would go there with the police. And to show that the police can make it safer and that with the police that there is no problem—that everything is ok. [Interview 2]

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96 That Feliks had to ask to hang the flag presents a dilemma of the position of this HIV prevention group within Lambda more general. From my observations, this group seemed to be marginal to activities and concerns of the organization.
He draws on the same language of rights and responsibilities for protecting these young men that he uses to interpret the repression of a gay march held in Poznań a few weeks earlier in the fall of 2005. In this event, gay rights advocates were denied the right to march in the city of Poznań, a move that paralleled the ban on a similar parade in Warsaw in the spring. In defiance of the ban, the marchers held their march. They were cordoned off, unable to march or disband. When police and organizers’ orders to disperse were issued, the participants were unable to move and the police finally used physical force to pull would-be marchers from the gathering. The violence resulted in injuries, including people’s heads being banged against the ground. The former leader of the Warsaw gay rights organization argued, “We pay taxes and because we pay taxes, the police should protect us” (Interview 2). In other words, unlike the socialist accounts of homosexuality that posit a model of the gay community as divided with a certain “element” as criminal and somehow violating the law, organizations such as Lambda and their programs propose a model of homosexuality in Poland that is inclusive and deserving of rights and protection. Gay rights advocates promote a view of “normalcy” in order to legitimize their demands for health protection and social recognition, and by extension work to redefine what it means to be Polish.

Homosexuality and gender-related issues do not mark the confines of the mobilization of this discourse of “normalcy.” In her work with Polish high school students during the 1990s, Galbraith (2003) notes a similar discourse in circulation among this group. In her account, “discourse about ‘the normal life’ functions as a means of evaluating public structures in relation to individual experiences and expectations,” which she theoretically grounds in a discussion of the shifting meanings of “public” and “private” in the postsocialist context (Galbraith 2003:2). Her discussion of the concept of “normalcy,” drawing from accounts in 1993, focuses on the disjuncture between the vision of an economically and politically stable country promised by the transition and the realities of living in continued poverty with a lack of real economic opportunities. In this sense, life in Poland becomes “not normal” due to the lack of correspondence, and the respondents primarily limited their use of normal/not normal to refer to Poland as a nation, rather than to a particular social group.
Discourses of the “normal” in postsocialist contexts extend beyond Poland as well. Rausing (2002) discusses the consumption of Western goods in Estonia as part of the process of defining what it meant to be postsocialist and breaking with Soviet-imposed uniformity. She writes, “[T]he consumption of [Western] products helped establish the natural and inherent ‘normality’ of all Estonians, the community of the village and of the nation, rather than the superior status of the individual consumer” (Rausing 2002:137). Fehervary (2002) discusses discourses of “normalcy” through consumption practices in postsocialist Hungary, and links them to socialist-era efforts to create “modern consumers.” Like Galbraith, Fehervary points to discordance between idealized visions of the “good life” that modern, American-style kitchens and bathrooms invoke, and the possibilities of actualizing these visions brought by the changing social and economic order.

The issue of “normalcy” is an important aspect of gay politics in Poland more generally, as the controversy surrounding a Warsaw gay rights parade indicates. In June of 2005 conflicts erupted surrounding the attempts to hold a “Parade of Equality” in Warsaw as part of the “Days of Equality.” In brief, gay rights’ activists wanted to hold a parade on the streets of Warsaw as the culmination of an international conference that discussed the position of sexual minorities in Poland within the context of the European Union. The parade, however, was banned by the president of Warsaw. The ban sparked a public debate not only about the position of sexual minorities in Poland, but more broadly what “Polish” means in the post-socialist, European Union context.97 Those in favor of the parade contended that holding the parade was a legal right under the Polish constitution and banning the parade mounted to a violation of Polish, European, and international law, including a violation of human rights. Moreover, it was argued, holding such a parade was necessary in order to publicly demonstrate to Poles that first, gays are “normal” Polish citizens and second, that Poland is a democracy in which those holding opposing view points have the right to publicly demonstrate them.

Those in opposition to the parade invoked the argument that gays are “not normal” and that holding the parade presented a threat to Polish traditions, values, and

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97 Lech Kaczyński, president of Warsaw during the controversy over the parade, later went on to win the Polish national presidential elections in October 2005.
morals. The “abnormality” of homosexuality was linked to the notion of perceived sexual deviance that was seen as posing both a moral and physical threat to “normal” Poles. For example, in a ten-point argument against the parade published as an editorial in the national newspaper Gazeta Wyborcza, a priest justified the parade’s ban by invoking images of sexual deviation that equated homosexuality with necrophilia, bestiality, incest, pedophilia, and promiscuity, leading to the explosion of the AIDS epidemic. The parade, despite an official ban, was held as planned. Unlike the parade in Poznań, which resulted in police brutality against the marchers, the participants in the Warsaw parade were protected by the police from aggression by protestors. The following weekend, the political party League of Polish Families organized—and legally held—a march in Warsaw that they termed “the Parade of Normalcy.” The gay rights community did not protest the Parade of Normalcy because they recognized that: first, such parades are permitted in a democratic society and second, that gays too are normal and therefore had no reason to protest such a parade. In other words, the call to be “normal” and be perceived as such occupies a position central to the agenda of the gay rights movement in Poland.  

Most of the young men attending the weekly HIV prevention program are doubly, or perhaps triply, positioned beyond the moral order through their homosexuality, prostitution, and marginalized economic status. In conversations with me, volunteers of these programs reiterated that the range of services and focus beyond HIV prevention were key components of the services. Moreover, the range of services and opportunities offered at these HIV prevention programs, such as the distribution of condoms described at the beginning of this chapter, paralleled the idea that these clients are not vessels of disease. These actions also defied the calls of self-governance implicit in such leaflets (see Brown 2000).

As the lessons of the American gay rights movement and its activism around HIV have taught us, by incorporating HIV into the general programs of gay-oriented organizations, gay rights advocates could counter the public health surveillance activities

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98 I use the word “movement” loosely throughout my writing. As one of my interviewees asked rhetorically in response to my question about the current goals of the Polish gay rights movement, “It’s a difficult question because talking about a strategy is talking on a higher level. Because for me it’s like, we could talk about strategy, but who is doing this? Of course, we can have an academic discussion, but it’s difficult to do it when 100 persons are involved” (Interview 8, emphasis in original).
conducted by the state and pressure various actors (e.g., doctors, governments, and media) to address HIV risk and care. HIV prevention as a component of the activities of gay-oriented organizations also acknowledges accountability and responsibility in the AIDS epidemic among gay men (Barbot 2006:542). In so doing, these gay rights organizations could redefine the terms of the health promotion and protection agendas for their particular clientele. For example, promoting a prevention scheme that does not place gay male sexuality within the realm of the diseased and dirty turns the work of surveillance and health promotion over to the gay community itself.99 Kliszczyński (2001:165) asserts that the prevention and treatment aims of various Lambda organizations has been “taken over by non-gay institutions” such as the National AIDS Center, and the gay organizations activities are “limited to the distribution of leaflets about safer sex and organizing meetings dedicated to this problem.” When I began my participant observation at this organization, I had a similar impression and was rather dismayed at the lack of “active” prevention. However, after months of observing and experiencing the programs and activities in which this organization is engaged, I encountered a less visible but powerful set of prevention practices and ways of conceptualizing HIV risk that respond to historically rooted interpretations of “the gay community.” Through the construction of the programs as working “within” the gay community and targeting them at male prostitutes, the programs counter many of the models of the gay community posited particularly in socialist accounts of gays in Poland. Kliszczyński’s critique and my original skepticism also fail to recognize the limitations placed on this organization by lack of resources and reliance on volunteers, a reflection of the organization’s marginalization.

99 Although not entirely. In 2005, while I was conducting my research in Poland, the National AIDS Center commissioned a national study of men having sex with men as part of its more general HIV prevention efforts. This study, conducted by Zbigniew Izdebski, one of Poland’s most well-known sexologists, used interviews and surveys in order to study the personal sexual and family histories of men having sex with men, and understand their current sexual attitudes and behaviors. This study was done in cooperation with various gay organizations in Poland (see Sztabiński 2005).
Conclusion

Towards the end of my time in Poland, I spoke with the former president of the gay rights/support organization Lambda regarding future HIV prevention goals. He responded that he had recently met with the director of the National AIDS Center to discuss the fact that there has been a reported uptick in the number of new HIV infections among gay men, particularly young and financially successful:

I was talking with [the director of the National AIDS Center]. I met her on Friday and we were talking about this problem too. We observed that something has happened. And maybe it’s because of the sex clubs in Warsaw and there are a lot of possibilities to meet just a sexual partner. And approximately half of the people doing HIV tests at this anonymous point—half of the people getting results are men having sex with men. So we think that something happens. Maybe there is information that we really, really need to intensify prevention, but it can also mean that the prevention strategy is good because it can also mean that people are going to get the test…We were talking with the [director of the National AIDS Center] that one of the possibilities for the campaigns next year—it’s a campaign for gay men and men having sex with men. [Interview 1]

It was the organization that approached the National AIDS Center about the possibility of developing a campaign targeting this group, rather than the National AIDS Center itself spearheading this effort. In many ways, the fact that the former president made a point to tell me about this conversation suggests that he was trying to communicate to me, after all my questioning, that indeed the gay community is included in the prevention narrative and strategies of the National AIDS Center. In this context, the National AIDS Center sees itself as the institution that determines what type of information is and is not appropriate, which groups are and are not worthy of public attention in terms of HIV, which groups are in need of prevention messages, and how the epidemic is constructed in Poland. Those working in the nongovernmental sector likewise perceive this institution’s authoritative role in this process and turn to it to address their particular prevention needs. It is notable that this particular NGO does not directly receive money from the National AIDS Center for its prevention programs.

The campaigns of the National AIDS Center cannot be understood as standing apart from a broader moral context in which open discussion of sexuality is highly circumscribed. The attempt to dissociate HIV from those behaviors declared to be sinful
by the Catholic Church (injection drug use, sex outside the context of marriage, homosexual sex) has shifted the emphasis to testing, and can be partially understood as a strategy that avoids discussion of morally controversial subjects. The “take a test” message is pervasive in all of the HIV campaigns, highlighted in the play “Psychotest” and triumphed as the most mature and responsible thing a pregnant or potentially pregnant woman can do.

The emphasis on getting tested and taking personal responsibility for one’s own health, that of one’s unborn child, and protecting sexual partners places the imperative of health onto the individual. In the 2005, the campaign used the “ABC’s of prevention model that has been widely used in throughout Africa. The message of “Take an HIV test” remained, bolstered by the added slogan of “Decide for yourself.” At first glance, such a focus on personal decision making and assuming personal responsibility could be seen as an expansion of a rationalization of prevention and self-regulation, as has been noticed by other social science investigations of HIV (e.g., Brown 2000). At the same time, the fact that the yearly campaigns targeted heterosexuals to the exclusion of gays is significant and exemplifies the silences in the AIDS narratives of the National AIDS Center.

On the one hand, these programs served to justify the abandonment of prevention amongst gay men by the state’s National AIDS Center due to fears of reprisal by the Catholic Church. Despite efforts to dissociate homosexuality and AIDS within the public sphere, other institutions such as the ultra-conservative wing of the Catholic Church made efforts to maintain this association. For example, summarizing and critiquing the negative responses to an editorial against a gay/minority rights parade that appeared in Gazeta Wyborcza, an article in the conservative Catholic newspaper Nasz Dziennik (“Our Daily”) does not mention HIV or other diseases within the text. The graphic accompanying the article, however, is instructive. It depicts a street corner, lit by street lamps. On the buildings along one of the streets are written the words “homosexuality, prostitution, promiscuity.” The other street features the single word “AIDS” written in white letters inside a black box. Those active in HIV programs working with sexual minorities recognize that the links between homosexuality and AIDS persist in the imagination and calculation of risk for infection, but the form of the program speaks to an
understanding of the clients as having a broad range of needs and vulnerabilities and attempts to deemphasize the strict link between homosexual identity and HIV risk, but formed within a framework of inclusion and rights.

The National AIDS Center remains the key authority for determining what types of knowledge and information about HIV are legitimate and worthwhile for state sponsorship. It regularly commissions studies to determine the level of knowledge about HIV, particularly modes of infection, among various groups (youth, women, gay men, prostitutes, medical professionals) and its experts and consultants assert that sexual health and education equate to HIV prevention. It is to this issue of the spread of knowledge and information about HIV as one of the primary goals of the National AIDS Center that I turn in the following chapter. I explore the ways in which invocations of science and claims to authority regarding AIDS and risk within HIV workshops offer one possible strategy. References to science and factual knowledge work to overcome these barriers and offer new understandings of risk and responsibility. The argument I present in this chapter and the next suggest that HIV prevention in Poland has been a very hierarchical process, with the National AIDS Center as the key authority in defining the terms of prevention. Based on the experience I had and the information I collected, the preponderance of AIDS prevention directives comes from top, but there is a small but important dimension that are anti-hegemonic in their programs and messages. The argument I present suggests that it is not enough that organizations be given the freedom to promote the prevention strategies with which they feel most “comfortable.” To maintain the assertion that “all people should be given accurate and complete information” about HIV, as authors of the consensus statement on HIV prevention contend, is somewhat naïve. This apparently universalizing and neutralizing message obscures its exclusionary and silencing dimensions.

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CHAPTER SEVEN

PROPER SEXUALITY, PROPER CITIZENS: TEACHING “THE FACTS” AND “THE RULES” OF HIV PREVENTION FOR CREATING A NEW CITIZENSHIP

Introduction

On the 28th of November 2005, the Lambda organization of Kraków held a free HIV prevention workshop for high school students between the ages of 15 and 19. The workshop was co-organized by the city government of Kraków as part of a broader campaign “United against AIDS” (Zjednoczeni przeciw AIDS). It was intended to last for three days and train about five hundred students. The woman conducting the workshop, the president of Lambda-Kraków, held certification as an HIV educator through the National AIDS Center. Holding such a workshop fulfilled Lambda-Kraków’s statutory goals of protecting and promoting health, as well as disseminating behavioral guidelines to prevent HIV infection.

The HIV workshop for the high school students was held in the city hall at the same time a number of younger school students were also in the building as part of the finals of an art contest and a competition about regional knowledge. (Some sources describe these students as “elementary school students” whereas others put their age at about twelve years old.) As part of the informational materials available to participants in the HIV workshop, Lambda-Kraków representatives brought a variety of informational and educational leaflets and placed them on a table where participants and their teachers could pick them up and take them home if they wanted. Among the leaflets, two brought the attention of an unidentified person who later reported on their presence to local media. The first leaflet, directed at heterosexual couples, outlined the degrees of HIV risk associated with various sexual behaviors (see Figure 5.2). The second leaflet provided information about ways to make male-male sex safer, and featured two men

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100 Throughout this chapter, I intentionally distinguish between Lambda-Kraków and Lambda-Warszawa for reasons that will become obvious. In addition, the history of gay organizations in Poland (see chapter 5) makes this distinction necessary.
embracing one another on its cover and instructions on proper condom use on the inside (see Figure 7.1).

Figure 7.1: “Live passionately; love safely” brochure for men having sex with men.

The first day’s workshop, held with permission from both teachers and representatives of the city government, concluded without incident. On the second day, however, the first series of classes was abruptly halted when a scandal erupted regarding the type of material at the workshop. A television crew from a local station arrived to “expose” that Lambda-Kraków was promoting homosexuality based on the presence of
this second brochure. The television news team reported that some children had approached the table where the informational materials lay. In response, the president of the city and representatives of the nationalistic and religiously conservative political party League of Polish Families (Liga Polskich Rodzin) accused the workshop organizers of not properly guarding who had access to the materials on the table. The League of Polish Families political party added that distributing the “exceptionally disgusting” leaflet promoted homosexuality, demoralized youth, could be interpreted as “sexual molestation,” and violated the “pro-family” policies of the city. Workshop organizers were ordered to put away these two leaflets, as well as a brochure entitled, “Mom, Dad, I am gay, I am lesbian,” a booklet designed to help parents cope with their child’s homosexuality. In addition, organizers were also told to remove condoms from the table. Following a meeting between advisors and the president of the city, one councilor warned that in the future the city would have to more careful about its contact with nongovernmental organizations “so that we do not fall into exaggeration and generally resign from trainings about AIDS prevention.”

Lambda-Kraków countered that they were not responsible for the oversights of the city in selecting the rooms for the various activities, nor for controlling the movements of participants in completely different programs. The president of Lambda-Kraków further rebutted that the content of the workshops was “strictly basic medical information: what is the difference between HIV and AIDS; the methods of infection; is it worth waiting to initiate sexual activity; what are the arguments for and against using condoms; and the risks of infection associated with everyday and intimate contact” (personal communication). She added that “the youth were really interested in the problem [HIV—JO] because in Polish schools, nothing is said about it…and if there is no talk about a problem, then it doesn’t exist.” In an open letter on behalf of the entire organization she wrote,

The governing body of Lambda-Kraków would like to remind that the health of homosexual people should be as important to the national and regional authorities as the health of heterosexual people. The governing body of Lambda-Kraków regards the doubts expressed by the President of Kraków Jacek Majchrowski regarding further cooperation with Lambda-Kraków, motivated by the fact that the material [at the workshop] was also directed towards gay people, as a lack of reflection on the health and life of citizens of Kraków of that [sexual] preference.
She also drew attention to the fact that the brochures had been funded by the Ministry of Health and the United Nations Development Program in 1998. The two organizations had approved these pamphlets years earlier because they allowed gays and heterosexuals alike to get information about HIV in an “objective way.” Despite such positioning by Lambda-Kraków, the city government of Kraków decided to cease all current and future cooperation with Lambda, and the National AIDS Center revoked the leader’s certification as an AIDS educator. The entire affair instigated a variety of postings to the organization Kampania Przeciw Homofobii’s (The Campaign Against Homophobia) listserv, while the electronic mailing list for Lambda, where the workshop was first announced, remained silent.

The controversy surrounding the materials at this HIV education workshop and the claims made by those involved—the political party, the city president, the media, and Lambda-Kraków—highlight in obvious ways the current tensions in Poland over issues of health, gay rights, morality, and citizenship status. In arguing that gay people’s health is as important as straight people’s, the president of Lambda-Kraków asserted that gays belong to the society and should be treated as equal citizens. In this chapter, I examine how this and other HIV workshops based on the model of harm reduction can be interpreted as a venue for expressing competing ideas regarding who is considered to be the “proper Polish citizen.” I suggest that democratic, postsocialist Polish citizenship is predicated on specific conceptions of proper sexuality, which includes rational decision-making, risk calculation and management, and controlled sexuality. However, as I argue, these codes, metaphors, references, and images also serve as resources for marginalized groups such as gay men in their efforts to act as cultural agents (see Shore and Wright 1997:12). This chapter focuses on the position of sexuality within HIV workshops, harm reduction and outreach philosophies, and everyday prevention practices to address the subtle ways proper sexual citizenship is communicated in HIV prevention.
Citizenship, Sexuality, and the State

The concept of sexual citizenship provides a useful analytical lens for investigating the myriad messages communicated about sexuality in the context of HIV and what they can tell us about the redrawing of state boundaries, as well as the constellation of relationships that constitute the body politic. On the one hand, the concept of sexual citizenship serves as the basis for political activism around issues of sexuality, including efforts to legalize gay marriage and increase reproductive rights. It has been used to draw attention to both the gendered dimensions of citizenship and to the instability of the “public” and “private” divide at the foundation of liberal citizenship discourse. Domains once considered to be private are increasingly understood to be shaped by society and politics, and these once-private domains are increasingly understood as having social and political implications. Attention to the “sexual subject” recognizes sexual experience as the “subject-matter” for academic investigation and political activism, and as the “subject-agent” in struggles for social change (Parker et al 2000:3).

The concept of sexual citizenship can be traced to the international women’s rights movement and gay political activism following the Stonewall riots in 1969 (Richardson 2000b). At the 1994 Cairo International Conference on Population Development and the 1995 Fourth World Women’s Conference, women’s rights advocates used the concept of sexual rights to argue for the right to control one’s own body and make child-bearing decisions (Cook 1995; Doyal 1996; Lane 1994; Parker et al 2000; Petchesky 2000). Gay men and lesbians, for example, have used sexual citizenship as the basis for rights claims to various forms of sexual pleasure in personal relationships, self-definition and the development of individual identities, and public validation of various forms of sexual relations (Richardson 2000a:108). For some, sexual citizenship has entailed an oppositional politics that calls for the recognition of alternative sexual identities on their own terms. For others it has meant inclusion of sexual minorities within traditional governmentally sanctioned institutions such as marriage (see Weston 1991 for an anthropological interpretation of this debate). Feminists and gay rights activists argue that the “citizen” in modern liberal democracies to which the broadest set
of rights is granted is by default heterosexual and male, to the exclusion of other gender and sexual identities. Recognizing the narrow conceptualization of citizenship in modern liberal democracies, then, forms the core argument through with new forms of citizenship are advocated (see also Bell and Binnie 2006).

On the other hand, sexual citizenship is a theoretical concept that can be used to further understand power and governance in contemporary, neoliberal, capitalist democracies. Neoliberal discourses of citizenship emphasize “rationality,” “responsibility,” and “discipline” as the defining characteristics of the proper citizen, principles that are extended to the realm of the sexual (Stychin 2001). That is, a proper sexual citizen in the neoliberal imagination exercises sexual self-control and properly respects that intimate relationships and human sexual needs are satisfied in the private realm of the household and family; in public, a responsible citizen exercises self-restraint (Stychin 2001:289; cf. Duggan 2001). As Bell and Binnie (2006:870) argue, “The ‘good citizen’ is heavily responsibilized, meaning that only certain formations of sexual culture can be parlayed into citizenry…sexual citizenship must not be overdetermined by a politics of assimilation, but must instead ask critical questions about the kinds of sexual citizen it is possible or desirable to become.” In other words, a theoretical perspective on sexual citizenship interrogates heterosexual citizenships, non-normative sexual identities and practices, and the social, political, and moral discourses and institutions in which they are formed and contested.

The binary logic upon which this proper citizen rests maintains that the public and private are separate and distinct domains, with “citizens” only existing in the public. This logic masks that the private sphere can be an important site of both surveillance and regulation, as well as the location of oppositional political maneuvering. It also obscures the permeation of the public sphere with elements of the so-called private, such as gender and sexuality (McClintock et al 1997; Pateman 1988; Stychin 2000; Yuval-Davis 1997). For example, Christian Right discourse excludes gays from the body social and politic based on the argument that non-heterosexuals exhibit a “lack of bodily (and social) discipline” as inherent qualities, therefore justifying disenfranchise.ment (Stychin 2001:288). Cossman (2002) sees the usurpation of values, including rationality and control at the core of this argument as tied to the production of heteronormative modes of
citizenship in which sex itself becomes privatized. In her rendering of sexual citizenship, “queer bodies” are required to desexualize and de-eroticize themselves in order to participate as sexual subjects in the public space. From this perspective, citizenship status is about both rights and obligations:

Accordingly, sexual citizenship is concerned with the defining and administering of rights (civil, political, social, cultural) dependent on an individual being a ‘good’ sexual citizen, that is, conforming to ‘appropriate’ sexual acts, behaviors and identities as defined by the State and wider society. But undertaking ‘deviant’ sexual activities, an individual potentially forfeits their status as a full citizen, and consequently some of their rights. [Kitchin and Lysaght 2004:84]

Citizenship—sexual citizenship in other words, requires one to fulfill obligations of maintaining proper sexuality within the public (and private, in some cases) sphere in order to access rights granted to one as a citizen in a particular state.

As Gal and Kligman remind us the “public” and “private” dichotomy at the root of neoliberal citizenship discourse is culturally and historically contingent. The meanings of the very categories of public and private themselves change over time and vary within different national and political traditions, particularly as these models of social and political order are exported to new contexts (2000:39). In this light, “public” and “private” are “discursive distinctions.” In postsocialist Eastern Europe, changing meanings of public and private are manipulated in legal systems, state policies, and in people’s everyday lives. Through these manipulations, activities and institutional arrangements are reconfigured, justified, and reinterpreted, therefore making shifts in the public/private divide a useful site for the examination of power (Gal and Kligman 2000:13). In understanding postsocialism, looking at the divide between the “public” and “private” and uses of this divide can be particularly productive. It is recreated and reconfigured at multiple levels of investigation, from governmental institutions to people’s everyday lives (Gal and Kligman 2000:41).

Therefore, sexuality is imbued with discursive mechanisms seeking to control it. These discourses and their attendant policies and practices emanate from the public sphere. At the same time, sexuality itself enters into the public sphere as a locus of identity and rights activism. Research into the instability of the public/private dichotomy through the lens of sexuality explores how people use this opposition as a resource to
enable particular forms of social action and affect policy outcomes (Gal and Kligman 2000:42). Such an interrogation of and challenge to the public/private dichotomy occurred in the 1970s in the United States, as gays shifted their strategy of political activism from arguments about privacy towards public visibility (Duggan 2001:181). In a second example, Brown (2006) argues that in the panic surrounding fears of risking HIV infections among Men who have Sex with Men in Seattle, recognition of the myriad spaces in which sex occurs, and the obligations and dangers that different spaces entail, could avoid the dichotomizing and moralizing of a “good-gays-versus-bad-boyz” dualism.

In Poland as elsewhere in Eastern Europe, postsocialist transition demands the reformulation and reimagination of all social groups and citizenship identities, particularly their gendered dimensions (Holc 2004:758). Investigations of the politics of reproduction and the construction of the work force have revealed that transition is a gendered process in which redefining the citizen is intimately tied to the processes and ideologies of both democracy and capitalism. As Holc (2004) demonstrates in her analysis of abortion politics in Poland, the debate over abortion rights occurred in the context of broader debates and anxieties about what it means to be a democratic postsocialist nation. Marody and Giza-Poleszczuk (2000) likewise link democratic transition to changing expectations and requirements of gendered identities. In particular, they argue, the ideal of the “new woman” in postsocialist Poland is a responsible consumer and rational manager. She is portrayed as an individual who actively engages in her own personal development. Polish women draw on the new image of the ideal feminine in order to counter socialist era assertions that a woman’s primary responsibility was to others (husbands, children, the state) and not herself. At the same time, they can also be understood as responsible for adhering to new sets of obligations such as standards of beauty and subject to the desires of men. As in Dunn’s (2004) analysis of changing concepts of personhood in the transition process, therefore, postsocialism has witnessed emerging concepts of citizenship conducive to the workings of a capitalist market—decision-making, rationality, restraint. That is, the same qualities that mark the proper consumer also mark the proper sexual citizen. In summary, the postsocialist project in Eastern Europe demands the reformulation of which entities are useful and
legitimate for a neoliberal state, and which must be dismantled because they are costly, irrelevant, or both.

In this chapter, I build on these analyses by adding sexuality to the debate about the instability, permeability, and “fractal” nature of the public/private dichotomy and shifting gender identities (Gal and Kligman 2000:41). Although it was addressed indirectly through family policy, sexuality was ignored in the public, official socialist discourse. However, the advent of AIDS both in the world and regionally made it difficult to remain silent. With the collapse of socialism and the advent of AIDS in Poland, addressing sexuality became a necessity for policymakers. I ask how sexuality became encoded in public AIDS discourses, and what are the terms of this public recognition of sexuality? Citizenship struggles are about redefining the public and the private, and the relationship between them. In the case of AIDS and “queer bodies,” redefining the public and private entails redefining the sexual as well.

Moreover, in the context of Eastern Europe the postsocialist transition was as much about transforming practices of the body as it was about creating new political and economic institutions. Sexuality is one site for investigating the more subtle “rules” of the transition as they are created, adhered to, and contested. Gay activists in Poland make legal arguments for recognizing the legitimacy of non-heterosexual forms of sexuality (e.g., Cossman 2002). Through the messages in their HIV/AIDS prevention programs, they are also involved in the construction of discourses and practices of sexuality. In this chapter, I interrogate hegemonic constructions of sexuality and the arguments and practices engaged by “transgressive” citizens in order to rethink and reimagine constructions of sexuality and citizenship in the postsocialist, neoliberal state (Stychin 2001). What form of sexuality in public space is promoted? What is the proper form of sexuality that is referred to in cases where claims to political and social participation and rights are made on the basis of sexuality? How is it taught, communicated, and coded in the philosophies, practices, and programs of the very institutions that mobilize it? How does it articulate with existing notions of sexuality and the system of entitlements, rights, and responsibilities that all discussions of citizenship—sexual or otherwise—must acknowledge and negotiate? In what contexts are explicit discussions and expressions of sexuality deemed (in)appropriate? How do the discourses and practices engaged by
transgressive citizens challenge or reify these hegemonic constructions? What can be learned about these hegemonic constructions by looking at them from the perspective of those who do not “belong?” As Stychin argues, citizenship has the potential to become “a limiting, disciplining and regulatory concept, particularly in the domain of sexuality” (2001:286; see also Richardson 200b).

However, as Abu-Lughod (1990) taught us, interrogating forms of resistance or capitulation to hegemonic constructions can reveal as much about the subversion of power as it can reveal about the ways in which forms of power operate. Investigation of forms of resistance also reveals historical shifts in configurations and methods of power (Abu-Lughod 1990:48). In other words, if to be considered a full citizen requires that one be a *good* sexual citizen, what are defined as appropriate sexual acts? How does this relate to one’s ability to make claims for protection within a broader constellation of risks, as in the context of HIV vulnerability by heterosexuals and gays, women and men? What does it mean, not in terms of the system of legal exclusions, but in the everyday practice of sexual citizenship? What are the obligations that sexual citizens must fulfill in their everyday practices? These questions suggest that we must further interrogate the forms of sexuality that are demanded of “proper citizens.” In other words, what is the nature of the sexual in the de facto heterosexuality of the proper citizen, and how can this sexuality be mobilized by those whom it arguably excludes?

The previous chapters described the narratives of HIV and its prevention by the National AIDS Center with its attendant silences and omissions. This chapter continues that discussion in an exploration of the discourses and practices of sexuality more specifically as key pillars of both HIV prevention/education messages and programs. My aim is to demonstrate the ways in which information about sexuality is a non-neutral category and contested ground. I argue that homosexuality is not completely excluded from public discourse, but required to adhere to notions of risk and self-control to which gays and heterosexuals alike are subject. As I show, as in the opening vignette, adherence is not always unproblematic, and, given the sexual politics in Poland, often leads to debate and resistance.101 Moreover, attention to “risk” can be used by competing

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101 Returning to the opening vignette, the events of which occurred in the fall of 2005, homosexuality, tolerance, sex education, and HIV remain tightly connected and controversial issues even six months later.
agendas in order to address particular constituents’ needs and advance alternative sexual and political agendas.

Rights, Responsibility, and Desexualizing Risk in HIV Workshops

Each year in concurrence with the launch of the annual campaign multimedia AIDS campaign in the fall, HIV workshops are held through Poland. These workshops are aimed at various audiences: health care professionals; teachers, counselors, and sanitation department employees; and nongovernmental organization employees, volunteers, and directors. The workshops usually last for two or three days and are attended by participants from throughout the country.102 The cost of the workshop, which includes room, board, and conference materials for the participants, is paid for with funds from the National AIDS Center. Participants only have to pay the cost of transportation to the conference location, but participants’ employers often cover travel expenses. Other workshops such as that held by Lambda-Kraków are conducted in cooperation with

The TVP program *Warto Rozmawiać* (“It’s Worth Talking”) is currently under attack by gay and feminist activists for violating journalism codes of ethics partly in the context of this workshop. In the episode “*Szkola tolerancji*” (“School of Tolerance”) aired on 27 March 2006, the president of the Campaign Against Homophobia Robert Biedroń was interviewed but not informed about the nature of the program in which his interview would air. He was asked about the withdrawal of an invitation to speak at a Warsaw-area high school, but his comments were aired in the context of a critique of sex education and HIV prevention in schools. In addition, the television program joined together sex education and tolerance, two seemingly unrelated topics in the context. The narrator of the program said, “In lectures on tolerance and AIDS prevention, which take place in schools without the presence of teachers and parents, gay activists conduct the conversations.” A clip was then shown of the Kraków workshop scandal, in which neither the Campaign Against Homophobia nor Robert Biedroń participated. Also, even though it is widely known that the Campaign Against Homophobia is not engaged in sex education, the narrator of the program offered the following: “The affair of the workshops in Kraków and the meeting [at the Warsaw high school] can be analogous” and that “during this meeting Robert Biedroń could have propagated homosexual techniques.” Although Biedroń did comment about the Kraków scandal and the leaflets, he made a point to say that these materials were directed at mature gay men and should have been approved by the teachers before being distributed. In the aired program, the editing of the interview created a sense that Biedroń approved of the open distribution of such materials to youth.

102 In addition to these shorter workshops, the National AIDS Center also conducts longer four and five day workshops, which are more intense and rigorous. These workshops are followed by an exam after which a person is certified not only as an AIDS educator but also to be a counselor at an anonymous HIV testing point. I spoke with several people who completed such training, and all of them attested to this program’s rigor and comprehensiveness, particular in being familiar with the biology of HIV as well as the system of laws and rights that apply to people living with HIV. A few people did complain that these more intensive workshops were too difficult to complete because they require that a person take off time from work. For teachers and other educators, HIV prevention workshops are part of a larger system of elective training in which they can participate in order to receive pay raises and promotions through continuing education.
These workshops often serve to fill gaps in high school curricula, in which sexuality education classes—of which HIV education is often a part—remain highly controversial subject in Poland. Many students go without such classes. Some students receive a discussion of HIV in their biology classes. Others receive HIV and sex education as part of family life education courses, often taught by religion teachers. For example, one textbook approved by the Ministry of Education for “Family Life Education” classes (“Wychowanie do życia w rodzinie”) for high school students, written by Teresa Król and Maria Ryś (2002) includes HIV education along with presentations of the Catholic viewpoint on issues such as homosexuality and abortion. The discussion of homosexuality in the book is written by the Catholic priest Józef Augustyn (discussed earlier) and quotes Pope John Paul II to present “the Church’s” position on homosexuality that families with “two fathers” or “two mothers” (that would result if same-sex couples were granted the right to adopt children) would harm children (Król and Ryś 2002:91). Significantly, the discussion of AIDS follows this presentation of homosexuality. Workshops dedicated to HIV, therefore, are often seen as a way of addressing the gap in sex education and a forum in which nongovernmental organizations, city governments, and schools cooperate to dispense needed information about this topic (cf. Oliwa 2005). In this way, HIV/AIDS education workshops complement the national multimedia campaigns as a second means through which a larger audience can be taught about AIDS.

The National AIDS Center serves as the foremost institution that organizes and funds these workshops. Through its own initiatives, workshops are proposed and funded, and then nongovernmental organizations submit proposals to carry them out. In the months preceding the workshops, the National AIDS Center announces these workshops and holds a bidding process (przetarg) in which various organizations—particularly NGOs—can submit proposals to conduct these workshops. Through the bidding process, the National AIDS Center selects the organization that will most cost-effectively conduct the workshop and convey the desired content. The content and format of the workshops is then subject to review before and after the workshop is conducted. These workshops
are an arena that showcases cooperation between nongovernmental organizations and the
government, but the authority of the national organization is clear in the omnipresence
National AIDS Center logo and the use of Center employees, experts, and materials. In
this way, the workshops reaffirm the National AIDS Center’s status as the leading
legitimate authority in the epidemic. At the same time, the very idea of a workshop,
when used by other organizations with competing agendas to those of the National AIDS
Center, can present an alternative reading of and uses of the epidemic. Therefore,
workshops can serve to challenge or undermine the authority presented by this institution.

HIV workshops are built on the premise that doctors, teachers, counselors, and
health department workers comprise the first contact for those at risk for infection,
already infected, or interested in the subject. Workshops also reflect the idea that
educating such people about HIV is an important element of HIV prevention more
generally. For example, a young counselor attended one workshop in 2004, coming from
far eastern Poland near the border with Belarus. When I inquired about her
motivations for attending such a workshop, she reached for my notebook and pen, and
drew a map of Poland for me. She indicated the location of her border town with a large
dot. She said that knowing how high the HIV infection rates are in countries to Poland’s
east, she worries that people would be coming over the border from Belarus and therefore
increase the number of HIV infections in Poland. Although this particular participant

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103 This “domestic” logo (a green outline of Poland with the word “AIDS” written in blue shadow letters
across it) is alternately used with the internationally recognized red ribbon, which since 1991 has
symbolized solidarity with and support of people living with HIV/AIDS. It was not uncommon for metal
red ribbon pins to be distributed at conferences and workshops sponsored by the National AIDS Center,
and at workshops, presenters affiliated with this organization often wore these pins during their talks.
104 This workshop was originally offered for seven different dates in November and December, with both
weekday and weekend options. However, the workshop I attended, in the end, was the only workshop
offered. I know that some of the other dates were canceled due to lack of registrants, but I cannot be
certain that all the other workshops dates were canceled for the same reason. Those participants who
originally signed up to participate in a canceled workshop could attend this other workshop or not attend if
it did not fit their schedule. In total, 32 people attend this workshop. The other workshop sponsored by the
Social Committee on AIDS, had a total of 15 participants, excluding myself.
105 This young woman’s concerns were supported by epidemiological data. HIV infection rates in former
Soviet republics such as Belarus and Ukraine are an international concern. As of 2001, 43,600 and 3857 of
cases were reported in Belarus and Ukraine respectively (Hamers and Downs 2003). These rates rapidly
increased with the collapse of socialism and deteriorating economic situations and health care conditions.
But at the same time, the perceived threat from the East was as much symbolic as it was real. Presenters at
the workshops expressed concern over the threat of an increase in Polish HIV infection rates stemming
from cross border movement of people in the east. One presenter presented a highly caricatured and
symbolic (from an anthropological perspective) scenario in which young Polish entrepreneurial men
had yet to knowingly encounter an HIV positive person, she wanted to be prepared to talk with students about this potential health threat. She saw attending this workshop as a preemptive tactic for keeping HIV numbers in Poland low. Therefore, when combined with the national multimedia campaign, these workshops occupy a central position in the overall HIV education and prevention strategy at both the national and regional levels.

During my fieldwork, I attended a total of four workshops. The first workshop, conducted by and targeted at medical students, relied on peer educators to organize and lead the workshop, as well as present the material. Two other organizations, the Foundation for Social Education and the Social Committee on AIDS, targeted health professionals, educators, and health department workers in their workshops. These latter two organizations took a minimalist approach in announcing their workshops: “The program of the training covers fundamental problems in the area of HIV/AIDS, as well as actions realized in the framework of the National Program of HIV Prevention and Care for People Living with HIV.” Lambda-Warszawa conducted the fourth workshop I attended. Like the others, this workshop was announced on the National AIDS Center’s website, but in much greater detail:

One of the most effective forms of conducting prevention in the areas of HIV/AIDS, addictions, and social pathologies is the method of streetworking, that is, conducting actions directly in the places where the target groups are (for example, in clubs, parks, on the streets, in train stations, etc.). The workshop will cover HIV/AIDS and sexually transmitted diseases, sexual behaviors, specificities of the MSM community and people providing sexual services, as well as theory of conducting streetworking actions.

In comparison with the other three workshops, the Lambda-Warszawa workshop had an explicit target audience in its HIV prevention agenda: men having sex with men and sex workers. Also in contrast to the other workshops, Lambda-Warszawa promoted a particular theory of HIV prevention (harm reduction), an emphasis that was absent in the other three workshops (with the exception, perhaps of the first workshop mentioned above, which was based on the notion of peer education).

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traveled to Ukraine in search of business and investment opportunities. His Ukrainian hosts, in demonstration of his hospitality, treated the “western” businessman to drinks and a prostitute, from whom he became infected with HIV before returning to Poland and his wife.
For Lambda-Warszawa to hold such a workshop was significant. In response to my inquiry into the motivations for sponsoring this workshop, I received two similar responses with a subtle and telling variation. Two of the organizers replied that they are part of a professional organization with specific knowledge, methods, and goals, and recognize that it is worthwhile to share their expertise with others. The third organizer told me that they were motivated to hold the workshop not because they are professional but wanted to *show* that they are professional. In other words, to host an HIV workshop, either by the National AIDS Center, Lambda, or some other nongovernmental organization, confirms and demonstrates credibility as being expert, professional, and authoritative. But in what areas do these various organizations and institutions seek to legitimate their authority, and what is at stake in this process?

Despite seemingly different agendas and target audiences, all the workshops followed remarkably parallel forms and covered similar aspects of HIV. Workshops use a variety of forums, including formal presentations, group discussions, worksheets, and activities, to communicate information about HIV. Every workshop includes, usually at the beginning of the session, a presentation on the current state of the epidemic in Poland and the world. Experts from the National AIDS Center or the National Institute of Hygiene usually give this presentation, but in some cases, another expert such as a peer educator or medical doctor fills this role. Presenters first establish that heterosexuals, youth, and women are the most frequently infected. Then they detail a shift in the epidemic by arguing that although the epidemic is particularly severe in sub-Saharan Africa, infections rates are rising dramatically in Asia and Eastern Europe. Focusing on Poland, they illustrate that although the virus was originally detected in gays and injection drug users, now it is women and teenagers who are most at risk for infection. This presentation is usually followed by a presentation of the National AIDS Center’s history, a discussion, highlighting the struggles in the late 1980s and early 1990s to establish a national AIDS strategy. Current successes and cooperation between international agencies such as UNAIDS and local organizations in the development of programs, campaigns, and policies are also addressed. Specifically, the presentation on and discussion of HIV patients’ rights highlights the role of international human rights standards in creating the system of testing, disclosure, and care for HIV positive people in
Poland. In several workshops, an HIV infected person provided personal testimony of experience with the disease. They addressed topics ranging from access to medications to work and family life as an HIV positive person. One workshop invited a heterosexual HIV positive mother of two and an HIV positive heterosexual divorced man in his fifties.

At the workshops, then, AIDS is actively promoted as both a national and international problem, and an issue with which both women and men, straight or gay, should be concerned. In short, AIDS is everyone’s problem. In his discussion of gay rights organizations’ involvement in HIV prevention in Brazil, Terto (2000:69) notes that the motto “AIDS is everybody’s problem” functioned as a key tool in breaking the association between homosexuality and AIDS. It also serves to challenge moral arguments and discourses of blame against gays, not only in Brazil but worldwide. The idea of universal risk is then transferred into prevention programs in the form of general messages that appear to neutrally provide information equally useful to everyone, regardless of gender, sexuality, ethnicity, or class. More specifically, these apparently neutral messages come in the guise of the objective “risk” associated with particular sexual acts (Fee and Krieger 1993). Moreover, the focus on “science” helps lend authority to and legitimize the discussions of sexuality that occur in these contexts (Pigg and Adams 2005).

Such messages potentially obscure more targeted prevention agendas that focus specifically on the ways in which sexual practices particular to one group create risk of infection, reflected in the resources and funding given to different programs (see Cochrane 2004). Discovery of HIV as the causative agent of AIDS enabled the presentation of risk as universal, favoring biological agents and individual decision-making over the existing systems of inequality and social exclusion as key determinants of HIV risk (Lane et al 2004). In short, configurations of risk to HIV determine the ways in which resources for prevention (e.g., financial and institutional support) either privilege or exclude certain groups. For example, the impact of HIV on particular

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106 Dodds (2002:150) offers a different interpretation of AIDS materials targeted at the “general population.” She argues that these materials signify a community of “normal individuals” that excludes gay men and intravenous drug users, creating a moral division between “us” and “them.” She does recognize that the message that “AIDS is everyone’s problem” can also serve as the impetus for national action against AIDS and convey a sense of shared responsibility that links the values and actions of the individual to the safety of the nation (Dodds 2002:161).
groups, including women, has been minimized as funding privileges white (gay) male bodies because gay men had historically been deemed at greatest risk for infection (Giffin and Lowndes 1999; Susser 2001a; Treichler 1987; Treichler 1999).

Neutralizing and generalizing of risk occurs in HIV messages in Poland as well. Within all the workshops, providing information about degrees of risk associated with various sexual behaviors is a central element, commonly taught through an interactive exercise. This exercise consists of each participant being given two or three pieces of paper with different sexual acts written on them, ranging from masturbation to “docking” and “fisting.” Then larger pieces of paper are placed on the floor in a hierarchical scale: no risk, no documented risk, low risk, high risk, and unknown risk. Each participant is required to assess the degree of risk associated with each sexual act and then place the piece of paper at its corresponding position in the hierarchy (Field notes, December 2004). Although some debate occasionally took place about the actual degree of risk, particularly in consideration of oral sex, the exercise usually concluded with clear consensus of the risk associated with each activity.

Importantly, during this exercise, references are not usually made to sexual orientation, but frequent references are made to differential risk between men and women (Field notes, December 2004). Even when this same exercise was conducted at the Lambda-Warszawa workshop, discussions of the relationship between sexual orientation and HIV risk were bypassed in favor of a presentation of the objective risks associated with specific sexual behaviors. By not directly addressing sexual orientation the workshops and the presenters reinforced the notion that there are no longer “risk groups” but “risky behaviors.” They also further emphasized the “changing face” of the HIV epidemic. Exercises illustrating “degrees of risk” through sexual contact, with no attention to particular social groups as more or less vulnerable to infection, illustrate the universalizing notions of risk described above. As one informant told me when I asked him who is at risk for HIV:

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107 This exercise invariably required terminology clarifications as many of the sexual terms were derived from English such as “fisting,” “necking,” “jerking off party,” and “docking,” and many of the participants were not familiar with them. Notably, even such “deviant” sexual acts could be openly discussed with minimal discomfort on the part of participants in this non-intimate setting through the neutral language of risk calculation.
Everyone. Everyone who has sexual contact without protection; everyone who does not know how to use condoms or other protection; everyone who has sexual contact but with protection; everyone that injects drugs. Everyone and it is independent of whether it’s a man or a woman. Some more, some less, of course, but it’s independent of sexual orientation. [Interview 9]

There is, however, ambivalence around the universalizing and particular risk messages. One of the founding leaders of the HIV prevention at Lambda noted,

As you know, right now we are saying that there are risky behaviors and not risk groups. But at the same time we know very well that there are risk groups. Of course other people can be infected and it depends on their sexual behavior, for example, or other behaviors that are risky. But we know that those behaviors are very specific for particular groups of people. [Interview 5, emphasis in original]

But the director of this program offered the following in her assessment of risk: “I think that people should realize that, above all, [HIV] does not affect concrete groups and strange people, but all of us. And if we get infected or not, to a large extent depends on us alone” (Interview 11). In this paradigm, therefore, risk for HIV infection is a problem with which everyone must be concerned and take appropriate measures to minimize. Equipped with the knowledge of the degrees of risk associated with various sexual acts, such exercises tell us, a person—whether straight or gay, man or woman, sex workers or not—can make choices in order to avoid infection. It excludes the possibility that other factors, such as power inequalities between sexual partners or economic necessity, contribute to HIV vulnerability.

The powerful discourse of risk and responsibility has penetrated the Catholic stance against condoms as an effective HIV prevention method. It uses “neutral” language of individual responsibility and choice. The AIDS activist priest Arkadiusz Nowak, who spoke to workshop participants regarding patients’ rights and human rights for people with AIDS, could not avoid reference to sexuality and risk for infection. On the final day of a three day workshop, Father Nowak gave a brief presentation that primarily focused on people living with AIDS. He opened with a discussion of prevention and the position of the Catholic Church towards condom use. He first asked the group, “Is sex necessary for living?” In the context of other necessities—food, water, sleep, and shelter—he concluded that sex is not necessary for individual survival; people will not die if they do not have sex. Not having sex, he further argued, is the only way to
completely guarantee that one will not become infected with the virus (he made no reference to other modes of infection such as injection drug use). There is a stereotype, he pressed, that marriage protects a person from the virus. However, he cautioned, this protection is not guaranteed if partners are not faithful throughout life. It does not matter about homosexual relations or heterosexual relations. What matters is the value of faithfulness (Field notes, December 2004). He then added that condoms also do not guarantee protection from infection.

The religiosity of Poles, with over 95% of the population declaring themselves Catholic, is often cited as the reason for conservative social policies such as the near total ban on abortion (e.g., Zielińska 2000). In terms of sexuality and HIV prevention, the convergence of religion and anti-condom messages is more equivocal. For example, in the late 1980s and early 1990s, Maria Malewska traveled to high schools throughout Poland demonstrating how to use condoms as an effective HIV prevention method. She emphasizes that these demonstrations were based on the idea of being “honest.” She insists that she did not persuade people to use condoms, but simply demonstrated their correct use. In other words, by invoking the argument that she was just presenting “the facts” about condoms, Maria Malewska was able to negotiate between a Catholic stance against condoms and a risk reduction perspective promoting their use.

That the federal government had not attended to the prevention of HIV among gays in particular is not unique to Poland. For example, such programs are lacking throughout Latin America (Terto 2000). In the United States and Western Europe, gay rights organizations continue to battle with public health agencies to create services and programs that promoted safer sex and health care for the infected (Richardson 2000a:112). In Poland, as in Latin America and the United States, the failure to develop prevention programs targeted at gays through government initiatives can be linked to generalized homophobia and continued blame of gays for the HIV epidemic more generally. However, using the neutral language of risk and the notion that everyone is at risk, such prevention messages can arguably be said to include sexual minorities and other similarly marginalized groups. In such a way, the National AIDS Center and certain nongovernmental organizations appear to take responsibility for the health needs of all. Nevertheless, their failure to address issues such as the relationship between
sexual identity, social marginalization, and HIV risk indicates an abdication of responsibility and creates a space in which alternative models of risk and responsibility can be enacted.

Organizers of the workshop sponsored by the gay rights organization and directed at people interested in doing “streetwork,” recognize and exploit such spaces. Although sexuality and gender are eliminated or buried in the neutral language of objective risk calculation, discussions of sexuality take place in other contexts. One context includes an exercise designed to make participants rethink their conceptions of sexual orientation, HIV infection, and “fault.” In this exercise, the leader makes a statement such as, “Homosexual relations are as natural as heterosexual relations” (Field notes, December 2004) or “Among those infected with HIV, there are those who are guilty and those who are not guilty for their infection” (Field notes, November 2005). The participants then divide themselves into two or three groups according to their stance on the issue, ranging from “decidedly yes” to “decidedly no.” After discussions within these smaller groups, the larger group reconvenes for a debate about the participants’ perspectives, based on the principle that everyone’s opinion should be respected.108

The Lambda-Warszawa workshop, directed at people interested in outreach and street-based prevention work, rendered sexuality even more complex and spent an entire afternoon addressing and debating homosexuality. We were first presented with competing definitions of homosexuality, some by Polish scholars (such as Zbigniew Lew-Starowicz) and others by internationally known researchers (such as Kinsey). One extreme defined homosexuality on the basis of committing even individual homosexual acts, and the other extreme relied on self-definition and the ability to “realize” that “pull.” This presentation was then followed by theories of homosexuality—what causes it? Is it biological or psychosocial? The presenters summarized their perspective: there is most likely a biological predisposition to homosexuality, but that the “proper social conditions” must also be present to produce homosexuality, and that is why the Lambda

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108 Even though the premise is that each opinion should be respected and the leaders should act more as moderators of the debate than participants, it was obvious to me that during this exercise at all the workshops the leaders had difficulty maintaining neutrality. They would often provide their counterarguments to particular statements made by participants, and at one workshop the participants noticed the non-neutral positioning of the leaders and some of the participants approached the discussion leaders in private to address this failure to remain in the role of moderators only.
organization deals with both the social and psychological aspects of being gay. The discussion was taken even further when the organizers talked about “queerness” and transexuality. One of the workshop organizers explained that queer theory argued that people are born with a “sex” (i.e., male or female genitalia) but with no sexual identity (with no preference for same sex or opposite sex partners), or for adhering to socially defined male or female gender roles. Some of the participants were skeptical of “queerness” in particular, despite the revelation that one of the male leaders had a male partner who identified as queer. This was the first time many of the workshop participants had been exposed to the notion of “queerness,” and they had many questions. The participants wanted to know how long a person could be referred to by the gender neutral ono (“it”), how a name would be given (in a language with no gender-neutral first or last names), or how a queer person would choose a sexual partner. Later, one reluctant participant commented, “Look, I would like to be a bird, grow wings and fly, but I can’t do it,” reflecting his biological interpretation of gender and sexuality.

The material distributed at the workshops and the variations between the workshops reveals the priorities of information and risk messages that the various organizers aim to communicate to the target audiences. Distributing HIV-related materials became an element of the other workshops that was most notable. One participant gleefully declared, “Oh, what beautiful materials!” as she browsed the table piled high with books, pamphlets, posters, and pens. Participants gathered materials, placing them into folders and plastic bags also supplied by the Center. These colorful and professionally designed and produced materials were absent from the Lambda workshops. Instead, participants were given black and white photocopies of materials prepared by Beata, one of the long time employees of Lambda and the leader of that organization’s Monday night meetings for prevention with male prostitutes. I asked the Lambda-Warszawa workshop’s organizers about this difference. Why did Lambda not give out the shiny, professional materials of the National AIDS Center? While in some ways it reflects a lack of support for this workshop (and by extension, the entire

109 The problematic nature of such a definition was quickly revealed when the participants began to ponder and debate what the “trigger” for homosexuality would be. They wanted to know what the “risk” was of having a gay child. When Beata, the director, heard this language, she stopped the group and told them that they were using the word “risk” and thereby treating homosexuality “like a disease.”
organization that sponsored it), I was told that those materials are not necessarily relevant to this audience. There are other messages that need to be communicated for which the National AIDS Center does not prepare materials.

Most significantly, the Lambda-Warszawa workshop distributed detailed materials that described the philosophy and practice of harm reduction and streetworking, upon which its program is based (see below). The materials prepared and distributed by Lambda presented a complex understanding of the lives, social worlds, and sexual identities of their clients. Such an approach can be contrasted with the message promoted in the NAC materials. One National AIDS Center leaflet illustrates the difference. The leaflet depicts a bathing suit clad man diving from a high, rocky, seaside cliff without any protective gear (rope, helmet, etc.) with the caption “Instances determine life” (O życiu decydują chwile) (see Figure 6.2). A reminder inside stated, “A condom decreases the risk of infection.” Although promoting condom use in preventing HIV infection, the remainder of the information in the leaflet parallels the risk calculation/reduction model. It emphasizes the ways in which a person can and cannot become infected and persuading people to take HIV tests. It lists risk factors such as having more than one sexual partner, losing control of one’s behavior while under the influence of alcohol, and having sex with a partner who has had previous sexual relationships. In contrast, Lambda-Warszawa materials depicted sexual risk for HIV infection to have multiple origins, some of which were beyond the control of the individual.

The workshop organizers recognized that a person’s sexual knowledge, identity, and behaviors are built on a broad array of factors. For example, in one exercise participants had to identify the various sources from which people get information about sexuality. Participants identified science, business (advertisements), myths and stereotypes, and individual experiences as all equally influential on a person’s sexuality. In this exercise, stereotypes (e.g., that a man can only ejaculate a limited number of times) and individual experience (e.g., that deep penetration during anal sex is necessary for achieving sexual satisfaction) “competed” with scientific knowledge (e.g., that difficulty reaching a full erection may have physiological as well as psychological causes). The task of the streetworkers and others involved in HIV prevention, Beata informed the group, was to be knowledgeable in the scientific aspects of sexuality and
communicate them to clients. In the context of struggles against the dominant Catholic paradigm that pathologizes same-sex sexuality, Lambda relies on “science” and “facts” to create an alternative.

Figure 7.2: “O życiu decydują chwile,” cover.

After the three day workshop held by Lambda-Warszawa had ended, the leaders and participants hurried back to their rooms in order to pack their bags and catch the next bus back to Warsaw. I walked out of the conference center with one of the workshop leaders, and he asked me what I had thought. I told him, honestly, that I thought that they—the people who designed and conducted the workshop—were radical and very bold. The young woman who had run most of the interactive lessons at the workshop overheard our conversation and asked what that meant, “radical.” I became a bit flustered, wondering if I had used the incorrect word. After assuring myself that I had used the appropriate term, I began to explain what I meant by characterizing them as
radical. Trying to put this workshop into comparison with other HIV workshops I had attended, I explained that I thought it was very much against the current social and political climate in Poland to talk openly about the lives of gay men, to present theories of homosexuality that did not regard it as a perversion or deviation, and demonstrate the proper way of putting a condom on using one’s mouth. The presenters talked openly about homosexuality in a way that often bordered on acceptance and tolerance. Two of the presenters, in fact, were gay. They also diverged into a discussion of queer theory, for many of the participants offering a first time exposure to the notion that gender and sexual identity can be both flexible and variable. One evening, after the formal presentations of the workshop concluded, the participants and organizers mingled in the lounge of the conference center, talking and drinking. One of the openly gay presenters invited his boyfriend, and the two of them sat closely on the couch and talked. For at least one of the participants, this was her first exposure to gay people, besides stories she saw on television or descriptions she read about in her schoolbooks. Despite this open demonstration that gays do indeed exist in Poland as “real people,” the workshop’s organizers insisted to me that there was nothing “radical” about the program at all. The former president and co-organizer insisted that they were just presenting “the facts.” With this information, people could then decide themselves what to think. He later added, “We think that the right to information is one of the basic rights” (Interview 2).

It is arguable, however, that “just the facts” do not exist as such, but are the products of social processes (Haraway 1993). “Facts” are utilized to achieve particular social and political purposes, and placed into widely differing contexts with often unexpected consequences (cf. Pigg 2005). Members of the gay rights organization Lambda-Warszawa emphasize the “facts” and deny that they are radical as a necessary strategy given the field of contestation. The dominant Catholic HIV prevention framework, in which sex is marginalized or ignored, is based on promoting faithfulness, abstinence, and individual responsibility. The framework does not acknowledge the complications of sex and sexuality identities, and it is against this conceptualization of prevention and risk that Lambda-Warszawa works. My role as an international observer with an interest in understanding how Lambda-Warszawa challenged hegemonic constructions of heterosexuality prompted me to interpret this discussion of sexual
identity as radical and subversive. The organizers of this workshop represented a progressive and embattled organization. Their message of HIV vulnerability drew on a conservative and neutralizing description of sexuality and risk intended to ward off public criticisms by invoking approved discourses.

Given that one of the primary goals of gay activism in Poland is to establish gay people as “normal” Poles, raising the issue of sex, including gay identity, sexuality, and mechanics of safer sex can only logically occur through the framework of “normalcy,” neutrality, and scientific facts, which are assumed to be outside of politics. “The facts,” therefore, are not “just the facts,” but exist as part of a broader constellation of policies, power relationships, ideologies, institutions, and possibilities for action (Wedel et al 2005). Following Frankenberg (1993), in terms of sexuality and the HIV epidemic, Pigg and Adams observe (2005:19-20):

The AIDS era has thus ushered in a critical shift in how sex is framed. What was once indirectly targeted as a matter of civility, population control, family planning, and public health is now targeted directly as a set of sexual practices, sexual identities, and sexual risks. Judgments about what kinds of sex can be seen as prudent and “safe” are framed in medical idiom, sometimes with a strong grounding in empirical research. But these judgments, bolstered by pronouncements of science, can mask covert political and moral ethnocentrisms implicit within the use of unexamined definitions of health and sexuality. It is actually difficult to disentangle assumptions and value judgments from scientific findings about bodies, contacts, and risks because these findings are themselves predicated on both universal objective indicators of health and on the modern, reified concept of sexuality as an autonomous domain.

Returning to the dilemma posed earlier—was the Lambda-Warszawa workshop “radical” or “just presenting the facts,” in many ways both perspectives are equally valid. By its very nature, HIV is about sex, and discussions of sexuality in relation to HIV risk are unavoidable, whether it is by politicians, scientific researchers, or HIV activists. It is impossible to construct a silence around sexuality when the primary goal is to prevent HIV infection and educate about the virus. The ways in which this sexuality is constructed, however, varies in accordance with the underlying models of proper sexual behavior and the way it shapes a person’s or group’s risk of infection. The consequences of introducing “the facts” into particular contexts often reflect and shape the ways in which the state relates to its citizens and constitutes categories of citizens to be governed.
(Wedel et al 2005). As Shore and Wright (1997, 8-9) remind us, “A key feature of modern power is the masking of the political under the cloak of neutrality.”

**Harm Reduction and Sexual Risk**

Within the context of the workshops, problematic discussions of sexuality, including those that address homosexuality, are rendered less so through claims that they are part of neutral facts and science. These workshops are subject to scrutiny and approval by the National AIDS Center, and in many ways reflect the constraints placed on them the national organization. The HIV education and prevention efforts of Lambda-Warszawa, however, encompass more than annual workshops. The *Safer Liaisons* program directed at men who have sex with men is the primary work. We must ask, therefore, are there ways in which notions of universalized risk, personal responsibility, and knowledge about the virus are modified to fit within the vision of HIV prevention as practiced in this program? The Lambda program is built on the philosophy and practice of “Harm Reduction” (*Redukcja Szkód*). Harm reduction, which as described began in the 1960s and 70s, continued to gain popularity by activists and their allies in the 1980s. Currently, many harm reduction proponents do not engage in political activism and criticism. Since the harm reduction philosophy gained increased popularity in the 1980s by activists and their allies, harm reduction proponents have since shifted to be less confrontational and more cooperative with political and medical systems as part of it “matured” (Roe 2005).

Harm reduction *does*, however, have deeply practical and political implications. By becoming apolitical and through cooperation with established medical and political systems, Roe argues, harm reduction often serves and reflects a model of disease and risk that focuses on individual responsibility and rational decision-making:

> “[T]he creation of specific interventions and policies based on scientific definitions of harm reduction are the latest strategies in the historic efforts to minimize risk from, and maximize control over, marginal populations. The ‘paradigm’ of harm reduction is actually only part of an overall shift away from social control through overt or coercive power, to more productive or even seductive techniques to elicit compliance through self-regulation.” [Roe 2005:245]
From this perspective, it no longer serves as a source of “empowerment” for marginalized populations such as injection drug users. Within a neoliberal context, harm reduction is a political and moral position. This interpretation of harm reduction, however, is limited and contradictory. Harm reduction in HIV prevention has been demonstrated to be an effective strategy (e.g., Weeks et al 2001). For politically and economically marginalized populations, harm reduction also serves as a method for survival, and cannot be understood only as “reformist,” as Roe suggests.

Harm reduction as practiced by Lambda reflects these competing interpretations, and those working within the harm reduction paradigm are often critically aware of the delicate balance between the value of the work they do for clients, and its value for the government. In some ways, their efforts enable the government to expand its neoliberal tendencies, abandon particular responsibilities, and appear to abstain from involvement in morally contentious issues. Michał was a long-time employee at one HIV prevention organization with a harm reduction paradigm and dedicated to prevention among male and female prostitutes. He observed:

Should the government in general give [money to nongovernmental organizations]? I think they should. Yes, because they are actions, a part of the actions that we do, that belong to the obligations of the state (państwo). They are called commissioned actions, entrusted (działania zlecone, powierzone)—that’s what it’s called—that someone entrusted, gave something. They should do it, but we do it cheaper and better, so they give us the right to do it and give us the means to do it…We are people who are not the government, we are not a state institution, and we are not what the police are, for example. Especially in the scope of things in which we work, it’s important that we don’t have anything in common with the state, that we’re not the police. Thanks to that, we teach them [the clients] that an institution does not have to be a bad thing. [Interview 10]

Michał’s comments illustrate that education and responsibility involve teaching about HIV and methods of prevention, as well as the relationship between institutions and their constituencies, and between various types of institutions and the state. Recognizing that nongovernmental organizations shift responsibility for prevention away from the state, however, does not preclude a contradictory interpretation of risk and harm. On the one hand, it promotes personal responsibility, and on the other, it recognizes risk and harm as “by-products of social, economic, racial or political inequality” (Roe 2005:245).
It is predicated on a specific interpretation of risk, sexuality, and responsibility (see also Chapter 6). Sexual lifestyle and forms of sexual activity are hierarchized in a scale from no to high risk. Abstinence and masturbation constitute sexual activities associated with no risk, and a large number of sexual partners and passive receipt of anal sex constitute high risk sexual contact. Consistent with the assertion that there are no risk groups, only risk behaviors, such an ordering appears to be universal and absent from moral judgments based on sexual preference (Field notes, November 2005). The harm reduction philosophy of Lambda has implicit political components because the need to address the particular needs of variously positioned social groups requires more specific categorizations and even a moral stance of “acceptance.” Harm reduction draws attention to heterogeneity within gays and challenges the construction of gays as a risk group. For harm reduction, there are gay men, bisexual men, heterosexual men who engage in homosexual behaviors, and men who provide sexual services to other men. These men differ further according to age, social identity (openly admitting their homosexual orientation or living in hiding), degree of participation in the gay community, sexual activity, social position, and education. They also differ according to their sexual preferences, the places in which they meet (bars, saunas, public toilets), and their participation in anonymous sex. Those engaged in sex work more specifically differ in according to gender and sexual orientation, place of work (street, train station, clubs, hotels, truck routes, agencies), age, experience in sex work, and relationship to an organization (independent or working with a pimp or agency).

At the HIV workshop for potential and future outreach and “streetworkers,” Beata presented the harm reduction philosophy through an analogy that rendered sex simultaneously familiar and exotic. She also attempted to remove moral judgment from both it and the harm reduction philosophy more generally. She put up an overhead with a series of questions, which she revealed to the group one at a time: Why do people kayak? Do they have the right to do it? Can it be dangerous? (The group then listed the ways that kayaking can be dangerous.) What are these dangers based on? What can you do to make it safer? (The group offered ways of making kayaking safer). When the group finished talking about kayaking, Beata removed the sheet of paper she had been using to
cover the projector and declared, “And there we have complete harm reduction.” She filled in the details: the nonmedical use of drugs is unavoidable and not everyone can be persuaded to practice sexual abstinence. In terms of sexuality, to practice harm reduction workers should learn as much about the clients in order to help them in a wider variety of contexts other than sex. Harm reduction, in this definition, then also becomes the rational choice. Rather than individual rationality in sexual behavior decision making as the National AIDS Center and Catholic theology-inspired prevention framework promotes, the entire approach of harm reduction becomes a rational rather than a moral option. Then through the practice of harm reduction, more complex interpretations of risk and preventative action can be undertaken, such as those that do not emphasize individual choices as practiced by Lambda.

The streetwork aspect of the Lambda-Warszawa program among sex workers covers not just HIV/AIDS and sexually transmitted disease education, but also education about workplace safety, and how to access other social services and forms of institutionalized social assistance. It also ensures assistance in critical life moments, reinforces a positive identity; and supports people wanting to break from this type of work. Harm reduction (drawing from the principle as it has been applied in the context of injection drug use and addiction) understands that changing sexual lifestyle is often not the most important and appropriate way of helping a client. While harm reduction acknowledges that the client is in a state to change his behavior and that some behaviors are safer than others, it also asserts that the client should be helped in his current situation. That is, harm reduction advocates for effective action to be taken on the basis of the environment and conditions in which the client is found, and for the idea that the client be included in the creation of strategies and ways of helping. In addition, the philosophy and practice of harm reduction rests on a belief that policies must be practical. For injection drug users, this has translated into the belief that complete abstinence from drug use is an ideal goal. Therefore, instead of focusing efforts on elimination of all drug use, efforts should concentrate on limiting the spread of HIV infection through actions such as needle exchange programs. Moreover, people using drugs have been understood to be an integral part of society and therefore should be included in health care and integrated into society rather than isolated. In terms of sexuality and HIV risk, a range of
concerns factored into the program designers’ interpretation of what causes risky behavior. They included social factors such as social status, peer group influences, material situation, education, and age. Other concerns focused on individual psychology, such as lack of self respect, lack of a sense of purpose, internalized homophobia, mentally dividing partners into “safe” and “dangerous,” lack of knowledge about HIV/AIDS and degrees of risk associated with various behaviors, and belief in one’s own resistance to infection.\textsuperscript{110}

In the work of this particular organization, educating about risk is just a part. One woman in her early thirties who had been working in HIV prevention at a nongovernmental organization for about a year told me, “We do less prevention. Of course we remind them [the clients] about the principles of safety, etc. However, generally we look after our clients” (Interview 29). Another woman, who worked for several years in two different HIV prevention programs based on harm reduction among sex workers, similarly assessed her work and effective prevention, saying that an effective prevention program is one that takes care of clients’ material, social, and psychological needs. She described her own program:

> This is HIV/AIDS prevention conducted in the method of streetworking, based on stationary and external counseling. Here in Lambda HIV prevention directed at men having sex with men and other men has a very wide range. We don’t only educate but also try to act on changing the attitudes of these people, support them in some difficult situations, shape their attitudes. And that’s associated with that—that we have to do a lot, yes, because they frequently don’t take care of themselves because they have different problems of a psychological, material, economic, and social nature. And it’s necessary to be concerned with all of these things in order to lead to them being able to take care of themselves in the context of HIV/AIDS. Yes, it’s a really widely comprehensive action. [Interview 11]

In other words, even though it is the sexual orientation, sexual activity, and perceived HIV risk that brings clients to these meetings, it is not their sexuality \textit{per se} that the programs’ designers and workers see as the most significant targets of effective prevention.

The harm reduction philosophy encompasses a broad interpretation of risks that contrasts with the discretely quantifiable and assessable risks presented at other HIV

\footnote{110 In my research, I found that many people working on HIV prevention related issues in Warsaw had educational backgrounds in psychology.}
prevention workshops. In the context of streetwork and harm reduction prevention paradigms, HIV volunteers and program directors rarely discuss their clients in sexual terms. By shifting the emphasis from sexual activity to a wider constellation of situations that can lead to risky behavior, the weekly meetings and the streetworker program at Lambda reflect this philosophy and practice of harm reduction. Leaders and organizers see the stationary counseling and socializing as integral parts of the program. It is the philosophy through which the volunteers and employees determine that their work is both worthwhile and effective.

However, similar to neutralized and universal messages of risk found in other HIV prevention messages, the harm reduction approach tends towards deemphasizing the sexuality of HIV prevention targets. The workshop directed at current and new streetworkers was explicitly built around a sexualized subject—the male prostitute engaged in sex with men, but the paradigm of harm reduction served to de-sexualize the subject. The leaders view the counseling sessions as an important means for addressing the psychological, social, emotional, and physical problems with which the clients struggle on a daily basis. Furthermore, they consider the group interactions in Lambda’s space to be one of the few opportunities for “being normal” that these young men have.

As I described earlier, I was surprised by the lack of a more “active” and “interventionist” HIV prevention program when I began my participant observation at this organization. However, this organization and its programs illustrate the need in Poland of gay and HIV prevention communities’ to be a “normal” part of the Polish nation, not politically radical or socially different. Using science and harm reduction facilitates this goal.

The case of Piotr, a longtime attendee of the prevention program at Lambda, is illustrative of the tensions between the sexuality of the clients and the harm reduction approach that seeks to broaden prevention efforts. In the late fall of 2004, Piotr made the decision that he no longer needed to come to the meetings. He expressed to the director Beata that he had no need for the counseling sessions and no longer had any interest in spending two hours each Monday evening socializing with the other clients. He was not engaged in sex work personally, but still wanted to make use of the condoms and lubricants that were distributed through the program. Beata tried to persuade him that the meetings were indeed necessary for him, but Piotr resisted and soon afterwards stopped
attending. He continued to come to Lambda on Monday nights but never stayed longer than a few minutes. Rather, he received condoms and lubricants then immediately left after briefly saying hello to the remaining clients. He no longer received counseling, and his brief appearances were always the subject of negative and disapproving commentary by both clients and workers (Field notes, January 2005).

By coming to the organization just to pick up these items, Piotr violated the justifying assumptions of this program—that the causes of risk for HIV infection were multiple and irreducible—and thus invoked the ire of staff and clients. This client’s decision to stop coming to the program frustrated the staff because it drew attention to sexuality and away from the broad constellation of factors that the staff saw as producing risk. The Lambda-Warszawa program, while relying on a scientific discussion of sex and sexuality in its workshops, through its HIV prevention program counters the biomedical model of risk from the standpoint of sexuality. By focusing on both sexual identities and sexual acts, Safer Liaisons deemphasizes the ideology of individualism that casts individuals as freely choosing in a process of rational, market-based calculation. The diverse activities and various audiences of Lambda-Warszawa programs illustrate both the possibilities that discourses of rationality and science enable, as well as their limitations. For the purposes of the HIV prevention workshops, discourses of science and “the facts” dominated the prevention messages. For the clients at the weekly program, however, a more complex interpretation of risk was mobilized.

Teaching and Practicing Proper Sexuality

If a client’s decision to stop coming to the program frustrated staff because it drew attention away from the broad constellation of factors that the staff saw as producing risk, what does this tell us about how sexuality is taught within the framework of harm reduction? I suggest that the harm reduction approach promotes and embodies an understanding of sexuality that is complex, and in some ways counters the biomedical model of rational choice and individual decision making. It also serves to subtly teach clients how to be properly sexual, not only as sex workers or gay men, but as sexual beings (citizens) more generally. At the HIV prevention program at Lambda directed at
men who have sex with men as sex workers, negotiating sexuality occupies a central and problematic position. By definition, the program must address the sexuality of its clients because it is directed at people engaged in sex work, works to reduce risks for HIV infection primarily through sexual contact, and takes place in an organization formed on the assumption of a shared sense of community through their sexuality (see Altman 1997). Furthermore, the weekly distribution of condoms and lubricants provides a visible and constant reminder of this sexuality, and enables clients to implement the safer sex principles at the foundation of many risk-reduction models of prevention. At the same time, however, the philosophy of harm reduction as practiced at Lambda can also be interpreted as imposing a broader vision of im/proper sexuality onto its clients.

*The Rules*

The weekly HIV prevention meetings at Lambda were small, usually with no more than 10 participants. Newcomers rarely attended. New people who did come to the meetings usually came as guests of the regular members. This was the case with Patryk and Roman. Patryk had been coming to the Lambda meetings as long as I had been attending, undoubtedly even longer. A young man in his early twenties, Patryk came to the meetings alone. Like the other clients, he spent the two hours chatting with other clients, listening to music, and reading through the magazines in the organization’s “library.” This changed several months after I began my research, when Patryk brought his new boyfriend, Roman, to the meetings. On the first night that Roman came to the meeting with Patryk, the group’s two leaders were distracted from the activities at the table in the common area as they were talking in the kitchenette. This common area, however, was separated from the kitchen only by a change in the floor covering from hardwood to linoleum and in lighting from dim bulbs to a bright overhead fluorescent light. Patryk saw an opportunity in the lack of attention being paid by other participants and the leaders. In an effort to gain the other clients’ attention, Patryk went to his boyfriend’s seat and sat on his lap. Without hesitation, the two of them began to kiss one another. Andrzej, one of the leaders, happened to turn around soon after this display of affection and reprimanded them to stop, reminding them that they are “not supposed to do that during these meetings.” Patryk and Roman stopped these unconcealed displays of
affection, but continued to sit closely and caress one another throughout the night.

The next week, the meeting began more quietly than usual. No music was playing and no conversations filled the room as both clients and volunteers read magazines and looked for information on the computer. Even fewer people than usual were there, with just six of the regulars sitting around the common room table. As with the week before, Patryk brought his boyfriend to the meeting. Again Patryk and Roman were eager to show off their relationship to the other clients, and began to hug and kiss as they stood in the kitchenette. Beata, the other leader of the meetings, saw them and told them to stop. Patryk jokingly told her not to look, and he and Roman continued to kiss. Not amused, Beata sternly responded, “There are rules.” She quickly went into the office and returned with a file box from which she pulled a large sheet of white paper with thirteen statements hand-written in black marker, and about twenty signatures filled the lower third of the paper. I had only seen “the rules” twice. The first time I saw the rules was in the fall of 2004 when a new volunteer brought them to the table and unsuccessfully tried to start a discussion around the meaning and significance of the rules. The second time I saw the rules was on this winter evening in 2005 in the context of this incident. The thirteen regulations covered a broad range of behaviors, restrictions, and guidelines for using the space for the meetings:

1. No drugs or intoxicants.
2. No physical or verbal aggression.
3. No vulgar language.
4. Everyone cleans up after himself.
5. We do not interrupt each other.
6. Keep the bathroom clean.
7. Freedom to one’s own ideas.
8. Do not bring up subjects that are offensive to another person.
9. We speak frankly and openly.
10. We do not shout.
11. The meetings last from 7:00 to 9:00 PM.
12. No erotic behavior (not even kissing and caressing).
13. Only the designated Lambda volunteers may access the can.
These rules, loosely modeled on the idea of rules for Alcoholics Anonymous meetings, had been formulated a couple years earlier. In theory, all participants should sign them in agreement to adhere to them during the meetings. Beata handed the rules to Patryk and Roman, who looked at them closely. They did not go so far as to sign them, but they did suggest that the rules should be posted somewhere in the room during the meetings (Field notes, February 2005).

About a month later, Patryk and Roman were still dating, and now both were regularly attending the meetings. One particular night, Beata busied herself in the office talking with a client in an individual counseling session. Although the office was separate from the meeting room, a glass window between the two rooms allowed whoever was in the office to observe the common room. That night was unusually crowded and all of the seats had been taken at the table. Instead of taking one of the folding chairs stacked against the wall and bringing to the table, Patryk decided to sit on Roman’s lap. Patryk kept one of his arms around Roman’s shoulder, and Roman kept one arm around Patryk’s back and his other hand rested on Patryk’s leg. They remained sitting like this until Beata, who was in the other room, looked through the window and saw them. Not wanting to interrupt her one-on-one counseling session, Beata gestured from the window for them to sit in separate chairs. Patryk held his hands up in feigned helplessness and gestured around the room to indicate that there were no more chairs left and that he just had to sit on Roman’s lap. The guilty smile on his face revealed that they were in knowing violation of the twelfth rule. When they failed to separate, Beata suddenly appeared from the other room. In a voice that lacked humor and patience, and using language that violated the third rule, Beata told Patryk to sit in his own chair or leave the meeting. Patryk and Roman stared wide-eyed and silently at Beata, and then acquiesced to her demand. Patryk got up from Roman’s lap and got his own chair, which he placed as close as possible to Roman’s. He sat down and Beata returned to the office.

Of these thirteen rules, group leaders only openly reminded the clients of the first, third and twelve rules. The first rule, which banned drug use, was important as some of the clients struggled with alcohol and drug addiction. While intoxicated clients were officially banned from the meetings, some regular clients with acknowledged alcohol dependency problems attended the meetings and the issue of the addiction and abuse was
addressed in the private consultations. Others were recommended to attend Alcoholics Anonymous meetings or referred to the local MONAR office, located down the street. Generally clients obeyed the third rule forbidding the use of vulgar language, but they were particularly conscientious of it when the group’s co-leader, a physician, was in attendance. On these days, both the leaders and the clients would quickly scold the person who “accidentally” cursed during the meeting, and the clients often “corrected” their own language and offered apologies if they realized they had cursed.

It was the limits of the twelfth rule forbidding erotic behavior that clients most frequently tested, and that the leaders often invoked in order to guide the behavior of the clients during the meeting. The leaders interpreted “erotic behavior” to include the type of affection described above. This rule more broadly encompassed a ban on pornographic/erotic magazines, looking at pornographic websites and pictures on the internet, and using internet chat websites to arrange sexual encounters. Through rule twelve, the clients’ behavior and activities were subject to a variety of regulations dealing with the display of sexuality within the public space of Lambda.111

Not long after Beata so sternly reminded Patryk and Roman about behaviors appropriate to these meetings, the clients were engaged in what had become a sort of weekly ritual. Several shelves of books, magazines, binders of newspaper clippings, and file boxes of miscellaneous materials stretching from floor to ceiling along one wall of the common room marked Lambda’s library. Each Monday evening when the young men arrived and sat around the time for the next two hours, invariably they accessed the magazines in the library. The magazines varied in their content, country of origin, and language. The latest issues of Polish-language newsweeklies such as Polityka sat side-by-side with English-language gay press such as The Advocate and the lesbian-targeted magazine Diva. In most cases, the clients did very little actual reading of the magazines,

111 The space of Lambda and the Safer Liaisons program can indeed be understood as “public.” First, the office space in which this organization is located is public in that it is leased to Lambda through the municipal government, which owned the building until recently (Interview 1). Second, the various programs at Lambda are theoretically open to all, including the Safer Liaisons program. Although the actual attendants at this particular program fall within a very narrowly defined group (young gay men engaged in sex work), at least two regular attendants do not fit this description. One is a “retired” female prostitute in her fifties or sixties, and the second is a married man in his forties who has two children (and I suspect a history of mental health problems).
especially in the case of the English-language press, as none of them knew English. Instead, they sat with the magazines in front of them, flipping through them in search of good-looking people, people they thought they knew, or imagined candidates for potential “boyfriends.” Looking through the magazines, the clients frequently expressed boredom, disappointment, and irritation that there was so little to read and that the material generally contained so few pictures.

One evening in an attempt to overcome the boredom, one of the young men dragged a chair over to the bookshelves and pulled down several boxes filled with back issues of no longer published Polish gay magazines. The young men divided the magazines amongst themselves and began to flip through them, saying that they were “doing research” to determine how such publications have changed over the years. Beata sat at the table with them and asked to see the pictures. There were two types of images. One magazine featured fully nude men with erect penises, staring into the camera; the other showed naked men together in sexual poses, such as with their mouths near each others’ anuses and penises. Beata made her decision: the men could continue to look at the magazines containing the first set of pictures but not the second, which she determined to be “pornographic” (Field notes, March 2005).

The inconsistencies in the policy of “no erotic behavior at the meeting” (rule 12) and the fact that such material was housed at Lambda are revelatory. The “pornographic” materials were housed in the Lambda library, which presumes that they were generally available to the gay men who attended the various programs offered by this organization. The men who attended the Safer Liaisons program, however, were not extended a similar right to access it. So in addition to providing the counseling services, making available various means for engaging in safer sex, and offering a “safe space” for the young male clients, the program at Lambda also serves as a place in which the young men are taught to be proper sexual citizens. Through HIV education and the Safer Liaisons program, messages are communicated about what is proper public and private sexuality, of which the promotion safe sex is just one part. Even though the harm reduction philosophy offers an alternative to the model of the rationalizing individual of risk and risk reduction predominant in other HIV prevention models, the Lambda program does offer a particular vision of proper sexuality. The “proper” (homo)sexual citizen controls his
sexual expression in the public sphere and learns to distinguish art from pornography in the maintenance of public decency.

The former president of the organization, who remained extremely active in the overall organization and in the HIV prevention program, acknowledged to me that such a philosophy of de-emphasizing sexuality within the public sphere is the root of a debate and division within the organization, and the gay rights movement in Poland more generally. He characterized himself as “old school,” in contrast to politically active and aware gays in Warsaw today. He observed:

They were born in the early 80s—in the mid 80s, and they don’t remember communist times and they don’t remember the first years of democracy in Poland. They understand Poland as a country of democracy forever. And they are more radical, for example. From my point of view, not only the adoption of children but the discussion of the adoption, there is no sense. That’s my opinion. They said, “No! Adoption is normal! It’s OK! We need to have the right for adoption!” From my point of view, no…They’re also more radical because their behavior looks like, “If you don’t accept me because I’m gay, fuck you!” Or, “I don’t care to know you.” I came from such a generation that first you observe what is the opinion of the person—what he probably thinks about homosexuality—and then they do coming out or not. So that’s my generation. The new generation is more open-minded and more open about their homosexuality…For the people older than I am, by ten or fifteen years, they are mostly still in the closet. They only come out in the group of their friends or some people.

In other words, openness about one’s sexual orientation has as much to do with one’s own perceptions about homosexuality, as it does about one’s interpretation of what it is to live in a democracy. Similar concerns about the proper place of sexual expression surrounded the debates about the various Parades of Equality (Parada Równości) in support of gay and lesbian rights held around Poland in 2005. In arguments in favor of the parade, some supports pointed to differences between such demonstrations in Poland and those in Western European locales, such as Berlin’s infamous Love Parade. They argued that the images that come from these parades of drag queens and other parades of gender stereotypes do not represent either gays in general or Polish marchers in particular (Biedroń 2005). They also made the argument that such demonstrations were about equality and not homosexuality (thus the name), and moreover that such parades are open
to *everyone*. Such arguments in support of the parade, however, ran dangerously close to the arguments made against such parades, who often claimed they were not discriminating against homosexuals but against “public promotion of homosexuality” (Krzyżaniak-Gumowska and Fusiecki 2005).

**Conclusion**

In this context, the controversy surrounding the HIV workshop held in Kraków targeted at high school children with which I opened this chapter, showcased not a problem with sexuality (either hetero or homo) in itself, but with the removal of sexuality from its biomedical and prevention context. The workshop’s leader did not anticipate that school children would be in the same building as the HIV prevention workshop. However, a pamphlet targeted at a gay male audience laid on a table *outside* the designated space of the workshop with the potential to be read by an *unintended* audience, resulting in a separation of gay male sexuality from its acceptable place. Gay male sexuality *can* be discussed. However, it must be done so within a highly circumscribed and specific context. Outside of this context, gay male sexuality brought public attention to the risk of infection through homosexual sex, thus *re*-sexualizing that which had been *de*-sexualized in HIV prevention messages that speak about universal sexual risk and rational risk calculation within workshops more generally.

The organizer and presenter of the Kraków workshop, in her response to the penalties against her and her organization, made a call for acceptance based on sexual identity and government responsibility based on sexuality—gay sexuality—and risk for infection, arguing that “they” are citizens of Poland *as gays*. In contrast, throughout my work at Lambda-Warszawa, the primary message was not that gays should be accepted into the body politic *as gay*, but because *they are like everyone else* (see chapter 6).

Through revocation of her certification to be an AIDS educator, the organizer of the Kraków workshop was “disciplined” by violating the unwritten rules of sexual citizenship in the Polish context, arguably through separating homosexuality from its medical/disease context and placing it within the reach of the “future” of Poland (the children). She tried to defend her actions to me (presumably as “the public”) by making
reference to the “medical information” that she saw as truly at the core of the workshop. At the same time, she made a direct appeal to the notion of gays as citizens through her statement that the health and life of gay people should be the concern of the Polish government. In no way did she qualify the degree to which the government should be concerned, and made no argument that gay people should be able to express their sexual identity in circumscribed ways. Teachers, parents, and politicians who protested of the workshop argued against any recognition of gays as citizens (sexual citizens) and did not concern themselves with the system of risk calculation inherent in the HIV prevention/education messages. They did not acknowledge the claims to full and equal citizenship status as gays at the core of the workshop or in the president’s defense afterwards. They took all homosexual sex as dangerous, not just in terms of physical health, but as a threat to the nation as well.

Such a perspective makes more comprehensible the response to the Kraków scandal by Lambda-Warszawa. When I asked the former president of Lambda-Warszawa what he thought of the events in Kraków surrounding the HIV workshop, he expressed regret that in the media accounts, the separation between these regional Lambdas was not made distinct. He worried that people would associate Lambda-Warszawa with such political and controversial issues, and make their work more difficult. He said that in the future the organization in Warsaw will need to be more careful about the materials that bear its logo. It also explains why discussions of this event and their consequences occurred not on the Lambda listserv but on that of the more political Kampania przeciw Homofobii (The Campaign against Homophobia).

What is and is not proper sexuality within the public sphere, therefore, is contested even within the gay rights community itself. In her discussion of the emergence of rights claims through the concept of sexual citizenship, Richardson (2000:108) makes a distinction between claims based on rights to sexual conduct in personal relationships; rights to self-definition and development of identity based on sexuality; and rights within social institutions and validation of various forms of sexual relations. However, as I have argued here, these arenas of rights claims are not distinct. Forging of a political agenda based on sexual identity involves the creation of a particular sexual identity and vision of proper sexuality within the public sphere. HIV prevention
programs provide one avenue through which these ideas are formed and communicated. While claims to equal citizenship status with heterosexuals are made through Lambda and justified in part through the existence of its attendant programs, the sexual citizen is narrowly defined as de-eroticized, responsible, and desexualized in the HIV prevention messages. The sexual citizen controls his sexual desires and displays of sexuality within the public sphere, and exercises sound judgment in the terrains of private relationships or public business endeavors.

In the public space of Lambda in the context of HIV prevention, the clients’ sexuality was accepted and addressed through harm reduction. At the same time, the expressions of their own sexuality is subject to rules of what is and is not appropriate sexuality within the public sphere. Even though the homosexuality of the clients is accepted by the organization, there is also a concerted effort to remove sex from the context of the meetings. It suggests that desexualizing their “hyper” sexuality (in the sense that it is the obvious reason these young men gather each week) is the means through which they—and other gays—will become proper citizens. The “them” here is both the leaders and clients. For the leaders, making the efforts to “desexualize” the sexual subject and teach the rules of proper sexuality within the public space communicates to themselves and outsiders that they are adhering to the conditions through which they can be included in the body politic as gays. For the clients, they “need” to be taught how to be proper sexual citizens in order to legitimize the organization itself and demonstrate that indeed it can continue to exist.

As I described in previous chapters, during the socialist period homosexuality presented a challenge to the public/private divide. The public silences around sexuality suggest that homosexuality was a private matter because it was hidden. It could not be publicly acknowledged through openly gay relationships. While it was hidden from public purview, it was also forced into the public spaces, such as public toilets, train stations, and parks (as described by Michał Witkowski in the 2004 novel Lubiewo, which chronicles the lives of socialist-era Polish gays). Through the advent of AIDS in Poland and the formation of gay-based organizations, homosexuality gained a new position within the public sphere. The emergence of spaces and activities of organizations such as Lambda signified the development of new public locations for the enactment of a new
politics and sociality built around a sense of belonging to a community based on sexuality (Altman 1997). In an era of “sexual citizenship”—claims made for social and political rights based on sexual identity—the divide between the public and private is frequently fuzzy, unfixed, and, contested (Richardson 2000b).

In the inevitable process of disciplining in neoliberal, rights-based societies (Stychin 2000:290), the contested nature of the public/private divide is revealed. In his account of disciplining sexuality in the public sphere, Stychin argues that part of this disciplining involves “normalization” (see Chapter 6 for a discussion of the “politics of normal” in Poland). He bases his argument on demands for legal recognition of gay partnerships. In contrast, I refer to the idea of normalizing and disciplining sexuality itself, and the appropriate ways to display it in the public sphere. Waitt (2005) argues that gays are excluded from the rhetoric of “the nation” because of their non-conformist and deviant sexuality, and are forced to create counter and subcultures outside the purview of the State. I argue that there are practices through which so-called deviant sexuality can in some form be included within the public, state sphere. In other words, the arguments of sexual citizenship are not just about heteronormativity (Cossman 2002) but the techniques of sexual representation and self-control that govern all sexual behavior.

By just presenting the “risks” associated with various behaviors as in the National AIDS Center workshops held by the Foundation for Social Education and Social Committee on AIDS, there is an inherent message of the calculating, rational citizen at the core of the neoliberal model of citizenship. The Lambda discussion of risk in the workshops and their enactment in the programs provide the tools and resources necessary to act on the calculated risks. There is still an assumption of risk calculation, but at the programs there is another kind of teaching that occurs. While these calculations occur in the private sphere (or in the case of the male prostitutes, within the “gray” sphere of semi-private sex work) within the public sphere, there are proper ways of expressing sexuality. The Lambda-Warszawa workshop used government money (this workshop was funded through the National AIDS Center) to talk about ideas that would probably not be accepted by the “mainstream” or conservative Polish population. By locating it in a more general discussion of a biomedical problem—HIV—the organizers used the
power of biomedicine to legitimize discussions about homosexuality. Organizers also used the framework of harm reduction to attend to individual, psychological, and social “causes” of “risky” behavior while they actively promoted a “new” sexual citizen—a gay male citizen—subject and privy to the same regulations of proper sexuality at the disposal of other citizens. From this perspective, then, both the workshops and programs of Lambda-Warszawa are indeed radical.
CHAPTER EIGHT

CONCLUSION

Leaving the Field

The day had finally come for me to leave the field. When I arrived at the airport in Warsaw on a cold, rainy, gray late November morning, well over a year had passed since I had begun my research. I had expected to return to the United States months earlier, but my project had been slow to develop and I made the decision to stay longer. I used the additional months to conduct more interviews, search through the newspapers archived at the university and national libraries, and teach a graduate seminar on medical anthropology to master’s students at the Institute of Ethnology at Warsaw University. These additional months allowed me to explore some topics on the Polish experience with HIV that had intrigued me throughout my time in Warsaw. I was also able to further develop the professional and personal relationships that have since proved to be lasting now that I am back in the United States. Of course as the end of November drew near, I felt the typical panic of anthropologists leaving the field. I was convinced that I had learned nothing, and that all of the most relevant and interesting things would occur the minute I took my seat on at US-bound plane. At the same time, I was ready to see my family, celebrate my grandfather’s 90th birthday, and return to my “normal” life.

Both anxious and excited, I made my way through check-in at the airport, and headed to security. I was overloaded with bags as I approached the screening machines. I realized that I would need to rearrange them in order to consolidate and create fewer pieces of luggage to be screened. Worried that I would not make my flight, I quickly pulled a cloth sack from one of my other bags, and hurriedly placed my laptop, camera, and a few books inside. At the security check point, I performed the requisite “undressing,” emptying my pockets, removing metal jewelry, slipping off my shoes, and placed all my belongings onto the belt so that they could be screened. I passed through the metal detectors without problems and quickly began to gather my things. I picked up my backpack, my larger carry-on, and reached for the cloth sack. When I reached for it
and started to place its strap over my shoulder, I heard one of the two men sitting at the viewing screen for the x-ray machine call out to me. I glanced at them over my shoulder, surprised that they had said something to me because I had not made any beeps at the metal detector and was certain that I had none of the forbidden items in my bag, not even a pair of tweezers. An older, uniformed man, along with his younger counterpart standing behind him, both had smirks on their faces. Seeing the confused look on my face, they repeated what they had said: “Nice bag!” I looked down at the cloth bag on my shoulder and suddenly realized the reason for the comment: the bag I had pulled out as a last minute, makeshift carry-on displayed in bright blues, greens, and reds against a beige background, that year’s HIV prevention slogan and logo, the “ABCs of Prevention.”

In this moment as I prepared to leave the field and return home, I was reminded of the larger context in which I conducted my research. HIV/AIDS is a biosocial disease of global and devastating scope. The reality is that in Poland, HIV/AIDS is not considered something with which “ordinary” Poles are confronted on a daily basis. The ten thousand or so who have been infected with HIV since 1985, out of 38 million Poles, means that the majority of Poles would not have had direct, knowing contact with an HIV-infected person. Nor would they have spoken with someone involved in prevention or care. Instead, HIV in Poland occupies a realm between discourse and policy, which are linked in historical and productive ways.

Throughout this dissertation, I have described how discourses on HIV in Poland became recognized as a social and health problem amidst heightened institutional competition between scientific and religious modes of authority, rapidly shifting models of governance, and severe economic crisis. During the late 1980s, citizens increasingly questioned the ability of the socialist government to protect their interests and well-being. Groups directly affected by this emergent health threat took educating the public to be a matter of citizen responsibility. Paweł recounted stories of hospital staff burning beds as a preventative measure, and the mother of an HIV-infected son admitted that she took it upon herself to educate hospital staff about HIV disease to compensate for the government’s failure to do so. These stories merged with other outrages over the chronic shortages of supplies, from condoms to syringes, to critique the socialist government for
failing to protect its citizens through a general lack of a unified plan of action. Emergent nongovernmental organizations, such as Nie Jesteś Sam (“You are not alone”) and nascent gay rights organizations, along with the Catholic Church, brought attention to AIDS vulnerability and prompted discussions of responsibility for care and prevention. They worked to define what it meant to be democratic as the socialist government collapsed. These diverse constituencies came together to assert that to be democratic means to have open and easy access to information, arguments that continue today in the assertions about HIV prevention in the gay rights community, but in modified form.

Today, nongovernmental organizations working with marginalized groups draw on the rhetoric and practices of “harm reduction” as an HIV prevention model. They advocate and try to address comprehensive notions of “risk” beyond individual culpability. Although communication of information occupies a central position in this model, the mode of delivering and accessing this information is changed. The history of gay rights organizations’ involvement in HIV prevention shows that early non-state prevention efforts worked to redraw the boundaries and terms of state surveillance of gay men. The harm reduction concept informed this program and justified its format, a concept that is also the basis for the prevention programs among injection drug users at the organization MONAR. The idea of “harm reduction” contradicts the Catholic Church’s assertion that condoms do not eliminate the risk of HIV infection but only decrease it, and needle exchange does not address the underlying problems of drug abuse. In the Polish interpretation of harm reduction, programs directed at drug users and sex workers, for example, are oriented towards improving their health and social situations. These programs are also concerned with reducing the harms associated with sex work and drug use, including stopping the spread of HIV, other diseases, and crime. As such, the programs offer health advice, education, and information, as well as needle/syringe exchange and condoms distribution.

In the HIV prevention programs targeting gay men and male and female prostitutes in Warsaw, the founders and volunteers equally utilized this paradigm as it applies to sexuality and HIV risk. In this context, harm reduction at its most technical and basic level encompasses the distribution of condoms rather than the exchange of needles and syringes. In the case of gay men in general and male prostitutes in particular,
this was a group that was already defined and created through the communist surveillance apparatus before the advent of AIDS. Monitoring intensified and took new forms with the growing threat of HIV. Prior to HIV, the “community” of men who have sex with men were the target of surveillance and study based on the assumption that their activities led to the “demoralization” and corruption of particular “elements” of society, namely young men. When government officials acknowledged that Poland was not immune to HIV, HIV prevention was used as the pretext for surveillance through coerced testimonials about sexual activities and histories. From the late 1980s and continuing today, the gay rights/support community has taken this “community,” previously defined by both socialist and capitalist/democratic Polish governments as pathological, and redefined it as “normal” and vulnerable due to a wide range of factors, including stigma and social marginalization. Harm reduction as an HIV prevention paradigm serves a model that draws on scientific knowledge and facts of both sexuality and risk. In each of these manifestations, nongovernmental organizations, from the Church to gay rights organizations, are key players in the postsocialist, democratic context in defining how and which services are delivered.

The discursive aspects of HIV and its prevention in Poland also speak to reconfigurations of the state and who is and is not understood to be included in at as a “proper” citizen. Diverse groups with competing visions are engaged in the process of defining proper and “normal” Poles and Polish citizenship. On the one hand, the Catholic Church’s vision of morality and proper sexuality coalesces with the HIV prevention messages of the National AIDS Center to produce images of the AIDS victim as a heterosexual young woman. It privileges test-taking as prevention in avoidance of morally controversial subjects such as condom use and sexual behavior. The interplay between discourse and policy culminates in the yearly multimedia campaign, the only exposure to HIV prevention messages that most Poles have. The universal risk messages, however, serve to exclude gays from prevention efforts generated at the national level.

However, as I have illustrated in this dissertation, interrogating the history of HIV in Poland, including the conceptual configurations of risk, gay rights activists are also involved in the production of the image of the AIDS victim. They are also key players in defining what it means to be Polish in the processes of social, economic, and political
change that have taken place in Poland for the past two decades. The history of the gay rights movement in Poland reveals that public recognition of gay men as a “risk group” vulnerable to HIV infection served as a key tool for reformulating themselves a social group deserving rights and privileges, and legitimizing the existence of organizations dedicated to their interests. More subtly, the form of HIV prevention within these organizations serves as a forum in which Polish citizenship is redefined and communicated to both clients and to others. On the one hand, as the controversy surrounding the “Parade of Normalcy” illustrates, gays in Poland redefine “Polishness” beyond heterosexual and Catholic. On the other hand, as the content of the program in which I located the majority of my participant observation illustrates, the redefinition of what it means to be Polish and gay is paradoxical. By drawing attention to themselves as “at risk,” gay rights activists potentially reinforce stereotypes rampant in Poland about gays as sexually deviant and diseased. At the same time, the circumstances in which gay male sexuality can be discussed publicly are limited. They are subject to de-eroticization and desexualization, and confined to discourses centered on “risk,” albeit in its many guises. In many ways, the HIV prevention program at Lambda also serves to teach the clients how to be properly sexual in the public sphere, through rhetoric and behavior of “normalization” and self-control.

Reflections on the Fieldwork Experience

As I draw these conclusions about the intersections of gender, sexuality, citizenship, the Church and the state in redefining and addressing the needs of Polish citizens in the context of HIV prevention, I remain aware of my positionality as a researcher. I approached the topic of HIV prevention with a specific set of questions, which influenced the type of data I sought, and a particular social and cultural background, which influenced the type of people with whom I spoke and the spaces to which I had access. Returning to the concept of środowiska (social circles) that I described earlier, I came to Poland as an international observer interested in understanding shifting configurations of state/citizen relations, and shifting boundaries of state involvement on issues related to health. Therefore, I concentrated my research
efforts on nongovernmental organizations, the spaces where I determined these shifts to be most evident. As a foreigner and representative of the “West,” I acknowledge that many of the people who were willing to converse with me were particularly interested in showing me a Poland that had shed its socialist past and had all the trappings of a European democracy—effective nongovernmental institutions, amicable relationships between these organizations and the government, knowledge and use of the most progressive and cutting-edge approaches to HIV prevention, and a church that maintains the “proper” boundaries between religion and politics.

Also as a heterosexual and a foreigner, I did not have the ability or opportunity to access many of the środowiska that would have made for a very different interpretation of sexuality and gender in questions about the Church and the state in redefining and addressing the needs of Polish citizens. As a heterosexual woman, I was unable to conduct research from a “subaltern context” that would have allowed the voices of those engaged in alternative sexualities to speak on their own terms. I was also unable to formulate and realize a research project that focused on the complicated web of rules and factors (such as political, cultural, social, and economic factors) that shape the sexual life of different communities who are vulnerable to HIV in Poland (Parker et al 2000). I was able, however, to interrogate the institutional and discursive possibilities that are emerging in Poland for addressing HIV vulnerability for a diversity of groups.

Lessons from the Polish Case

At the most basic level, understanding the Polish history of and experience with HIV serves as a caution against “one size fits all” prevention models that are concomitant with globalization. The successful implementation of the “ABC” prevention campaign in Uganda has led to its export to countries with vastly different epidemiological trends and social, cultural, and political contexts. In many ways, proponents of the ABC campaign champion it as a rational model that balances competing moral interpretations of risk and responsibility through its incorporation of condom use messages along with abstinence and fidelity messages. However, as the Polish case demonstrates, such universalizing risk messages can also serve to exclude particular categories of people from effective and
appropriate prevention, just as nationalist discourses exist that serve to exclude entire
categories of people from equal treatment as citizens.

The Polish experience with HIV also illustrates the ways in which messages of
prevention and responsibility are historically produced. They reflect local, although
globally influenced, conceptual configurations of risk, responsibility, and morality. This
second point is of particular significance as Eastern European and other postsocialist
countries become open to researchers and experts concerned with skyrocketing rates of
HIV in these regions. As prevention programs are developed in these locations, it is
imperative to recognize the history of prevention, current prevention efforts, and the
landscape of institutions and people involved in these efforts. To involve such groups,
particularly those on the frontline of prevention in nongovernmental organizations, would
result in prevention efforts that heeded the lessons of anthropology regarding
postsocialist transition and East-West cooperation. Furthermore, it would be prudent to
understand the ways in which people become vulnerable to HIV. Thus additional studies
about the lifeworlds of those deemed to be at risk would be essential to creating effective
prevention that takes seriously the lessons that anthropological involvement in HIV
research have taught us.

Future Directions

In 2006, just before the commencement of the annual AIDS conference held in
Warsaw, members of the gay rights community sent an email message to listserv
subscribers declaring that there is currently an increase in HIV infection among men who
have sex with men. It is particularly visible in Warsaw. They attributed this increase, in
part, to a lack of effective HIV prevention efforts directly targeting sexual minorities.
The only current efforts are small-scale and based on the “streetworking” methods I
described in this dissertation. The authors of the email message, who are active members
of the gay rights community, recognized that these methods only reach particular types of
audiences (i.e., prostitutes) while leaving others without targeted preventions. The
authors of the email also admitted that the problem of HIV infection is not seen as
pressing in Poland, but warned that the problem will most likely strengthen. With this
email message, the authors intend to increase cooperation between the media, nongovernmental organizations, clubs, internet portals, and educators working with and within the gay community to develop more comprehensive and targeted HIV prevention efforts.

In other words, the position of gays in Poland as vulnerable to HIV remains a controversial subject. They have historically been excluded from open HIV prevention efforts, but have worked to ensure that their health needs are met. At the same time, the social exclusion they have experienced has made gays in Poland vulnerable to HIV, not just through a lack of prevention, but also in terms of life circumstances that contribute to this vulnerability. Capitalism, democracy, and European Union membership have been heralded as panaceas to the sufferings of socialism and transition. However, in my research, I have encountered instances of economic inequality, political disenfranchisement, and social marginalization among gays and injection drug users, who continue to represent the greatest numbers of new HIV diagnoses in Poland (Sztabiński 2005; UNAIDS 2002). Despite efforts to promote messages of universal risk and an increasing effort to develop HIV prevention programs based on principles of rational decision-making and individual risk management (Amirkhanian et al 2005; Des Jarlais et al 2002; Kerr 2002) evidence shows that HIV continues to be a very “undemocratic” virus (Paiva 2000). The greatest disease burden remains with the poor and socially excluded. These inequalities reflect forms of structural violence that potentially lead to increased vulnerability to HIV (Farmer et al 1996; Lane et al 2004). In Poland, gay men were historically the targets of state-sponsored surveillance and repression under socialism, and today encounter multiple forms of violence and discrimination in their everyday lives (Kliszczyński and Dudała 2001). For injection drug users, harm reduction programs (needle exchange and drug substitution programs) continue to be the subject of political and social debate. Further research, based on ethnographic methods of participant observation and in-depth interviews, could use the critical perspective of ethnography to expose the unequal effects and new possibilities inherent in the new forms of governance that have developed in Poland.

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276
## APPENDIX

### DATA SOURCES

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<th>Interview #</th>
<th>Affiliation</th>
<th>Position</th>
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<td>Gay rights organization</td>
<td>Former President</td>
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<tr>
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<td>4</td>
<td>Independent</td>
<td>Former HIV volunteer</td>
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<tr>
<td>6</td>
<td>Drug addiction and recovery</td>
<td>Physician/Organization founder</td>
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<td>7</td>
<td>Drug addiction and recovery</td>
<td>Mothers of clients</td>
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<td>8</td>
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<td>Current President</td>
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<td>9 and 10</td>
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<td>Director</td>
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<tr>
<td>15 and 18</td>
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<td>Employee</td>
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<td>16</td>
<td>Physician</td>
<td>Author</td>
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<td>19</td>
<td>AIDS Care organization</td>
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<td>38</td>
<td>Durex</td>
<td>Marketing director</td>
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<td>Director</td>
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### Archival Research
- National Library, Warsaw University, Gay Rights Organization, TVP (Television Station)

### Participant Observation
- Drug addiction and prevention, Warsaw
- Drug addiction and prevention, Gdansk
- Gay rights organization, Warsaw
- HIV prevention organization, Warsaw

### Workshops

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<td>Train HIV prevention streetworkers</td>
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<td>Medical Students Association</td>
<td>Educate medical students about HIV/prevention</td>
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<td>Social Education Foundation/NAC</td>
<td>Educate education professionals about HIV/prevention</td>
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<tr>
<td>National AIDS Center</td>
<td>Educate health care professionals about HIV/prevention</td>
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### Newspapers and Periodicals

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<td>Trade journal for health services</td>
<td>Searched 1981-2005</td>
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<td><strong>Pani</strong> (Unknown)</td>
<td>Monthly women’s lifestyle and health magazine</td>
<td>Searched 2004-2005</td>
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<td><strong>Państwo i Prawo</strong> (1946)</td>
<td>Trade journal for legal professions</td>
<td>Searched 1960s and 1970s</td>
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</table>

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278
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Aretxaga, Begona

Ashwin, Sarah


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Barsegian, Igor

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Hann, Chris

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Healey, Dan  

Hemment, Julie  

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Kerr, Cathel

Kiblitskaya, Marina

Kideckel, David


Kiluk, Marlena

Kingfisher, Catherine and Michael Goldsmith

Kirzyński, Jerzy
Kitchin, Rob and Karen Lysaght

Kligman, Gail


Kliszczyński, Krzysztof

Kmieciak-Baran, Krystyna, ed.

Kołodko, Grzegorz and Michał Rutkowski

Kołodziejski, Andrzej

Kon, Igor.

Kontra

Korac, Maja

Koral, Jolanta

Korbonski, Andrzej

Kotański, Marek

Krajski, Stanisław

Krawczyk-Wasilewska, Violetta

Król, Teresa and Maria Ryś

Krzyżaniak-Gumowska, Aleksandra and Jan Fusiecki

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Tszirt dla Wolności

Treichler, Paula

Trouillot, Michel-Rolph

UNAIDS

Verdery, Katherine

W Służbie Narodu

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Jill Teresa Owczarzak

Date of Birth
July 21, 1977

Place of Birth
Pittsburgh, Pennsylvania

Education
Pending
Doctor of Philosophy, Anthropology
University of Kentucky
Dissertation Title Mapping HIV Prevention in Poland: Contested Citizenship and the Struggles for Health after Socialism;
Defended: April 6, 2007 (High Pass)

2002
Master of Arts, Anthropology
University of Kentucky
Masters Practicum Title The Contribution of Anthropology to a Quantitative HIV Prevention and Education Project;
Advisor: Mary K. Anglin (Kentucky)

1999
Bachelor of Arts, Biology and Anthropology
Bucknell University (Lewisburg, Pennsylvania)
Magna Cum Laude with Honors in Anthropology
Honors Thesis Title Lethal Bodies: Blame and Accusation in the Cultural Construction of AIDS;
Advisor: Marc R. Schloss (Bucknell U)

Grants, Fellowships, and Scholarships
2005
American Councils of Learned Societies Dissertation Fellowship in East European Studies ($16,000)

2004
American Councils for International Education ACTR/ACCELS Advanced Research Fellowship ($13,600)
International Research and Exchanges Board, Individual Advanced Research Opportunities Program ($11,000)
Fulbright IIE Student Fellowship ($13,020) (Declined)
Lambda Alpha Anthropology Honors Society Graduate Research Grant ($2000)
Graduate Student Incentive Program Fellowship (GSIP) ($500)
Tuition Scholarship, Pittsburgh to Poland Program, University of Pittsburgh ($2,368) (UCIS/ACLS funding)
2003  American Councils Central Europe Language Training Program fellowship ($3500)
        Susan Abbott-Jamieson Pre-Dissertation Research Fund Award ($2000)
2002  University of Kentucky Graduate School Research Fellowship ($350)
2000  Foreign Language Area Studies Fellowship, Polish Language Program, University of Pittsburgh

Honors and Awards
2007  Margaret Lantis Award for Excellence in Original Research by a Graduate Student
2004  Lambda Alpha Anthropology Honors Society
2002  University of Kentucky Graduate School Student Support
        “Bardzo dobre wyniki w nauce języka polskiego,” Jagiellonian University Summer School, Krakow, Poland (Award for highest grade in Polish language class)
2000  Graduate Student Development Award
1999  Phi Beta Kappa Honors Society, Bucknell University
        Magna Cum Laude, Bucknell University
        Honors in Anthropology, Bucknell University

Publications

Presentations


HIV Prevention in Poland: A Proposed Research Agenda. Medical Anthropology Research Group, University of Kentucky


The Idea of Community in Multi-disciplinary Research. Medical Anthropology Research Group, University of Kentucky

2001 Mary Anglin and Jill Owczarzak, “Unhealthy Environments? Female Adolescents in an Inner City Housing Development and the Question of HIV Prevention.” Paper presented at the annual


Sessions Organized


Funded Research

2004-2005  Dissertation research in Warsaw, Poland (IREX and American Councils for International Education grants)


Research Assistant, Department of Anthropology, Bucknell University (Tom Greaves, Ph.D.)

1995-1997  Research Assistant, Department of Biology, Bucknell University (William Raschi, Ph.D.)

Teaching Experience

Spring 2007  Primary Instructor, Department of Anthropology, U Kentucky

Fall 2006  Primary Instructor, Department of Anthropology, U Kentucky

Primary Instructor, Bluegrass Community and Technical College

Fall 2005  Primary Instructor, Institute of Ethnology and Cultural Anthropology, Warsaw University

Spring 2005  Instructor, Szkóla Wyższa Psychologii Społecznej, Warsaw

Spring 2004  Primary Instructor, Department of Anthropology, U Kentucky

Spring 2003  Primary Instructor, Department of Anthropology, U Kentucky

Fall 2003  Teaching Assistant, Department of Anthropology, U Kentucky

Spring 2002  Teaching Assistant, Department of Anthropology, U Kentucky

307
Fall 2002  Teaching Assistant, Department of Anthropology, U Kentucky
Spring 2000  Teaching Assistant, Department of Anthropology, U Kentucky
Fall 1999  Teaching Assistant, Department of Anthropology, U Kentucky

Language Training
2004-2005  Polonicum Institute, Warsaw University, Advanced Level
Summer 2004  Summer Language Institute, University of Pittsburgh (Pittsburgh to Poland Program), Intermediate Level
Summer 2003  School of Polish Language and Culture, Jagiellonian University, Krakow, Poland, Intermediate Level
Summer 2002  School of Polish Language and Culture, Jagiellonian University, Krakow, Poland, Threshold Level
Summer 2000  Russian and East European Summer Language Institute, University of Pittsburgh, Beginning Polish

Service
2006  Student representative, Society for Cultural Anthropology
Cultural Horizons Prize Jury Member (Reviewed articles from Cultural Anthropology)
2004-05  Society for Medical Anthropology Graduate Student Mentor Award Selection Committee
1999-2003  Chair, Fundraising Committees, Anthropology Graduate Student Association, University of Kentucky
2000-2001  Vice President, Anthropology Graduate Student Association, University of Kentucky
2000-2001  Co-Chair, Medical Anthropology Research Group, University of Kentucky
2000  Treasurer, Anthropology Graduate Student Association, University of Kentucky

Professional Membership
American Anthropological Association/European Association of Social Anthropologists/Society for Medical Anthropology/Society for Applied Anthropology/National Association of Student Anthropologists/Southern Anthropological Society

Jill Teresa Owczarzak
May 20, 2007

308