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Defining Democracy and the Terms of Engagement with the Postsocialist Polish State: Insights from HIV/AIDS

Abstract

This article explores the history of HIV activism in Poland from the socialist period through the early 1990s transformation as a means of examining the reconfiguration of rights, obligations, and responsibility as Poland redefined itself as a market democracy. Drawing on archival materials, in-depth qualitative interviews with current and former HIV activists, and participant observation at HIV prevention organizations in Warsaw, Poland, I sketch the ways in the socialist system's failures to protect the health of its subjects led to the terms through which state-citizen engagement were defined in the postsocialist period. Uncertainties and anxieties surrounding who was responsible for protecting the health and well-being of citizens in the newly democratic Poland gave rise to a series of violent protests centered on HIV prevention and care for people living with HIV/AIDS. Resolution of these political and social crises involved defining democracy in postsocialist Poland through claims to moral authority, in alliance with the Catholic Church, and an obligation by multiple stakeholders to disseminate technical/scientific knowledge. By comparing the responses to the epidemic by diverse institutions, including the government, the Catholic Church, and the fledgling gay rights movement, this analysis reveals the ways in which democracy in postsocialist Poland tightly links science, democratic reform, and moral/religious authority, while at the same time excluding sexual minorities from engaging in political activism centered on rights to health and inclusion in the new democracy.

Introduction

HIV came onto the world scene at a time when people in Eastern Europe increasingly expressed dissatisfaction with the socialist, authoritarian regimes under which they lived. Shortages of foodstuffs, consumer goods, and housing resulting from decades of a centrally planned economy became the symbol of the socialist state's failure (e.g., Wedel 1986). In Poland, the Solidarity movement effectively challenged the moral authority of the socialist government, pushed the party-state toward reform, and gained new freedoms of speech and to organize (Kubik 1994; Ost 1990:176, 2005). Taking advantage of some of these freedoms, nascent gay rights organizations began to publish bulletins in the underground press and to meet in anticipation of creating formal organizations (Kurpios n.d.). Despite these small advances, sexual minorities remained a hidden part of Polish society and only gained visibility with the advent of HIV. The coupling of the political and social turmoil of the late socialist period with the arrival of HIV in Poland in 1985 raised questions about changing understandings of rights, responsibilities, and obligations between the state and its subjects, including who was acknowledged as citizens. In this article, I use the lens of HIV in Poland from the socialist period through its demise to explore shifting notions of the state, citizenship, and democracy as socialism collapsed and the new projects of democracy building and market reform began.

HIV/AIDS as a lens for exploring issues of rights and responsibilities between citizens and the state became clear to me about a year into my research on the ways in which HIV prevention programs in postsocialist Poland serve as conduits for cultural and political discourses of risk, responsibility, and morality. In 2005, I was standing on the sidewalk along a busy Warsaw

street talking with Paweł, a young HIV positive man whose mother I had just interviewed. Given his young age, Paweł lacked personal experience with HIV treatment services during the socialist period, but he quickly offered up the story of his HIV positive friend who had become infected in the late 1980s. In an effort to demonstrate how bad conditions were in the past and how much they had improved, 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 the preceding interview, a second mother, whose HIV positive son was older than Paweł, described that the health service workers in the early 1980s “behaved like children in the fog.” After a serious operation, the hospital staff was afraid to touch her ailing son without masks and gloves, forcing her to take care of him during visiting hours. Two doctors I interviewed 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 related how hospital staff would pass food and documents through small openings in hospital room doors in an effort to avoid direct contact with patients. The storytellers always emphasized that both treatment for and attitudes about AIDS patients have improved so much since these early years of the epidemic that it is now equivalent to Poland’s Western European neighbors. They credited campaigns to educate the public about the “real” dangers of this new disease with bringing about these changes, suggesting that the fear and risk of AIDS arose from a lack of basic information—how AIDS was communicated and how they could keep themselves from infection.

The significance of these narratives stems from the ways in which they address the perceived failures of hospital staff to fulfill its obligation to care for patients and the state’s neglect in providing information regarding the true nature of this new disease. They are also instructive in what they did not address: the roles of fledgling nongovernmental organizations, such as those associated with the gay rights movement, townspeople, and individuals in shaping AIDS policy and practice in Poland. My informants’ critiques and omissions revealed questions regarding the responsibility of the state and various institutions for ensuring the health of its citizens in the ferment of socialism’s impending collapse. Officially, the socialist state functioned as the “universal and exclusive father,” in which citizens depended on the state (Khukterin 2000). In this model of responsibility, termed “socialist paternalism,” “subjects were presumed [not to be] politically active, as with citizenship...they were presumed to be grateful recipients—like small children in a family—of benefits their rulers decided upon for them” (Verdery 1996:63). The state increased dependency through control of goods and means of production, and by tying certain rights and services to labor for state-owned industry (e.g., Ashwin 1999; Haney 2002).

However, the presence of the socialist state and the effects of its surveillance, tied to the distribution of rights and resources, were not equally distributed across subjects living under these regimes. In particular, race/ethnicity, gender, and sexuality served as key axes of differential engagement between the state and its subjects. Surveillance and coercive action against gay men in Poland paralleled other efforts in Eastern Europe to politicize and open to state interference aspects of gender and sexuality. Decriminalization and recriminalization of same sex relations served various renditions of the revolutionary goals posited by Bolshevism, Stalinism and post-Stalinism (Healey 2001, Healey 2002), and the “myth of universal heterosexuality and patriotic sexual restraint” in the late Soviet period suggested that to be “queer” meant that one was not a patriot. In socialist Hungary, for example, Romany mothers were often labeled as “bad mothers” and subject to coercion by the welfare state, often in the form of having their children taken from them, while at the same time facing difficulties in accessing material and other benefits offered by the state to “good mothers” (Haney 2002). As with motherhood and reproduction (Kligman 1998), hetero and homosexual sex was not the affair of the individual, but politicized and open for interference by the state (Essig 1999:5).

As the socialist government collapsed, it became increasingly unclear who was responsible for ensuring the health and well-being of citizens, raising questions about the newly democratic state's role in protecting and providing for its constituents, and its constituents' entitlements and obligations vis-à-vis the state. Rather than being a "thing," the state can be understood as set of processes, an "ensemble of discourses, rules and practices cohabiting in limiting, tension-ridden, often contradictory relation to each other" (Brown 1995:174, quoted in Aretxaga 2003:398). As Ekiert and Kubik (1999:80) argue, during rapid political change as occurred during the collapse of socialism, the boundaries between the state and various institutions become porous and highly contested, and political struggles become fundamental in their redefinition. Culture is remolded in this process of regime change (Ekiert and Kubik 1999:158), and new cultural/political ideologies and practices emerge that reflect a more complex and contradictory process than the transition discourse of "transitology" allows. "Transitology" as an analytical and policy paradigm conceptualizes postsocialist transformation as progressing from a known beginning (socialism) to a knowable and predictable end (capitalism and Western-style democracy) (Phillips 2005:253).

As more than a set of institutional relationships (Verdery 1996:105), democracy is a symbol, contested and strategically deployed to legitimize the state, oppositional groups, and claims to citizenship status (Paley 2002:475). The collapse of socialism opened to new interpretation the practices and obligations of citizens and the state, how people conceptualize their relationship to the state, and what is salient to people in terms of their rights and duties in a given society (Ouroussoff and Toren 2005:208). It also presented an opportunity for diverse groups to redefine themselves in relation to the state and other groups, highlighting the potential of different gender, ethnicity, and class statuses to create differences in citizenship (Aretxaga 2003:396; Berdahl 1999). Petryna (2003, 2002) has persuasively argued that the use of science served as a key mechanism for state-building and democratization in postsocialist Eastern Europe through the emergence of "biological citizenship." This form of citizenship is linked to scientific knowledge, and the ability to create, access, manipulate, and utilize scientific knowledge constitute avenues for claims to rights and resource procurement strategies. Social action based upon claims of scientific knowledge gain authority and legitimacy because they are posited as universal truths not to be questioned or challenged (Pigg 2005:54). This perspective, however, obscures the social relations in which these so-called truths are produced and used (Adams 1998). In contrast, science and knowledge, as well as claims to authority, legitimacy, and resources through them, always exist as products of social process (Haraway 1993).

Using HIV and the debates that surrounded it during the postsocialist transition Poland, I explore the shifting boundaries of state responsibility from the socialist period through the transition. In particular, I trace two parallel histories—that of the push for a comprehensive strategy to confront AIDS and that of the formation of the gay rights movement—to ask how the state's perceived failures for upholding its obligations were addressed, and how new forms of participation in social and political processes were debated and seized upon in the establishment of democracy. HIV became a site of contestation in which these questions were addressed and exposed sites of engagement between citizens and the state. I examine the terms of this activism surrounding HIV, including who was and was not included in the debates, and the means through which these crises of responsibility were resolved. I ask what "meaning systems" were available for addressing and rectifying neglected health, prevention, and education needs, and how these meaning systems shed light on contemporary definitions of what it means to be democratic in postsocialist Poland. I reveal the ways in which the links made between science, democratic reform, and moral/religious authority worked to exclude particularly vulnerable segments of Polish society from the prevention landscape.

Methods

The ethnographic research on which this article is based focused on the ways in which HIV prevention programs in postsocialist Poland serve as conduits for cultural and political discourses of risk, responsibility, and morality. Conducted between September 2004 and November 2005 in Warsaw, Poland, it drew on participant observation, semi-structured interviews, archival research, and institutional histories. Participant observation was conducted at a number of venues, including the weekly HIV prevention programs of two NGOs and four overnight HIV education workshops conducted by different organizations. Qualitative interviews, including key informant, informal, and semi-structured interviews, were conducted with 40 people working on HIV and its prevention in Poland. Interviewees included staff and volunteers at NGOs with HIV prevention programs, others with histories of engagement with HIV but not affiliated with specific organizations, physicians working with people living with HIV/AIDS, and representatives from the National AIDS Center. Interviewees were recruited directly through participant observation at NGOs and workshops, or indirectly through these interviewees and others familiar with the research project. The interviews consisted of open-ended questions about individuals' own histories of involvement with HIV prevention; perceptions of success and failures of HIV prevention in Poland; and understandings of the role of various institutions in HIV prevention. Interviews were conducted by the author in English or Polish, depending on the preference of the interviewee; they were recorded when permission was given. Polish interviews were transcribed into Polish by a native Polish speaker, and English interviews were transcribed by the author.

Focused archival research at several libraries, including the National Library, the Warsaw University library, and the libraries of several NGOs were utilized in order to access newspaper articles written about HIV, HIV prevention, sexuality (particularly homosexuality), and drug addiction from the early 1970s to the present. Sources included Poland's largest daily, *Gazeta Wyborcza*, and weekly news magazine, *Polityka*, as well as the health services journal *Śłużba Zdrowia*.¹ These news sources elicited the narratives that were constructed around HIV/AIDS, prevention, and risk/risk groups from Poland's socialist past through today. Fieldnotes, interviews, and archival materials were coded and analyzed thematically, focusing on messages of risk, approaches to HIV prevention, perceptions of effectiveness, targets of outreach, and histories of involvement in HIV prevention.

Responses to HIV in Socialist Poland

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). Historically and today, the greatest number of HIV infections in Poland

¹*Gazeta Wyborcza* has been published since 1989, *Polityka* since 1957, and *Śłużba Zdrowia* since 1949.

has occurred among injection drug users, followed by men who have sex with men. 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.

As critiques of the Polish government's inadequate response to AIDS mounted into the late 1980s and proposals arose surrounding what preventative measures to develop around homosexual men, the number of AIDS cases in Poland slowly rose. By the eve of the transition, the number of people living with HIV/AIDS grew to 721. The arrival of HIV/AIDS magnified both the state's failures and the unevenness of its presence. For those categorized as beneficiaries of this system, the failure of the socialist state to fulfill its obligations was readily apparent. The system of centrally controlled accumulation and distribution resulted in severe shortages of consumer goods and medical supplies, including disposable needles, paper for electrocardiograms, batteries to power equipment, and catheters (e.g., Sienkiewicz 1981; Wedel 1986). General shortages of medicines such as antibiotics (Grzegorzółka 1988) exacerbated the generally poor conditions in hospitals and clinics, as well as the maldistribution of physicians, including primary care doctors, pediatricians, and gynecologists (Sokolowska and Moskalewicz 1987). With the arrival of HIV/AIDS, these shortages were no longer just inconveniences: they became a health threat to the Polish nation itself. Its arrival in the fall of 1985 (Ołowski 1985) intensified outspoken criticism of the Polish government's failures in protecting the health and safety of its subjects in the face of this new disease. In the press, critics used HIV to voice their concerns about the inability of the government to procure the supplies and equipment necessary for protecting the population's health, arguing that in comparison with other (non-socialist) countries, Poland was "doing nothing" (Służba Zdrowia 1988). The government did not engage in intensive information campaigns, failed to provide health care institutions with disposable equipment, and did not assure adherence to rigorous sterilization procedures within hospitals and clinics (Dux 1987). Polish condoms were said to be of shoddy and inadequate quality and the Polish Red Cross, rather than the state, provided care for people living with AIDS. Health care workers felt vulnerable to infection because they did not have adequate supplies (needles, syringes, protective clothing such as rubber gloves, analytical and testing equipment, and sterilization and disinfectant materials) to follow sanitary guidelines and protect themselves. Doctors treating AIDS patients wrote letters to medical professionals abroad (particularly in France), requesting equipment, medicines, and information to aid in treatment and care. By 1989, stories circulated in the press of AIDS patients breaking into pharmacies in order to steal essential medicines.

In Poland, rather than being offered protection from the state or having their well-being argued for in the press, gay men became the targets of increased surveillance and repression in the wake of HIV. Building on earlier, government-sponsored research projects seeking to determine the origins of criminal behavior among youth, in Poland, themes of violence, abuse, and general decay dominated socialist accounts of homosexuality (Giza 1963; see also Kliszczyński 2001; Leszkowicz and Kitliński 2005; Majka-Rostek 2002:200). In the now infamous Hyacinth actions of the mid 1980s, functionaries of the Citizens' Militia entered into schools, universities, and workplaces, and took men suspected of being gay to police headquarters (Kirzyński 1986; Kopka 1986:13). There, files were made that included fingerprints and photographs. The men were questioned about their sexual contact with others, forced to sign documents declaring their homosexual activity, and persuaded into cooperating with the secret police. Organizers of the Hyacinth action used HIV/AIDS as a pretext for this action. Characterizing gay men as part of a "hermetic" community, separate and distinct from mainstream society served as the justification for increased surveillance of gays as part of crime prevention efforts. 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 (Ćwieczyński 1988).

Gay men were accused of having 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).² Preventive measures aimed at gay men proposed that they refrain from donating blood and had a moral obligation to help in the fight against AIDS, based on a sense of citizenship, solidarity, and shared responsibility among all members of a country (Darski 1985; Rem 1986). While gay men were increasingly associated with HIV/AIDS in Poland, a product of U.S. and Western European epidemiology (Treichler 1999:65), they were not portrayed as “at risk” themselves, but as a threat to broader Polish society. In contrast, rather than representing a *moral* threat to the future of Poland through prostitution and its attendant criminal activities, homosexuality was now viewed as posing a direct *medical* threat with possibly widespread and fatal consequences.³

Redefining Rights and Responsibility in a Fledgling Democracy

The collapse of socialism involved simultaneous economic and political reform. “Shock therapy” involved immediate price liberalization, privatization, and introduction of free trade (Marangos 2005:70). This dramatic, overnight change set the Polish social and economic system into turmoil, with skyrocketing inflation rates, sudden increases in unemployment, and declines in real incomes (Kolodko and Rutkowski 1991). Politically, in the spring of 1989, the first free elections in Poland since the Second World War gave victory to Solidarity members in the Polish parliament (Ost 1990:205). Then, in August of that same year, a non-communist became prime minister of Poland, ushering in a new era of democratic rule and economic reform. By the end of the year, the Polish constitution was changed to allow for democratic elections, an independent judiciary, and guarantees of freedom of association (Ekiert and Kubik 1999:59). These political and economic changes were accompanied by uncertainties regarding state versus local control, how participation in this new political context would look, who was responsible for protecting the health of Polish citizens, and how Polish citizenship would be defined.

The growing unease surrounding these issues intensified in the context of HIV/AIDS as the inability of infectious disease clinics to meet the staffing, funding, or equipment needs for AIDS care grew. A proposed government-run comprehensive clinic that combined gynecological, dental, venereological and analytical services never materialized because a suitable location in terms of local resident support could not be found. Those who had contact with people living with HIV/AIDS became increasingly vocal about the need to create specialized hospitals and palliative care centers for them. They argued that they encountered HIV positive people living on the streets, unable to find anywhere else to go after getting kicked out of their own homes. A possible alternative to a comprehensive state-run clinic emerged through a nongovernmental organization dedicated to drug prevention and addiction treatment. Founded in the late 1970s by Marek Kotański, MONAR centers were envisioned as places for the recovery and reintegration into society of drug addicts.⁴ The high proportion of HIV cases among injection drug users, relative to men who have sex with men and heterosexuals, combined with the existence of institutions and advocates for injection drug users prior to the arrival of AIDS in Poland, meant that when AIDS became an issue of national importance, much of the public debate centered on IDUs rather than other groups. As early as 1987,

²For 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.

³Significantly, during this time, the media focused on gay *male* identity, and excluded the concerns and experiences of gay women.

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. He and other advocates saw such centers as a solution to the intolerance AIDS patients experienced and the lack of adequate facilities operated by government agencies. They envisioned these centers as places where AIDS patients could go to “peacefully live and die” (Jarosz 1990).⁵ Activists argued that these homes were not a form of isolation from society, but a way for AIDS patients to “come out from hiding and defeat hatred of one’s own body, holding one’s head high in the presence of sickness” (Wilczak 1990). In Warsaw, activists and patients even accepted an abandoned and dilapidated building, with bursting walls and broken pipes, from the city as the future site of such a home. Despite decrepit conditions, this home was seen as the only solution.

The controversy around what to do with HIV positive people quickly escalated into violent protests. As Ekiert and Kubik (1999) illustrate, collective protest continued to be as much a part of political life in postsocialist Poland as it had been in the socialist period. Collective protest in the years immediately following socialism’s collapse went beyond labor strikes. It encompassed occupations, picketing, road blocks, protest letters, and hunger strikes (Kubik and Ekiert 2002:225). These protests became a way of addressing dissatisfaction with state policies, rather than overt challenges to the political system or the direction of economic reform (Ekiert and Kubik 1999:132). In January 1990, three days after Marek Kotański and activists from the organization “Plus” decided to house five HIV positive people in a single home in the Warsaw suburb of Rembertów, 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.⁶ Twenty-one days later, the AIDS patients abandoned the house and moved to the Ministry of Health, where they slept on the floors and commenced a hunger strike in protest of their eviction.⁷

In March 1990, the situation repeated itself, this time in the village of Michałówka, about 35 miles south of Warsaw. Using their tractors, residents organized an hour-long blockade of an international route (to the Ukrainian city of Lviv) and all roads leading to the center of the town. They demanded liquidation of a MONAR center that had been in operation for eleven years, fearing that the center would begin accepting HIV positive residents. Again, no intervention was undertaken, not even to address the resulting 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 living with HIV. That year some 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

⁴MONAR is the acronym for *Młodzi owy Ruch na Rzecz Przeciwdziałania Narkomanii* (Youth Movement Against Drug Addiction). 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 violating this oath resulted in ejection from the center. At the center, recovering addicts created a “self-sufficient” community designed to rebuild the “troubled” personal roles and responsibilities, resulting from poor family structure that theoretically led them to begin drug use. MONAR is also involved in drug education and abuse prevention among youth, particularly based on the principle of peer education (Kotański 1984). Part of Kotański’s early work involved bringing awareness to the Polish public that drug abuse and addiction 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).

⁵Time spent at the drug rehabilitation 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.

⁶In their analysis of collective protest in postsocialist Poland, Ekiert and Kubik (1998:94) argue that there was very limited public acceptance of state intervention against disruptive political action.

⁷The 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.

home run by the Carmelite priest Arkadiusz Nowak. Similar violent protests occurred in the towns of Kawęczyn, and Konstancin, where residents unsuccessfully attempted to burn down a house taken over by the Ministry of Health and Social Welfare, as well as in the Warsaw suburb of Józefów in 1992.

The issue discussed here is not which side of the controversy acted “justly,” “ethically,” or as “Christians.” 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). At issue, rather, are the ways in which the protests were written about in the media, the arguments invoked by all sides, the ways in which they reflected other concerns of Poland at the time, and the ways they engaged in debate and protest. In retrospect, protestors 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.

Placing the concerns of the residents into socioeconomic terms, a 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. Signs of collective protest appeared that read, “There is no authority that can repress the people,” reflecting that no one had consulted with residents before permission to occupy the home was granted to MONAR. The president of the citizens’ committee also declared that people demand the right to peace, recalling that a prison, reformatory school, and home of the socially marginalized already existed in this town. He also argued that any home for AIDS patients would need to be safe, maintaining that the facility designated for the MONAR-run AIDS center was in danger of collapse and already deemed unsuitable for a proposed preschool and clinic several years before. In the town of Głusków, some protestors carried signs that read, “Instead of MONAR A Senior Citizen’s Home” (“*Zamiast MONARU Dom Seniora Wsi Polskiej*”), suggesting that other needs in these villages, such as an elder care center, had gone unheeded. Protestors often used slogans advocating for the right to take local matters into their own hands and restoring power to local society (Semprich 1990). Residents invoked the symbolism of legitimate citizens’ authority in the emergent democracy against the perceived illegitimacy of a failed socialist state to protect their health interests.

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. 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 the citizens’ board argued that people had real fears about the virus and the residents’ safety, adding that no one guaranteed that those coming would not do drugs. In another case, the vice-director of a school near the town of Głusków 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 existing MONAR centers because they were rumored to be accepting AIDS patients.⁸ Residents in the suburbs of Warsaw pointed to the poorly functioning sewage system, lack of modern methods to destroy waste,

⁸It was only rumors of possible admission of AIDS patients to this MONAR center that sparked this protest. 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.

and unsatisfactory sanitary conditions as possible conditions that could facilitate the spread of the disease (Mankiewicz 1992). In other situations, residents declared that they had nothing against HIV positive people, fully aware that they could not catch AIDS through the air, a response to the assertion that the townspeople believed that AIDS could be spread through the air, mosquitoes, and squirrels. They expressed concern, however, with the potential for increased crime rates and decreased ability of public services (such as waste disposal) to deal with an influx of drug-using residents.

Some commentators questioned the underlying premise 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 potentially isolating facilities for AIDS patients exist. They placed questions of their ethicality in terms of what it meant to be a “Western” country and embrace “Western values” of tolerance and democracy (Gładysz *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). The violent reactions against the homes caused some observers to lament Poland’s lack of “European” and “modern” values and behaviors. Importantly, in many of these articles, residents of the towns in question were referred to as “*chłopi*,” or “peasants.” This portrayal underscored conceptions of them as somehow backward, uneducated, and intolerant. For example, 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 Głusków and Rembertów. The time of burning witches passed a century ago” (unknown source). 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.

Through the debates that surrounded what system of care to establish for people living with HIV/AIDS, people in favor of palliative care centers and those who were against them directly engaged with the state and each other, through newly freed media and violent protests. The controversy over the homes came to revolve around what it meant to be tolerant, democratic, civilized, and educated as the socialist system collapsed. The ombudsman for human rights (*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, or where claims based on law ended and where those dictated by someone’s own dangerous, egotistical interest began. In short, the residents of these towns used what they viewed as 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.

Resolving the Crisis and Instituting the New Democracy

The violence surrounding AIDS in the early 1990s reveals the uncertainty with which Poland faced its postsocialist future. On the one hand, opponents of palliative care centers, particularly residents of towns proposed as locations for them, framed their resistance in terms that highlighted local control and concerns over safety. On the other hand, proponents of homes emphasized that to be democratic and modern entailed embracing the “European” values of tolerance and education, especially about the true nature of HIV transmission. This impasse was overcome in two ways: through claims to moral authority over the issue and calls for

knowledge and expertise regarding HIV/AIDS. The democracy that emerged around HIV merged notions of religion and knowledge/science as two of its central pillars, rather than addressing the underlying questions of local versus national control and marginalization in the newly established political process. The solution was found in the Church and information dissemination. As Ost (2005:48) argues about labor and democratic participation, postsocialist Solidarity “conveyed to its supporters its new understanding of democracy as a system grounded not in democratic citizenry but in private property and a market economy.” The case of HIV/AIDS likewise reveals an interpretation of democracy not based on political participation but in the reassertion of state authority to control and disseminate knowledge and the role of the Church in providing the moral guidance to newly democratic and European Poles.

Moral Authority

With the fall of socialism in Poland, new conflicts emerged between state, secular, and church ideologies. Historically, the Catholic Church in Poland has been a bastion of national identity, and during the socialist period it thrived as a source of counter-ideology and symbolism to the socialist state (Kubik 1994; Osa 1989, 1997). When socialism collapsed, the Church became an influential political institution as well, as the immediate criminalization of abortion on moral and religious grounds illustrates (Zielińska 2002). Despite its prominent political and social roles, in the context of AIDS, the Catholic Church in general, and the Polish Catholic Church in particular, remained silent. Only in 1989 did *Polish* Pope John Paul II break the silence surrounding the mistreatment of people living with HIV/AIDS. He 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 a person living with HIV/AIDS. 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 argued that although HIV infection resulted from a “crisis of values” and a “break of moral principles,” AIDS itself is not a sin (Nowak 1998:62, citing Polish Primate Cardinal Józef Glemp’s 1990 address to a gathering of American bishops in Poland).

In Poland, activists and politicians alike used such statements as the basis of appeals to end attacks against people living with HIV/AIDS and the palliative care centers. While 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. The sometimes violent and aggressive reactions to HIV-positive people 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 became particularly engaged in issues surrounding HIV/AIDS. Specifically, a young priest named Arkadiusz Nowak was instrumental in resolving the crisis surrounding palliative care centers for people living with HIV. When socialism collapsed, Arkadiusz Nowak was a young member of the Order of Camillians, a Catholic Order whose vocation lies in serving the sick and suffering, regardless of the nature of their illness. Father Nowak dedicated himself to helping drug addicts and their families, and through this work, he had contact with people living with HIV/AIDS. He became one of 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.⁹

In 1990, the Ministry of Health declared that the battle against both HIV and intolerance towards people living with AIDS would require cooperation between the Church, the media, and other governmental agencies (Fronczak 1990). To that end, Nowak became the driving force behind the creation of the national program and National AIDS Center. Prior to his engagement with issues surrounding HIV treatment and human rights, several attempts to create a unified, coherent national plan regarding HIV/AIDS failed, due to lack of funding and political support (Daniluk-Kula and Ciasioń-Przeclawska 2002). Only in 1993, after Father Nowak's involvement, was a National Office of AIDS Prevention established. Father Nowak was instrumental in the formation and leadership of the National AIDS Center for many years, serving as the coordinator of the national plan during a period of rapid changes within the Ministry of Health. Although he eventually resigned from this position, he maintains a working relationship with the National AIDS Center as an advisor, educator, and advocate. 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. To reconcile the tensions between the residents of the towns and the newcomers, incorporating the Catholic Church into the efforts was a significant move and provided the foundation for overcoming the townspeople's resistance. Through the work of Arkadiusz Nowak, his eventual incorporation into the National AIDS Center, and links made between democracy and tolerance based on Christian principles, AIDS became a moral issue. This morality did not focus on the moral implications of modes of infection. Rather, it cast people living with AIDS, without discussion of mode of infection, as a category worthy of Catholic outreach and sympathy.

Information Dissemination

Defining people living with AIDS as a single category deflected attention from morally problematic discussions of modes of infection, particularly homosexual contact. Mode of infection became the subject of discussion of appropriate prevention. While incorporating the Church into education and treatment efforts marked a significant step in resolving the crises of the early 1990s, critics of the townspeople's responses declared that protests against the homes are "un-Christian, un-European, and medieval," built on a misunderstanding of the nature of AIDS (Łętowski 1992). Linking the supposed backwardness of residents to their lack of knowledge about AIDS, they argued that it was necessary to disseminate information about HIV infection until people either understand the risks, or at least "the more enlightened" got the message. Prevention needs, in contrast to treatment and care, were addressed through idioms of knowledge and information rather than morality. 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. Comments such as, "[T]he less we know and speak about this disease, the more quickly it spreads" illustrate the central place of knowledge in Polish conceptions of prevention (Strękowski 1990).

Initially, the task of disseminating this information fell to burgeoning nongovernmental organizations and individuals dedicated to ending the violence and discrimination against people living with HIV/AIDS. By 1989, at the threshold of the transition, Maria Malewska, a professional psychologist, had been working with drug addicts for years prior to the advent of AIDS. Like Marek Kotański and Arkadiusz Nowak, once AIDS arrived in Poland, she increasingly had contact people living with HIV. She witnessed both the health and social

⁹In 2000, Father Nowak received a humanitarian award from the United Nations in recognition of his work in breaking the silence surrounding AIDS in Poland and worldwide and for his efforts to defend the rights of drug addicts living with HIV/AIDS.

problems that her drug-addicted, HIV infected patients encountered, and in response founded a nongovernmental organization at the end of the 1980s. In the late 1980s, as she increasingly became convinced that the public was severely misinformed about the nature of HIV risk and infection. With the end of socialism, Maria Malewska exploited the newly freed media to educate people about HIV/AIDS. She appeared on a popular weekend television program, “Jutro poniedziałek,” that families watched following their large Sunday dinner (*obiad*). She used the program to talk about drug use and AIDS, and also convinced a popular radio program host with a teen audience, Wojciech Mann, to discuss HIV on his program. Via telephone, Maria told him basic information about HIV, which he relayed to his listeners. Together, they emphasized that HIV is not transmitted by casual contact and can only be transmitted through blood and other body fluids, trying to persuade people that their fears of infection were not justified. Part of Maria’s impetus to become involved in HIV education stemmed from a perceived lack of knowledge:

The conditions were simple. There was fear, a lot of fear. Among some people there was terror. There was a complete lack of knowledge. The lack of knowledge was complete. People didn’t know anything. People only knew that it was a fatal disease that was really easy to catch and that’s it, period. Nothing more. Well, it really built terrible anxiety in people. So, everything that worked to make people more aware was welcomed with open arms.

When Maria eventually shifted her focus away from HIV/AIDS, she justified her disengagement with HIV because now, “It’s a completely different situation. Everything’s been said. Everybody knows everything. Now it’s only necessary to remind people about it, right?” 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. In her interpretation of events, information dissemination became the key factor in resolving crisis and uncertainty regarding HIV/AIDS.

In other cases, individuals became involved in efforts to educate the public as part of prevention efforts. Given the context of the early 1990s and the hysteria surrounding fears of infection, a young woman named Magda said that she really wanted to communicate a message about HIV different from that of the government, and communicate “basic” information about HIV transmission: “‘The three fluids,’” that’s what we called it... ‘Think, Use Condoms, Don’t Share Needles.’...Basic, basic, basic.” She 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. Magda focused her attention on information dissemination as the most critical aspect of HIV/AIDS prevention, saying that prevention needs to focus on “how you can get it, how you cannot get—it’s still the same. As long as HIV is a deadly virus, you have to keep repeating this.”

Most often, “lack of knowledge” as a cause of HIV transmission translated into a focus on the amount of scientific and biological knowledge about HIV/AIDS that people demonstrated. Magda, for example, used international contacts to access “the most accurate” information about HIV, bypassing Polish sources, which she viewed as inadequate. Underscoring the priority given to information as key in prevention, numerous organizations began to conduct surveys regarding people’s level of knowledge regarding HIV/AIDS transmission. 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 (Juszczuk 1991). Other publications, such as “What a high school

graduate should know about AIDS” detailed the biology of HIV, clinical manifestations of AIDS, and research progress in the development of a vaccine and treatment (Plytycz 1991). 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. This chapter 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” (Plytycz 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.

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. 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,” as one HIV prevention worker noted. The National AIDS Center is viewed as an institution that legitimizes HIV knowledge and confers expertise through its system of workshops and certifications, as well as a necessary regulatory and distributive agency for funds and materials. As a national-level institution, the National AIDS Center functions as a clearinghouse for information dissemination, serves as the impetus to exchange experiences and create new programs, and represents the “concrete structures” (as another informant described it) that were necessary to overcome social resistance to care for people living with HIV/AIDS. The guise of “science” and information served to further avoid open discussion of sexuality, and worked to sterilize and render morally unproblematic discussions of homosexuality.

Whose Democracy?: HIV Advocacy Within the Gay Rights Community

While these crises were being resolved through political activism, media debates, and the ascendancy of the Church and information dissemination, AIDS was also becoming a key issue in the late 1980s and early 1990s for gay rights activists when they began to more formally organize. The controversy over the construction of palliative care centers for AIDS patients in the late 1980s and early 1990s worked to define the terms through which the disease was discussed. Gay rights activists were largely excluded from these discussions, even though they represented a significant portion of people living with AIDS and new HIV infections in Poland, second only to injection drug users. On the one hand, the admission that AIDS was a problem in Poland, coupled with political changes that allowed greater freedom to form nongovernmental organizations renewed the possibility for collective action by gay rights advocates. On the other, historically rooted perceptions of homosexuality limited the forms of political activism in which these organizations could engage. As I illustrate below, claims to scientific knowledge and ability to disseminate it became key features of the gay rights movements’ efforts to overcome the arguments against them based on morality and ensure that their organizations could exist in the new Polish democracy.

In contrast to many gay rights organizations in the United States, Polish gay rights organizations have focused more on support groups, help lines, and HIV education and prevention, rather than political and social agitation. Using anthropologist Catherine Lutz’s (1988) work on emotions in Micronesia, Basiuk (2004) defines the approach taken in the United States as “justifiable anger.” In the United States, organizations such as ACT UP (AIDS Coalition to Unleash Power) and Gay Men’s Health Crisis used politically aggressive approaches to fight for attention to be paid to AIDS among gay men and to gain access to cheaper anti-retroviral therapies. They publicly 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.

“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 that lack of action was an immoral response to the growing crisis in the gay community (DeLuca 1999). These organizations forced an awareness of homophobia in the United States and its effects in the AIDS crisis at a time when gays were dying in large numbers, despite the availability (but inaccessibility) of drugs such as AZT.

In Poland, gay people are often accused of being developmentally “immature,” a perspective popularized by a well-known Catholic “expert” on homosexuality, priest Józef Augustyn. He argues that the “problem” with gays is a lack of personal identity that manifests itself in compulsiveness, lack of self control, and neurotic aggression, partly a product of his perception of homosexuality as an evolutionary and biological anomaly and partly a result of not fully maturing out of homosexual desires during adolescence (Tęsknota 2003). Augustyn further argues that in order to be mature, a man should be both a father and a husband. By using methods of political agitation that involve aggression, Basiuk suggests, Polish gays would only showcase their purported inability to control themselves, potentially strengthening and justifying the association between homosexuality, immaturity, and psychological instability. Such images of gays continue to circulate in Poland because much of the conversation about homosexuality occurs without their participation (Tęsknota 2003; see also 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. Similarly, the protestors against the palliative care centers, although characterized as backward and un-European for their stance, still could engage in public protest without repercussions.

While newly forming gay rights organizations were left out of the debates described above and did not engage in aggressive political activism as in the West, they did work to define rights and responsibility in postsocialist, democratic Poland. Unlike earlier proposals of HIV prevention efforts surrounding homosexuality or state-sponsored surveillance as in the Hyacinth actions, nascent gay organizations saw the potential of HIV prevention as a justification, rather than the purpose, 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. 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” than either heterosexuals or the government (e.g., Kirzyński 1986). Gay rights organizations characterized themselves as the only ones capable of HIV prevention within the gay community. Thus, in the early efforts to create gay-specific institutions, proponents agreed that incorporating HIV prevention become an important part of the work of these organizations. They focused on intolerance towards homosexuality and public invisibility, and used this intolerance as the justification for creating organizations that took on the task of HIV surveillance and prevention themselves (Przybyła 1991). 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” (Kołodziejki 1987).¹⁰

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. 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. As participants in this process, these fledgling organizations saw it as their task to provide information that would 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). They argued that in a democratic society, access to factual information about both HIV and gay identity is the most important.¹¹ After the fall of socialism, gay rights organizations characterized HIV prevention and awareness education as the central pillars of their newly formed organizations: first to promote behavioral guidelines to prevent HIV and 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 were 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.

The form of their engagement with the political system and addressing neglected prevention needs illustrates Basiuk’s argument about the inaccessibility of more aggressive activism to sexual minorities. Even though early leaders of the gay rights movement 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). 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. In 2001, the organization Campaign against Homophobia was formed. 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. In contrast, Lambda organizations continue to work towards increasing tolerance towards sexual minorities, primarily through social support and HIV/STD prevention. The former president of one Lambda organization described its work as “internal” and not political because they work “inside” the gay community. As the current president explained the differences between Lambda and the Campaign, “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.”

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, and their inability to engage in the same type of political activism as protestors of the palliative care centers. However, all avenues of engagement with the newly democratic Polish state were not closed to these fledgling organizations. In convergence with the emphasis on information as

¹⁰The 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.

¹¹Ironically, the Catholic religious right in 2005 pointed to the communist government as the reason that gay rights organizations were able to form in the first place. They argued 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).

key in overcoming social ills, the former president commented, “We think that the right to information is one of the basic rights.” Therefore, in their most visible HIV education efforts such as workshops and publications, they focus on presenting “just the facts.” Essig (1999:46–47) describes a similar development in post-Soviet Russia, arguing that by focusing on information dissemination about HIV/AIDS to both heterosexuals and gays, the AIDS community “works hard not to be ‘too gay.’” Likewise, rights-oriented gay organizations in Russia strive to define themselves as members of the larger society and not as a separate ‘sexual minority.’ As in Poland, they ensure their participation in democratic processes and justify their existence through their commitment to information dissemination.

Conclusion

HIV prevention, education, and treatment in Poland became formally institutionalized at a time of rapid and dramatic change, following years of uncertainty regarding who was responsible for ensuring the health and well-being of citizens. During the late socialist period, critics of the Polish state pointed to its failures to protect vast segments of Polish society, including children and health care workers, as a key sign that the socialist paternalist state had reneged on its obligation to provide for its subjects. During the final years of the 1980s, it became increasingly clear that the state could not provide the material resources to resolve the growing crisis, and that its legitimacy and moral authority had waned. The collective fears surrounding the possible dangers of this new disease reflected these uncertainties. 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. Fledgling gay rights organizations were also marginalized in these conversations, in contrast with the United States and Western Europe.

With the collapse of socialism, new opportunities arose for addressing the health needs of the newly democratic citizenry. In particular, the task of attending to treatment and prevention needs fell to newly emerging nongovernmental organizations, institutions with renewed moral authority such as the Catholic Church, and individuals who perceived the state’s prevention and education attempts to be inadequate. These institutions became centrally involved in challenging the Polish government to become more engaged with this disease. These individuals and institutions, along with the commentators in the media and the residents who perceived their health and communities to be in danger, debated their concerns through specific meaning systems that questioned what it would mean to be democratic, European, and postsocialist. 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” meant having 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.

Just as participation in this new form of governance occurred through NGOs and individual actions, many of these channels were eventually marginalized or closed as sites of meaningful engagement with the state, as HIV/AIDS prevention and care were institutionalized through the creation of the National AIDS Center. Specifically, the close alliance between the NAC

and the Catholic Church, although it has been beneficial to those suffering from AIDS, has led to the marginalization of the concerns and needs of populations whose represent a challenge to the moral foundations of the Church, which, as I argued, has obtained moral authority over the issue of HIV/AIDS in Poland. In particular, the health needs of sexual minorities have historically not been addressed in the outreach efforts of the National AIDS Center. Although sexual minorities have developed their own nongovernmental organizations to address their constituents' health and social needs, the most prominent collaborations between NGOs and the NAC focus on those organizations involved in dissemination of technical/scientific information. This configuration reflects the dual focus on moral authority and information provision, the legacy of which continues today. Newspapers, public opinion polls, and the National AIDS Center continually write reports regarding the level of HIV-related knowledge possessed by various segment of society. Prevention efforts continue to emphasize a "know the facts" approach, focusing on the natural history of the virus and the disease it causes.

Observers and scholars of postsocialist transformation have pointed to the "meager" record of civil society development in Eastern Europe (Kalb 2002:320). Anthropologists in particular have addressed the ways in which the redrawing of states' boundaries through neoliberal policies focused on civil society and individual responsibility have created new categories of exclusion, reproduced previously existing inequalities, and given rise to institutions that often do not have meaningful ways of engaging with the state in order to address the needs of their constituents. The Polish case I presented here illustrates the ways in which the boundaries of the state were redrawn in postsocialist transformation, and the terms through which engagement with the newly formed democratic state were defined. Through institutionalization of HIV/AIDS prevention and care, the state became responsible for providing moral guidance on the issue of AIDS and providing citizens with access to information about this virus. Fledgling NGOs and individuals played key roles in establishing these new boundaries and roles, but the inclusion of the Catholic Church was seen as a key step in this process. The involvement of the Church served to recast how morally controversial topics were addressed, resulting in a context in which the specific issues facing sexual minorities in Poland remain outside the purview of state-level prevention efforts in favor of prevention based on information dissemination.

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