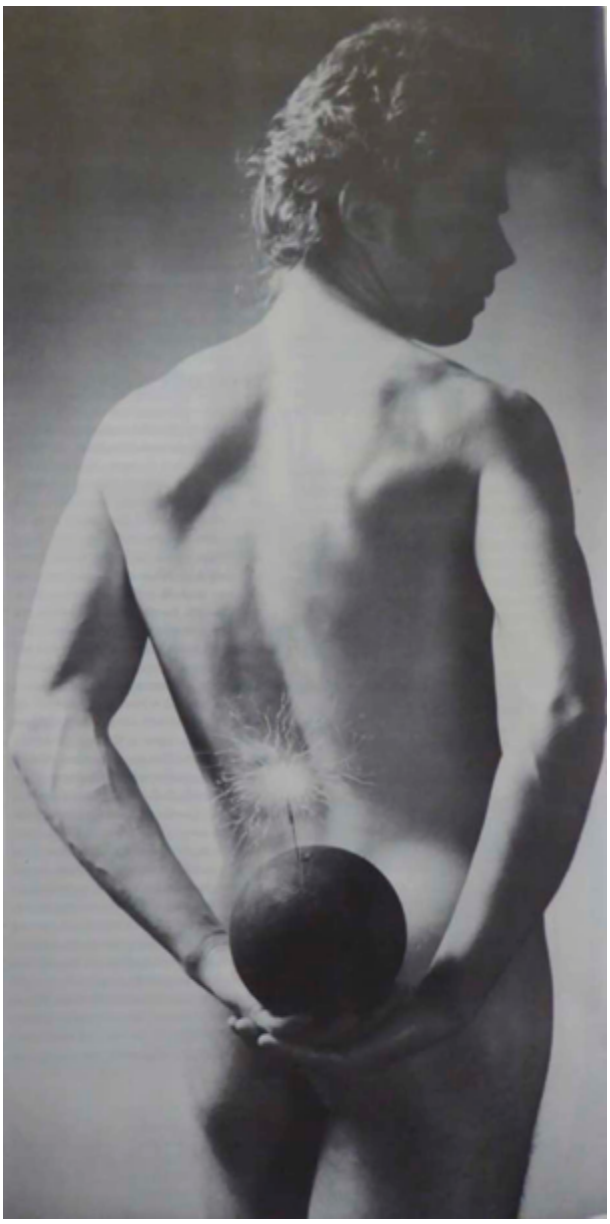
‘In losing your heart, don’t lose your head’

AIDS and the regulation of homosexuality in the Netherlands, 1983-1993



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Abstract

In the Netherlands, the initial response to the onset of AIDS in 1983 started as a private initiative between the gay movement, health organizations and the blood banks. Through a compromise between these organizations, the gay movement started to inform the gay community on AIDS and urgently advised gay men to stop donating blood. In the course of the 1980s, the private initiative would – with the support of the Dutch government – grow out to a fully equipped government institution. Although there is a general consensus about the significance of the involvement of the gay movement in AIDS prevention in the Netherlands, the impact AIDS had on homosexual understandings in the Netherlands has not been researched. Therefore, central question to this thesis is: How had AIDS impacted understandings of homosexuality in the Netherlands between 1983-1993? To answer this question, AIDS prevention material that targeted gay men between 1983-1993 is examined. Using the Foucauldian concepts of governmentality and biopower, this thesis argues that, in the response to AIDS in the Netherlands, the body of homosexual citizens was governed through a regulation of homosexuality. This regulation should primarily be understood as a process of self-regulation on two levels. First, on the level of gay community, self-regulation occurred through the production and distribution of prevention material for gay men. Second, on the individual level in the brochures, self-regulation occurred through a technology of responsibilization, risk management, and health promotion. Ultimately, this thesis demonstrates how, as a consequence of AIDS, health becomes a key feature in the understanding of homosexuality in the Netherlands.

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Introduction

A.I.D.S. – Acquired Immune Deficiency Syndrome

Since its emergence in the early 1980s, the AIDS epidemic has made a global impact. In general, the syndrome can be understood in medical terms. AIDS itself is not a disease, but a medical condition whereby the immune system of those affected is broken down beyond repair. Because of this, bodies that are diagnosed with AIDS are defenseless to a whole spectrum of opportunistic infections and diseases. The condition is caused by a virus, which was officially termed Human Immunodeficiency Virus (HIV) in 1986. Transmission of HIV occurs mostly via blood-blood contact or blood-sperm contact, which makes blood transfusion and unprotected sexual intercourse the riskiest practices for transmission of the virus. To date, no cure has been found for HIV. Through medication, more generally known as Antiretroviral Therapy (ART), the virus can be suppressed, preventing from attacking the immune system and developing AIDS, as well as preventing further transmission by an infected patient. As of 2016, according to UNAIDS (the Joint United Nations Programme on HIV/AIDS), there were 36.4 million people living with HIV worldwide, of which a majority has access to ART.[1] Since there is no cure or vaccine, the only way to stop the epidemic from further developing is through prevention tactics that focus and inform on risky practices that enhance the chance of infection.

Apart from this medical understanding of AIDS, the condition has acquired cultural meaning. In this thesis, I will specifically focus on how AIDS has impacted understandings of homosexuality in the Netherlands during the 1980s. Before elaborating more on this topic, I will start by discussing how cultural theorists have studied AIDS as a cultural phenomenon.

An epidemic of signification

In 1989 essayist Susan Sontag published *AIDS and its Metaphors*, in which she expands the argument that she made a decade earlier in *Illness as Metaphor* to the AIDS crisis.[2] According to Sontag, illnesses such as AIDS are surrounded by many different societal

[1] "UNAIDS DATA 2017," July 20, 2017, http://www.unaids.org/en/resources/documents/2017/2017_data_book.

[2] Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (London: Penguin Books, 2002).

understandings, which she identifies as metaphors.[3] The metaphor that she most persistently opposes is a military one. In this sense, AIDS is seen as, on the one hand, 'invading' society, and, on the other, attacking and destroying individuals from within. She contends that such metaphors often unnecessarily harm patients psychologically by victimizing them. Two years prior to Sontag's essay on AIDS, a similar argument was made by cultural theorist Paula Treichler.[4] According to Treichler, the social dimension of AIDS is often far more complicated and pervasive than the biological dimension. Social constructions of AIDS are 'based not upon objective, scientifically determined "reality" but upon what we are told about this reality: that is, upon prior social constructions routinely produced within the discourses of biomedical science.'[5] Apart from being an epidemic in a biological sense, she argues that AIDS is therefore also surrounded by an 'epidemic of signification', in which many narratives of disease intersect, with each having its own specific problematic and context in which AIDS acquires meaning.[6] In short, many definitions and understandings of AIDS resonate within society, which are not solely based on a biological definition of the disease. Thus, AIDS has multiple meanings.

From this perspective, AIDS can also be seen as an agent of change. The very response to AIDS has contributed to a reevaluation of cultural understandings of sexuality and identities. In the early 1980s, when little was known about AIDS, the concept of so called 'risk groups' emerged, which were culturally defined based on sex, age, subgroups and characteristics of behavior and practices.[7] Since the causes of the condition remained a mystery at the time, epidemiologists defined the disease by looking at social behavior. Examples are sexual practices among gay men and needle sharing as a 'social practice' among intravenous drug users. 'Risk groups' and 'high risk groups' were constructed based on cultural beliefs and practices, of which it was believed that they affected the likelihood of transmission of the disease.[8] The notion of risk groups came into being in an attempt to define and fragment populations into more manageable and governable groups, mainly to

[3] Sontag, 91, 102.
[4] Paula A. Treichler, "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification," *October* 43 (1987): 31–70, https://doi.org/10.2307/3397564.
[5] Treichler, 35.
[6] Treichler, 63.
[7] Nina Glick Schiller, Stephen Crystal, and Denver Lewellen, "Risky Business: The Cultural Construction of AIDS Risk Groups," *Social Science & Medicine* 38, no. 10 (May 1, 1994): 1337, https://doi.org/10.1016/0277-9536(94)90272-0.
[8] Schiller, Crystal, and Lewellen, 1338.

inform these groups on the best ways to prevent them from getting AIDS.[9] Consequently, by stereotyping groups based on behavior and practices, the general population was distanced from the risk groups, facilitating public definitions of the HIV epidemic as a problem which concerns 'others.'[10] Sontag has vividly described this consequence in her essay:

> Indeed, to get AIDS is precisely to be revealed, in the majority of cases so far, as a member of a certain "risk group," a community of pariahs. The illness flushes out an identity that might have remained hidden from neighbors, jobmates, family, friends. It also confirms an identity and, among the risk group in the United States most severely affected in the beginning, homosexual men, has been a creator of community as well as an experience that isolates the ill and exposes them to harassment and persecution.[11]

The notion of culturally constructed risk groups suggests that the very response to AIDS has shaped and altered notions of identity. As Sontag notes, to have AIDS, or to be at risk of getting it, is to simultaneously become part of a social group, that is seen as different from the general public due to its associated behaviors and practices. As sex is the most likely route of transmission, and since homosexuals[12] were most affected, the very notion of sexuality is central to this confirmation of identity. Moreover, by means of constituting risk groups, prevention policy that was made in response to AIDS has regulated the very notion of sexuality and sexual identity. In this thesis, by looking at prevention material targeted at gay men in the Netherlands, I will examine the relationship between AIDS and homosexuality between 1983 and 1993, and how this complex relationship has changed the very notion of homosexuality and position of homosexuals within Dutch society in the first decade of prevention activities, roughly from 1983 to 1993. What I am specifically interested in, is how the practices and procedures that were deployed in response to the epidemic have shaped and altered the understanding of homosexuality, and as a consequence have burdened it with AIDS. In the following, I will outline the Dutch case and

[9] Tim Brown, "AIDS, Risk and Social Governance," *Social Science & Medicine* 50, no. 9 (May 1, 2000): 1276, https://doi.org/10.1016/S0277-9536(99)00370-6; Schiller, Crystal, and Lewellen, "Risky Business," 1338.
[10] Schiller, Crystal, and Lewellen, "Risky Business," 1344.
[11] Sontag, *Illness as Metaphor and AIDS and Its Metaphors*, 110–11.
[12] In this thesis, I will predominately use the term homosexuals instead of gay men. Although the term is dated, it better describes, to my taste, the contemporary understanding of gay men. Another, more practical reason, is that it also includes men who have sex with men.

give a brief historiographical overview. Thereafter studies on the relationship between AIDS and sexuality and sexual identity will be reviewed, followed by an outline of the method in this thesis.

The Dutch case

In the Netherlands, the first response to AIDS emerged soon after the first patient, Jan S., was diagnosed in 1981. In the following year, starting as a private initiative, the blood bank and the gay movement[13] collaborated to inform gay men to stop blood donation and be mindful of sexual practice and behavior. Building on this collaboration, the gay movement would remain influential in all AIDS policy throughout the 1980s, despite of other stakeholders and politics also getting involved. Especially regarding prevention efforts targeted at gay men, the role of the gay movement had been crucial in distributing materials and information, organizing events, and increasingly promoting safer sex in the course of the 1980s. In other words, the position of the gay movement was vital in prevention policy targeted at gay men. This leads to the question what particularly changed in the understanding of sexuality and the position of homosexuals as a consequence of this contribution and collaboration.

There is a general consensus that this initial response to the epidemic, which led to a collaboration of all parties involved, is best characterized as pragmatic and consensus-oriented.[14] In other words, most studies have focused on questions around *what* had happened in terms of prevention efforts, and what the effects of these efforts were in terms of success. Little attention has been given to what changed in cultural understandings of those at risk or affected. For example, one of the most comprehensive studies on the history of the epidemic in the Netherlands is *Geen Paniek! Aids in Nederland 1982-2004* (2004) by social historian Annet Mooij. In this work, Mooij extensively evaluates the role that a group of professionals have had in policy, research and prevention efforts. Her account is mostly based on interviews with these key figures and tells the story of the response from their perspective. Apart from not taking the groups affected into account,

[13] In this thesis, when using the term gay movement, all individuals and organizations are meant that act as gay advocates or negotiate and act on behalf of the gay cause, but that are by no means organized as a single entity.

[14] Theo Sandfort, ed., *The Dutch Response to HIV: Pragmatism and Consensus* (Taylor & Francis, 1998); Annet Mooij, *Geen paniek!* (Bohn Stafleu van Loghum, 2004).

Mooij furthermore does not reflect on the cultural significance of the epidemic in the Netherlands. She only elaborates on the contribution of the gay movement and health professionals and on the effects that prevention policy had in an epidemiological sense.[15]

Another comprehensive account is *The Dutch Response to HIV: Pragmatism and Consensus* (1998), edited by social psychologist Theo Sandfort.[16] This work focuses on the social and demographic aspects of the epidemic and, more specifically, elaborates on prevention efforts and, to some extent, their effectiveness. In other words, it is – most certainly by now – a historical account, but it balances between being a source from a policy perspective, and an overview of research done at the time. By the time it was published as part of the 'Social Aspects of AIDS' series it was probably more considered as a celebration of the Dutch response; the preface was written by then minister of Health, Welfare and Sports Els Borst-Eilers, and some of the authors that contributed had been part of research and prevention efforts themselves.[17] More importantly, *The Dutch Response* does not give an account of the cultural impact of the research and prevention efforts in the Netherlands, but elaborates on their effectiveness in terms of the success of the overall response.

Overall literature on AIDS in the Netherlands has thus not focused on the cultural impact of the epidemic. In this thesis, by examining the relation between AIDS and sexuality, I will focus on what precisely changed in understandings of gay sexuality because of the response to the epidemic.

AIDS and sexuality

It has been argued that AIDS has severely impacted societal understandings of sexual identity. In an essay first published in 1998, social historian Jeffrey Weeks has argued that the societal responses to AIDS are best understood through the history, or rather histories, of sexuality.[18] Viewing sexuality as 'the social organization of sexual relations', and

[15] Mooij, *Geen paniek!*, 93–110.
[16] Theo Sandfort, "Pragmatism and Consensus: The Dutch Response to HIV," in *The Dutch Response to HIV: Pragmatism and Consensus*, ed. Theo Sandfort (Taylor & Francis, 1998), 3; Mooij, *Geen paniek!*
[17] Sandfort, *The Dutch Response to HIV*, xc–xi. As examples for the authors, Janherman Veenker was a member of the National Committee AIDS Prevention (NCAB) in the Netherlands from 1987 to 1995, Hans Moerkerk was the director of Buro GVO: Janherman Veenker, "The Decisive Role of Politics: AIDS Control in the Netherlands," in *The Dutch Response to HIV: Pragmatism and Consensus*, ed. Theo Sandfort (Taylor & Francis, 1998), 121–34; Hans Moerkerk, "AIDS: A Priority Issue in Foreign Assistance by the Netherlands," in *The Dutch Response to HIV: Pragmatism and Consensus*, ed. Theo Sandfort (Taylor & Francis, 1998), 175–83.
[18] Jeffrey Weeks, *Making Sexual History* (Wiley, 2000), 142.

therefore as socially constructed, he outlines three themes which should, according to him, be central in any attempt to understand the impact of AIDS. First of all, there is a symbolic centrality of sexuality, which has been at the heart of social discourse for a very long time. As example, Weeks notes that the regulation of sexual behavior was central to the institutionalization of Christianity, and to some extent to the formation of European civilization. Because of this, he argues, it is not surprising that when a sex-related disease emerge, such as AIDS in the early 1980s, this became the focus of social anxieties.[19]

Secondly, the question of identity is central to what he views as a 'crisis of sexuality.' The historization of sexual identities, he argues, enables us to shed light on important features of the initial reaction to the AIDS epidemic. As example Weeks notes that the existing notion of 'the homosexual' was key in the early definition of AIDS as a gay disease or plague.[20] The third and last theme relates to the complex patterns of the regulation of sexuality. According to Weeks there are, in general, two key elements of this regulation. On the one hand, there is a formal regulation of sexual behavior instigated by the church and state and, on the other, there is a less formal but often connected regulation through discourses of medicine, sexology, 'public health' and social hygiene. These two elements often contradict each other, and the tensions between these discourses become clear in the response to the AIDS crisis.[21] By outlining these three themes Weeks concludes that the regulation of sexuality cannot be understood through a monocausal account. Instead, it reveals the interplay of diverse forces with multiple and often incompatible histories.[22]

Similar arguments have been made regarding the societal regulation of sexuality. First, social scientist Catherine Waldby has argued in *AIDS and the Body Politic* that the biomedical discourse that emerged in response to AIDS, is a discourse about social order that is worked out in bodily terms.[23] Viewing biomedical discourse as a cultural discourse, her main argument is that biomedicine has instilled new forms of medicalized sexual 'identity' as a means of government of the AIDS epidemic.[24] Similarly, human geographer Tim Brown has written an article in which he analyses constructions of difference of the

[19] Weeks, 144.
[20] Weeks, 144–45.
[21] Weeks, 145.
[22] Weeks, 158–59.
[23] Catherine Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (Routledge, 1996), 30.
[24] Waldby, 5.

'other' – those who are at risk – in discourses related to AIDS and the promotion of health.[25] According to Brown, risk, understood as a form of expert knowledge, acts on 'the level of the microphysical because it requires individuals to practice forms of self-regulation.'[26] On the other hand, risk is simultaneously a macrophysical form of power, as it is the very location of medical and scientific authority, which is mobilized politically and acts as a form of social administration.[27] By analyzing educational campaigns in the United Kingdom, he argues that the key element in understanding health promotion is its attempts to regulate and control the sexual behaviors of the majority of the 'normal' population.[28] In short, discourses within the field of medicine, health and prevention that emerged in the societal response to the epidemic effectively incorporated existing notions of sexual identity, and sought to regulate them.

The arguments made by Weeks, Brown and Waldby, demonstrate how there is a relation between responses to AIDS and understandings of sexuality. Much attention has been given to the role of biomedical knowledge in construing sex and sexual identities in relation to AIDS, especially in public health and prevention discourse, and how AIDS has thus become a burden of sexuality. However, in the case of the Netherlands, little attention has been given to the question to which extent understandings of sexuality have changed. In other words, if homosexuality was regulated in a response to AIDS, what impact did this regulation have on the very understanding of homosexuality itself? Using their approaches as a start to study the Dutch case, this leads to the question that will be central in this thesis: How has AIDS impacted understandings of homosexuality in the Netherlands between 1983 and 1993? The answer to this question is twofold. On the one hand, the answer to this question focuses on the way in which changes in sexual understanding occurred. In other words, it sheds light on the practices that brought about change in sexual thinking. On the other hand, this question also calls for an examination of what changed in the understandings of homosexuality itself. In answering this question, I will generally argue that in the Netherlands, since the first responses to AIDS, a regulation of homosexuality occurred through prevention policy and discourse. More generally,

[25] Tim Brown, "AIDS, Risk and Social Governance," *Social Science & Medicine* 50, no. 9 (May 1, 2000): 1274, https://doi.org/10.1016/S0277-9536(99)00370-6.
[26] Brown, 1276.
[27] Brown, 1276.
[28] Brown, 1282.

following the studies outlined above, I will argue that the regulation of sexuality occurred in an attempt to govern and protect the bodies of healthy Dutch (gay) citizens.

Method, theory and structure

In this thesis, I will analyze and contextualize AIDS prevention brochures targeted at gay men that have been published between 1983 and 1993. As I will further argue throughout this thesis, these brochures are excellent sources to analyze changes in understandings of homosexuality in the Netherlands for a number of reasons. First, the strong involvement of the gay movement in their production provides an argument for self-regulation by homosexuals themselves. As gay medical professionals and gay organizations decided and debated on the content of the brochures, the brochures, as I will argue, incorporate contemporary gay voices and experiences in getting their messages across. Secondly, the prevention brochures lie at the intersection of multiple discourses. Apart from self-understandings of sexual identity, the developing biomedical understanding of the disease can be studied parallel to changes in identification of the risk group. More importantly, the brochures reflect the central decisions and guidelines of prevention policy that targeted gay men. As AIDS policy makers closely monitored and decided on (gay) media output on AIDS, they are reliable sources to argue for a broader understanding of sexual identity.[29]

In analyzing the brochures, my approach is informed by the concepts of discourse and power as conceptualized by philosopher and theorist Michel Foucault. Foucault understood power as something that circulates through and is omnipresent in society, instead of being exercised top-down.[30] He is not interested in fundamental principles of power, but rather in the mechanisms and (social) practices through which power is actually exercised.[31] In analyzing the brochures as prevention discourse, I have performed discourse analysis through performing close reading and visual analysis on their content in order to uncover the power relations between understandings of homosexuality and strategies of prevention. In my analysis, I will specifically pay attention to the changing prevention messages and strategies that reveal understandings of homosexuality so that potential changes in these understandings can be traced. This analysis is conducted by comparing all

[29] Mooij, *Geen paniek!*, 13, 21.
[30] Simon Gunn, *History and Cultural Theory* (Routledge, 2014), 93.
[31] Weeks, *Making Sexual History*, 116.

of the brochures on use of language, visual content and changes in prevention messages and strategies.

In contextualizing the brochures, I will draw from a variety of sources that have been gathered in multiple archival collections. I will use reports, an internal memo, parliamentary proceedings, the revised Dutch constitution of 1982 and distribution records to substantiate the contextual argument. I will mainly use these sources to provide evidence of how the brochures themselves came into being and are a product of attempts of bodily governance. These sources, using the theoretical perspective below, are viewed here as practices of regulation that shape, alter and contribute to prevention discourses, which, as I will demonstrate have an impact on the understanding of homosexuality.

As for a theoretical perspective, a Foucauldian approach will be used that is similar to the approaches used in studies outlined in the section on AIDS and sexuality. I will use the concepts of biopower and governmentality that have been coined Foucault. Although he never fully elaborated on the concept, biopower is, in Foucault's own words, 'an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations.'[32] In other words, he argues that modern states, starting from the seventeenth century, increasingly sought to actively control and regulate their subjects by disciplining and optimizing the capabilities of the body.[33] As the aim of AIDS prevention policy was to keep those at risk healthy, the very strategies and techniques used to achieve this can be seen as tactics of bodily governance. To emphasize these tactics and processes of regulation, I will draw from the concept of governmentality. This concept is best understood as the rationale or art of government, or, more specifically, the process of governing by modern states. Foucault himself has described it as:

> The ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security.[34]

[32] Michel Foucault, *The History of Sexuality: Volume I The Will to Knowledge* (Penguin, 1998), 140.
[33] Foucault, 139.
[34] Michel Foucault, "Governmentality," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Collin Gordon, and Peter Miller (University of Chicago Press, 1991), 102.

Governmentality, then, focuses on the conduct of conduct, or, in other words, on the strategies, tactics and proceedings that are deployed in producing power, in this case over the body, in order to protect and control healthy populations. Taking this perspective as a starting point in analyzing the context of the brochures, they can be viewed as a strategy that contributes to the regulation of sexuality. To avoid confusion between biopower and governmentality I should note that my understanding – or, moreover, the way I deploy these notions here – is as follows: biopower is a process of *producing* power over the bodies of a population in order to govern them. Governmentality, then, focuses on the *strategies* of this production, and allows a closer examination of the ways in which this power is produced. In chapter two, I will further discuss governmentality more specifically, and reflect on other studies that have used the concept.

This thesis consists of three chapters. In the first chapter, I will explore the historiography on Dutch homosexuality in the twentieth century. The focus here will be on how the state and medical science viewed homosexuality, as well as how homosexuals viewed themselves. A brief examination of a book titled *Mannenkoorts*, which was coincidently published in 1983 right before the epidemic to educate gay men on STDs, will provide an example of homosexuality was understood at the beginning of the 1980s. This examination will be used later to compare how AIDS has impacted and burdened the understanding of homosexuality.

In chapter two, I will provide a broad context of the organizations and institutions that were responsible for policy on AIDS. Using the concept of governmentality, I will argue that the overall response to AIDS in the Netherlands during the 1980s can be characterized as a process that seeks to govern the body by stimulating a process of self-regulation within the gay community. In chapter three, I will examine the practices of self-regulation on the level of community and on the personal level in prevention brochures. In total, I have analyzed 19 prevention brochures for gay men.

1. Prior to the epidemic: (Homo)sexuality in the Netherlands

In the early 1980s, homosexuality was generally accepted in the Netherlands and gay men were increasingly organizing themselves. The most significant gay organization, the COC, advised the government on numerous topics. In the course of the 1970s, many gay groups had also formed within existing institutions, such as political parties and universities. At the end of the seventies, a gay health group was formed, consisting of doctors, health care providers, and students.[35] Apart from these groups, which all served a particular interest for 'the homosexual,' there was a strong growth that helped the interests of gay men, such as emerging media, nightlife, and sports clubs. When health organizations started to sound alarm on the emergence of AIDS in 1982, the gay movement would not allow any form of action to inform gay men about the risk of sex or donation of blood without their cooperation. Prevention activities for gay men would be done by gay men. How did the gay movement achieve this position?

In this chapter, I will explore how homosexuality was viewed in the Netherlands prior to the AIDS epidemic. Central are the changing views of the state, medical science, and gay men themselves. Key in this chapter is not only contextualizing homosexual thought in the Netherlands but emphasizing the continuous and complex relationship between homosexuality and medical science. As I will argue in the last section of this chapter, this relationship is best described as a shift from demedicalization of homosexuality to a homosexualization of medicine. The chapter's structure is chronological, starting from the second half of the nineteenth century, but emphasizes developments after the 1960s. I will start, however, by discussing two studies that traced the origins of homosexuality in the Netherlands.

Origins of modern (homo)sexuality

In this section, I will start by discussing two studies that have traced the origins of 'the homosexuality within Dutch society in the eighteenth and nineteenth centuries. Subsequently, I will briefly discuss an article by historian Harry Oosterhuis in which he

[35] Gert Hekma and Jan Willem Duyvendak, "The Netherlands: Depolitization of Homosexuality and Homosexualization of Politics," in *The Lesbian and Gay Movement and the State: Comparative Insights Into a Transformed Relationship*, by Manon Tremblay, David Paternotte, and Carol Johnson (Ashgate Publishing, Ltd., 2011), 107.

discusses the emergence of the modern notion of sexuality at the end of the nineteenth century. The five features he identifies that compromise the modern understanding of sexuality will later be used in this thesis for the analysis on homosexuality in prevention material.

Homosexuality, understood as a concept and category of identity, emerged at the end of the nineteenth century. Social historian Gert Hekma has argued that homosexuality as an exclusive category of identity was a result of a process of 'medical diagnosis' by health professionals. According to Hekma, following Foucault, in the last decade of the nineteenth century, doctors increasingly identified homosexual practices as belonging to a specific identity.[36] This construction of 'the homosexual' was the result of three historical processes. First, the Enlightenment highlighted the social prevention of undesired behavior. As homosexuality was not seen as unnatural, but socially undesirable, doctors and homosexuals sought and found an explanation of homosexuality in biology.[37] Secondly, Hekma identifies a social issue. As the government initiated the so-called civilizing offensive (*beschavingsoffensief*), increasingly seeking to civilize and educate its citizens, the concept of public hygiene was introduced by medical professionals. Individual disease became a societal issue and the state actively started to engage in private life to ensure public wellbeing and order. This process of 'civilizing' resulted in a changing understanding of the homosexual, who came to be considered as a marginal sick person who could be disciplined like criminals and the mentally ill. Finally, at the turn of the century, the 'civilizing offensive' in turn led to a 'moral offensive' (*zedelijkheidsoffensief*). This was a paradoxical development: As homosexuals became aware of a shared identity and possibility of emancipation, homosexuality was increasingly suppressed by the state. Instead of direct or full prosecution, the state sought to socially prevent abnormal (homo)sexual behavior.[38]

Theo van der Meer has criticized Hekma (and Foucault) for not taking individual agency into account. According to van der Meer, scientific notions of homosexuality were not invented out of thin air but were based on homosexual self-understandings and

[36] Gert Hekma, *Homoseksualiteit, een medische reputatie: de uitdoktering van de homoseksueel in negentiende-eeuws Nederland* (SUA, 1987), 15.
[37] Hekma, 215.
[38] Hekma, 218–20.

'common sense knowledge' that had emerged since 1730.[39] At this time, homosexual networks had come to light, and in response various courts started to prosecute and penalize homosexual conduct. By looking at court cases in Utrecht, Amsterdam and the Hague, van der Meer argues that there was a 'will to knowledge' long before the medicalization of homosexuality at the end of the nineteenth century. [40] The courts had made sodomy, a previously unmentionable vice and sin, publicly discussible, demarcating a difference between normal and abnormal behavior within society.[41] This development coincided with the development of the liberal state. This meant that the individual became central in and responsible for public order, which previously was a responsibility of God.[42] In other words, Hekma has argued that the creation of homosexuality by doctors allowed homosexuals to increasingly to identify as such, while van der Meer points out that this self-understanding already existed prior to the nineteenth century and emerged after 1730. Both studies however, showcase that the state has an important role in the constitution and regulation of homosexuality. Van der Meer locates the starting point of developing homosexual thought in 1730, when courts in Utrecht and other Dutch cities started to publicly prosecute sodomites.[43]

More generally, historian Harry Oosterhuis has argued that the modern understanding of sexuality took shape in the last two decades of the nineteenth century, especially in the works of psychiatrist Richard von Krafft-Ebing (1840-1902) and neurologist Albert Moll (1862-1939).[44] In the second half of the nineteenth century, psychiatrists started to gain interest in disorderly sexual conduct, mainly from the forensic preoccupation with personal characteristics of moral offenders, who had committed crimes such as rape, sodomy and public indecency. Instead of viewing mental and nervous disorders as the result of 'unnatural behavior', as physicians had done, psychiatrists suggested that such behaviors were actually caused by inborn sexual deviances. Increasingly, psychiatrists started to classify and categorize the deviant sexual behaviors

[39] Theo van der Meer, *Sodoms zaad in Nederland: het ontstaan van homoseksualiteit in de vroegmoderne tijd* (Nijmegen: SUN, 1995), 47.
[40] van der Meer, 59.
[41] van der Meer, 279, 446.
[42] van der Meer, 453–56.
[43] van der Meer, 13–16. Sodomy-laws were abolished in 1811, when France under Napoleons leadership occupied the Netherlands and introduced the Code pénal.
[44] Harry Oosterhuis, "Sexual Modernity in the Works of Richard von Krafft-Ebing and Albert Moll," *Medical History* 56, no. 2 (April 2012): 133, https://doi.org/10.1017/mdh.2011.30.

they encountered. In the works of Krafft-Ebing and Moll published in the mid-1880s and 1890s, Oosterhuis traces a shift in thinking about sexual deviant behavior as an episodic, singular symptom of a more fundamental disorder to a more general, autonomous and continuous sexual instinct.[45]

In analyzing the works of Krafft-Ebing and Moll he identifies five features of sexual modernity. Here I will just touch upon the three most important ones in this context. First, according to Oosterhuis, one feature of modern sexuality in the works of Krafft-Ebing and Moll is the conceptualization of sexuality as an inevitable and powerful natural force in human life. In turn, sexual desire is something individuals need to come to terms with in order to achieve sexual fulfillment, which would later be related to define personal-wellbeing and happiness.[46] Furthermore, a psychological approach to sexuality became dominate, superseding a physiological approach, and emphasizing how the physical dimension of sexuality affected the mind, and a psychological dimension affected the body. As Oosterhuis notes, this interplay is a possible explanation why 'sexuality has become a meaningful and sensitive experiencein modern Western culture, giving cause to an array of emotional problems such as endless self-scrutiny, [and] fears of being abnormal…'[47] Lastly, closely linked to the psychological experience of sexuality, is the strong link of sexual identity with personal identity. Sexuality, and more specifically sexual perversion, was no longer viewed as temporal digression, but as an essential feature of personality and inner being.[48]

Other than Foucault and Hekma, Oosterhuis, like van der Meer, attributes more agency to the experience of individuals in the constitution of modern sexuality. He argues that it did not just emerge from medical thinking, and that self-observations of the patients of Krafft-Ebing and Moll played a crucial part in the shaping of the modern understanding and experience of sexuality. Patients, as well as doctors, were 'agents of culture.'[49]

[45] Oosterhuis, 134–35.
[46] Oosterhuis, 141, 143.
[47] Oosterhuis, 151.
[48] Oosterhuis, 151.
[49] Oosterhuis, 154.

Homosexuality in the first half of the twentieth century

After the modern notions of sexuality and homosexuality emerged in the second half of the nineteenth century, attitudes towards (homo)sexuality would change in the course of the twentieth century. In the rest of this chapter, I will elaborate on these changing views, starting with views on homosexuality in the first half of the twentieth century. In this section, I will discuss the medical understanding of homosexuality, as well as the view of the state and homosexual self-understandings. First, the medical understanding of homosexuality as a disease or perversion would remain dominant until the 1960s. Doctors attempted to 'cure' gay men of their sexual preference during this period, making use of therapy or procedures such as castration or testicle transplantation from heterosexual men.[50] More generally, however, homosexuality was repressed in Dutch society by moral law and local ordinances, such as a ban on dancing between two individuals of the same sex.[51] The only law that explicitly forbade homosexual practice was article 248bis of the criminal law, which penalized sexual conduct between same-sex minors under twenty-one and adults. It was a symbol of the oppression of homosexuality and would fuel the slowly emerging emancipation movements by the mid-twentieth century. Men that were caught by the police while having sex were, in most cases, also registered as homosexual. Police stations in major cities would keep records for years, giving registered men a hard time by sending a notice to another municipality in case they moved. Being registered could cause issues, such as complicating the application of a certificate of good behavior, which in some cases was needed for job applications.[52]

This repression was the result of the aforementioned 'moral offensive' (*zedelijkheidsoffensief*), which was driven by confessional political parties and a moral lobby. In the first decades of the century, Christian parties increasingly took over political power from liberals and socialists, and from 1918 until 1967 they managed to maintain a majority in the Dutch parliament.[53] Article 248bis had been part of a whole package of moral law that extended and tightened existing moral laws and regulated prostitution,

[50] Gert Hekma, *Homoseksualiteit in Nederland van 1730 tot de moderne tijd* (Meulenhoff, 2004), 76–77.
[51] Pieter Koenders, *Tussen Christelijk Réveil En Seksuele Revolutie: Bestrijding van Zedeloosheid Met de Nadruk Op Repressie van Homoseksualiteit* (Amsterdam: Stichting beheer IISG, 1996), 824.
[52] Koenders, 832–33.
[53] Harry Oosterhuis, "The Netherlands: Neither Prudish nor Hedonistic," in *Sexual Cultures in Europe: National Histories*, ed. Franz X. Eder, Lesley Hall, and Gert Hekma, trans. Ton Brouwers and James Steakley (Manchester & New York: Manchester University Press, 1999), 73.

birth control, abortion and pornography.[54] In general, between late nineteenth century and the 1960s Christian norms and values strongly influenced sexual thinking and behavior.[55] As familial politics were emphasized, the general sexual standard was controlling of nature. In other words, sex was part of marriage and meant for procreation. All other expressions of sexuality needed to be repressed or disciplined.

After World War II,[56] the state resumed and intensified its repressive policies. This largely had to do with a growing gap between the official state conservative morale and daily practice. Rapid urbanization and industrialization started to undermine the controlling sexual standards of the state. As a result, the moral climate was characterized by discipline and austerity.[57] As a result, there had never been so many convictions based on article 248bis as during the late 1940s and 1950s.[58] Against this background, the COC (*Centrum voor Cultuur en Ontspanning* /Center for Recreation and Culture) was established in 1946. Apart from developing social and cultural activities, the movement generally favored the aim of equal rights and social acceptance of homosexuality, followed by social integration after the 1970s.[59]

Parallel to and because of these developments, Gert Hekma has also described how homosexual self-understanding evolved in response to the repressive measures. Until the 1950s, public spaces formed the scene for homosexual life. Most sexual encounters took place on the street, in parks, urinals, porches or other quiet corners in public places. Sexual networks at these places generally consisted of fags (*nichten*) and *tules*: heterosexual men. Straight men participated in homosexual networks as it was often their only way to cope with sexual desires. Prostitutes were expensive, and women weren't available for sex due to the virtue of virginity before marriage and marital fidelity.[60] Many homosexuals

[54] Oosterhuis, 74.
[55] Oosterhuis, 71.
[56] I have chosen not to discuss homosexuality during World War II/the German occupation of the Netherlands. However, to be complete, historian Anna Tijseling has researched the prosecution of homosexual men during the German occupation in the 1940s in the Netherlands. She argues that during the 1940s, defendants of homosexual crimes began claiming human rights in the legal proceedings against them. Anna Cornelia Marie Tijsseling-Stek, "Schuldige Seks, Homoseksuele Zedendelicten Rondom de Duitse Bezettingstijd" (Utrecht University, 2009), https://dspace.library.uu.nl/bitstream/handle/1874/39322/tijsseling.pdf?sequence=2.
[57] Oosterhuis, "The Netherlands: Neither Prudish nor Hedonistic," 177.
[58] Hekma, *Homoseksualiteit in Nederland van 1730 tot de moderne tijd*, 100.
[59] Hekma and Duyvendak, "The Netherlands: Depolitization of Homosexuality and Homosexualization of Politics," 106–7.
[60] Hekma, *Homoseksualiteit in Nederland van 1730 tot de moderne tijd*, 73.

identified themselves as fags, anticipating on feminine characteristics, to be more acceptable to heterosexual partners.[61] After the war, the *tule* was increasingly disappearing from the sexual scene and *nichten* (fags) started to view themselves as *homo* (gay). This shift primarily had to do with three developments. There was an increasing gap between the state's sexual morale and actual sexual practice, which led to a stricter compliance of moral laws and local regulations during the 1950s. First, this led gay men to increasingly seek their pleasures and needs behind closed doors, which, second, was possible because two gay 'dancings' (bars) had opened in Amsterdam. Third, the disappearance of the *tule* can be explained by changing sexual practices, while gay men were increasingly chased from the streets by the police, premarital sex was becoming more commonly practiced and as wages increased, prostitutes became more affordable.[62] Hekma notes that there is an irony in the disappearance of the *tule*, and the transformation of the *nicht* into the *homo*, which meant that gay men increasingly focused on each other sexually. This shift in self-understanding is paralleled by a slowly increasing public acceptance of homosexuality. The irony lies in the fact that sexual segregation for gay men started at the moment when social integration was introduced.[63] In short, there is a clear relationship between state repression and homosexual self-understandings. By repressing homosexuality, the state itself generated a minority that increasingly sought to emancipate itself.

The sexual revolution

A tremendous shift in sexual thinking occurred in the 1960s and is more commonly known as the sexual revolution. Sociologists and historians have emphasized the characteristics of this shift differently. Most commonly, the sexual revolution is characterized as a shift from a traditional, restrictive and puritan morale to a permissive, liberal sexual standard.[64] Social historian Annet Mooij has characterized this as the replacement of a traditional morale by a medical one. According to her, further developing public health, hygiene and the introduction of drugs that could easily cure venereal diseases increasingly undermined the

[61] Hekma, 72–73.
[62] Hekma, 104–5, 124.
[63] Hekma, 105.
[64] Gertjan van Zessen and Theo Sandfort, eds., *Seksualiteit in Nederland: seksueel gedrag, risico en preventie van aids* (Swets & Zeitlinger, 1991), 97; Paul Schnabel, "Het verlies van de seksuele onschuld," in *Het verlies van de onschuld: seksualiteit in Nederland* (Amsterdams Sociologisch Tijdschrift, 1990), 11–50; Oosterhuis, "The Netherlands: Neither Prudish nor Hedonistic."

traditional sexual standard.[65] She argues that the response to AIDS is the ultimate example of how the medical morale had won from its traditional counterpart, as moral panic and traditional moral narratives on AIDS were virtually absent in the Netherlands.[66] Another, broader characterization is that the effects of the sexual revolution in the Netherlands were a consequence of a transition from a production to consumer society.[67] In general, the 1960s are considered as a decade that changed Dutch society from a rather conservative and traditional European country into one of the most liberal and progressive countries on the continent.[68]

During the 1960s, the Netherlands saw major developments on multiple fronts, such as rapid economic growth, increasing welfare and social security, political renovation and the emergence of a (postwar) youth culture and a subsequent generation conflict.[69] At the same time Dutch society was increasingly secularizing and 'depillarizing' (*ontzuilen*). Historically, Dutch society had been 'pillarized' since the early twentieth century. Each pillar (*zuil*) – Catholic, Protestant, socialist and 'liberal'[70] – was based on its own ideology or religion and institutionalized in various political parties and networks of societal organizations.[71] The political elite of each pillar had governed society based on consensus throughout the twentieth century. Depillarization and secularization led to and were caused by increasing individualization. In other words, social life, desires and needs increasingly focused on the individual rather than the social pillar that one was thought to belong to.[72]

Parallel to all these developments, public attitudes and understandings of sexuality changed rapidly. There are two big changes that the sexual revolution brought about. First,

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[65] Annet Mooij, "Triompf Der Medici: Aids, Geneeskunde En Homoseksualiteit," in *Aids: Instellingen, Individu, Samenleving*, ed. I. Ravenschlag, M.A.M. de Wachter, and H.A.E. Zwart (Baarn: Uitgeverij Ambo BV, 1990), 92–93.
[66] Mooij, 104–6.
[67] Hekma, *Homoseksualiteit in Nederland van 1730 tot de moderne tijd*, 120.
[68] James Kennedy, *Nieuw Babylon in aanbouw: Nederland in de jaren zestig*, trans. Simone. Kennedy-Doornbos (Amsterdam: Boom, 1995), 10–11.
[69] Hans Righart, *De Eindeloze Jaren Zestig: Geschiedenis van Een Generatieconflict* (Amsterdam: De Arbeiderspers, 1995), 13.
[70] Liberals did not see themselves as a pillar, as they were against pillarization. They are however commonly referred to as a pillar.
[71] Judith Schuyf and André Krouwel, "The Dutch Lesbian and Gay Movement," in *The Global Emergance of Gay and Lesbian Politics: National Imprints of a Worldwide Movement*, ed. Barry D Adam, Jan Willem Duyvendak, and André Krouwel (Philadelphia: Temple University Press, 1999), 158.
[72] Kennedy, *Nieuw Babylon in aanbouw*, 114.

sexuality became visible and debatable, which meant that it could be openly discussed. Secondly, there was a change in the signification and evaluation of sexuality. Gratifying sexual relationships and well-being were increasingly stressed.[73] Overall, historians have characterized the revolution as mainly rhetoric.[74] It did not lead to major changes in sexual practice amongst the general population, but certainly in thinking about sex. In naming, making visible and discussing sexuality, it became part of public discourse.[75]

The role of the state changed accordingly. In the first decade after the war, it had still sought to regulate social and sexual relations by emphasizing family politics and repressing undesired sexual behavior. After the sexual revolution, when the individual became free in the choice, expression and experience of sexual behavior, the task of the government was limited to the protection of that freedom.[76] However, during the 1970s the difficulties of liberated sexuality started to become clear. Where the traditional morale was merely preoccupied with the repression of sexuality, a more liberal sexual standard is confronted with complicated issues on how to shape, experience or negotiate sexuality. In other words, as sexuality is liberated, it becomes wild, untamed and difficult.[77] Subsequently, the Dutch government had to use other tactics and strategies in order to regulate social and sexual relations. Generally, Dutch politics shied away from topics that were politically sensitive in order to maintain a consensus within a historically pillarized political system. Instead, responsibility and action on topics such as sex education were devolved to institutions and organizations that were specifically involved in such issues.[78] In the next chapter I will further elaborate on which strategies were used in order to regulate sexuality in response to AIDS.

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[73] Oosterhuis, "The Netherlands: Neither Prudish nor Hedonistic," 85.

[74] Gert Hekma, "Kermis in Amsterdam, of de cultuur van de seksuele revolutie," in *Het verlies van de onschuld: seksualiteit in Nederland*, ed. Gert Hekma et al. (Amsterdam: Amsterdams Sociologisch Tijdschrift / Wolters-Noordhoff, 1990), 118–19; Kennedy, *Nieuw Babylon in aanbouw*.

[75] Zessen and Sandfort, *Seksualiteit in Nederland*, 103; Hekma, "Kermis in Amsterdam, of de cultuur van de seksuele revolutie," 118–19.

[76] S. W. Couwenberg, "Seksuele revolutie ter discussie," in *Seksuele revolutie ter discussie: van Phil Bloom tot Sex and the City*, ed. S. W. Couwenberg, Civis Mundi Jaarboek 2005 (Budel: Damon, 2005), 13.

[77] Schnabel, "Het verlies van de seksuele onschuld," 27.

[78] In comparing sex education as prevention of teenage pregnancy in England, Wales and the Netherlands, sociologists Jane Lewis and Trudy Knijn have showcased how political debates on sexual education in the Netherlands were evaded in favor of political consensus. The responsibility for sex education was instead devolved to organizations that were involved in sex education and teenage pregnancy. See: Jane Lewis and Trudie Knijn, "The Politics of Sex Education Policy in England and Wales and The Netherlands since the 1980s," *Journal of Social Policy* 31, no. 4 (November 22, 2002): 669–94, https://doi.org/10.1017/S0047279402006761.

Emergence of the gay movement and culture

After the 1960s, the state was no longer the moral master of its citizens. This contributed to the general acceptance of homosexuality, and the emergence of the gay movement and culture. The COC grew in number and continued initiating integration of homosexuals. Its biggest achievement was the abolition of article 248bis in 1971. From this moment on, homosexuality was no longer a disease, a sin or a crime. Homosexuals increasingly were seen as equal Dutch citizens.[79]

The sexual revolution had created a climate in which the gay movement and gay culture could flourish. Parallel in the rise of gay culture, gay people also viewed themselves differently according to Hekma. The generation of gay men that emerged in the sixties did not want to distinguish themselves from heterosexuals.[80] In the 1970s they would go even further, and start to emphasize their masculinity by wearing jeans, t-shirts, check shirts, and short hair.[81] According to Hekma, there simultaneously came more equality in sexual relations: gay men started to prefer harder and more direct sex, whereby erotic equality was further expressed by a preference for active and passive role reversal.[82] Although it is unclear on what Hekma specifically bases the claim of direct and harder sex, the development of gay life increasingly taking place indoors in instead of outdoors is an possible explanation for changing sexual practice. Now that gay sex could be practiced in the 'comfort' of a darkroom or gay sauna, gay men were not limited to the limitations of public spaces where superficial, quick and anonymous contacts had been central. One thing that can be said with certainty, is that with the general emergence of gay culture, sexual subcultures emerged, such as the leather scene, in which direct, hard and anonymous sex was often more valued.[83]

The increase in sexual subcultures also had a parallel development in the incidence of venereal diseases. During the 1970s there was a rapid rise in STD infections in Amsterdam. Taking gonorrhea as an example, table 1 showcases the number of diagnoses at a municipal

[79] Hekma, *Homoseksualiteit in Nederland van 1730 tot de moderne tijd*, 121, 130.
[80] Hekma, 124.
[81] Hekma, 124–25.
[82] Hekma, 124–25.
[83] Hekma, 124–25.

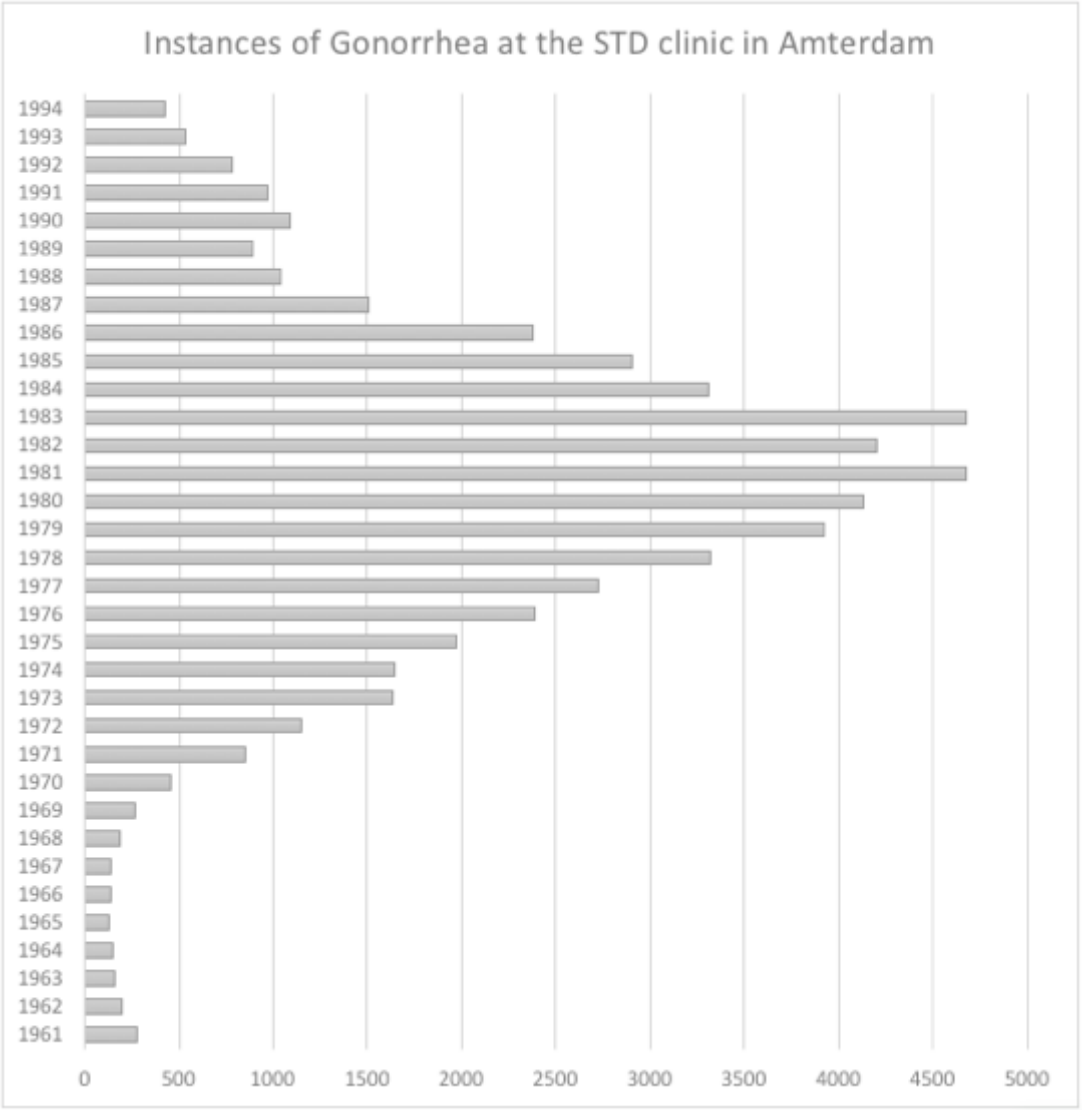

Table 1 Instances of gonorrhea at the STD clinic in Amsterdam. Table compiled of data in Jaarverlsag Soa Poli GG&GD Amsterdam 2003.

STD outpatient clinic (*GG&GD soa poli*) in Amsterdam from 1961 to 1994.[84] As can be seen, the number of gonorrhea infections skyrocketed towards the end of the seventies; there had been 450 cases of infection in 1970, against 4671 in 1981. That is more than a tenfold of growth in a decade.[85]

Not only does the rise in STDs signify a trend in the emergence of (gay) sexual culture, the pragmatic response by the government and health organizations also demonstrates a new way of dealing with sexual issues. First, the government revived a

[84] Table is based on overview of instances of gonorrhea between 1961 and 2003 in an annual report of the GG&GD Soa Poli in Amsterdam, which can be found in: .GG&GD Amsterdam, "Jaarverslag 2003 SOA Polikliniek GG&GD Amsterdam" (Amsterdam: Gemeentelijke Geneeskundige en Gezondheidsdienst Amsterdam, 2004), 33.

[85] These figures do not take so-called 'repeaters' into consideration. Whether being straight or gay, the figures compiled in table 1 present the number of infections, not the number of infected. GG&GD Amsterdam, 9.

private organization that would become known as the *SOA Stichting* (STD Foundation), which sought to raise awareness of STDs in the Netherlands.[86] In addition to this, seven new outpatient clinics were subsidized in Amsterdam, Utrecht, Rotterdam and The Hague that came under the responsibility of the municipal health services (the GG&GDs, *Gemeentelijke Geneeskundige en Gezondheids Dienst*).[87] More importantly, the GG&GD in Amsterdam started an extra service for gay men. Gay venues, such as cruising bars and saunas, would be visited monthly by a nurse, who could check the visitors of these establishments on possible symptoms of the most common STD infections.[88]

Homosexualization of medicine: *Mannenkoorts*

Most importantly, the rise in STDs also led to a remedicalization of homosexuality, or rather a homosexualization of medicine. The best example of this shift is the publication of a small book titled *Mannenkoorts* (*Men fever*) in 1982 (figure 1).[89] *Mannenkoorts* was published by *de Woelrat*, a gay book fund, in cooperation with Buro GVO (*Gezondheidsvoorlichting en opvoedin*g), an organization for health education that would later also be responsible for the publication of AIDS prevention material for gay men. The was translated and adjusted to the Dutch situation by the *Homogroep Gezondheidszorg* (Gay group health care) from the German *Sumpf-Fieber* (1982), which was written and published by gay doctors in Berlin. Lastly, the book was indirectly subsidized by the government via the STD foundation.[90]

As the preface of the book indicates, it sought to raise awareness among sexually active gay men on multiple aspects of their sexual lifestyle:

> Of great importance is of course to the group for whom it [this book] is primarily intended: the fags.[91] In contrast to a lot of information material, when reading this book, they can form a good picture themselves, especially of the lusts and burdens of an active fag life. Knowledge about one's own body, the possibilities

[86] Annet Mooij, *Out of Otherness: Characters and Narrators in the Dutch Venereal Disease Debates 1850-1990*, trans. Beverly Jackson (Rodopi, 1998), 191; Gerjo Kok et al., "'Safe Sex' and 'Compassion': Public Campaigns on AIDS in the Netherlands," in *The Dutch Response to HIV: Pragmatism and Consensus*, ed. Theo Sandfort (Taylor & Francis, 1998), 21, 25; Mooij, *Geen paniek!*, 20.
[87] Mooij, *Out of Otherness*, 192; Mooij, *Geen paniek!*, 20; Kok et al., "'Safe Sex' and 'Compassion,'" 21, 25.
[88] Mooij, *Out of Otherness*, 192.
[89] Claus HenrichCoester et al., *Mannenkoorts*, ed. Leo Dullaart et al., trans. Frits Blog et al. (Den Haag: de Woelrat C.V., 1982).
[90] HenrichCoester et al., 9–10.
[91] In Dutch, homosexuals are here referred to as *flikkers,* which originally is a pejorative term for homosexuals, but was re-appropriated by Dutch homosexuals in the 1970s. I have opted for translating it has 'fags' as this term was similarly re-appropiated and bears the closest resemblance.

> that this offers for satisfying sexuality, also with respect to the partner(s) and the relation to the so-called STDs (Sexual Transmitted Diseases), are brought together in an honest and clear manner. This makes it possible for fags to know the responsibilities of their lifestyle themselves.[92]

This quote is a demonstration of the achievements of the sexual revolution and gives insight into how sexuality was viewed by gay men at the beginning of the 1980s. First, by emphasizing the 'lusts and burdens' of a gay lifestyle, individual responsibility for the proper deployment of one's sexuality is underlined. This is furthermore demonstrated by the focus on the possibility of having a 'satisfying' sexuality. Thirdly, there is a strong focus on the body and its uses for sexual pleasure and desire, which is explicitly emphasized by a medical view of the anatomical body. The book discusses many body parts in detail, discussing its primary functions and the way they can be used and understood during sexual practice. Often anatomical images are included, such as, for example, depicted in figure 2.

Figure 1: Front cover Mannenkoorts *(1983).*

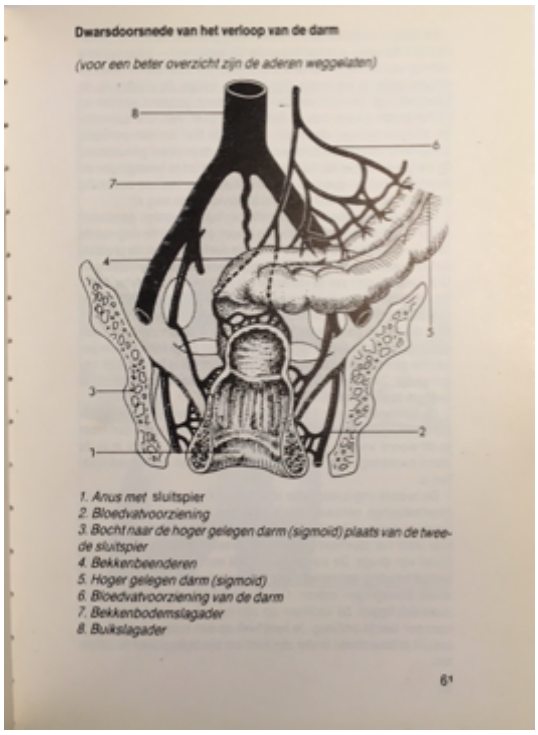

Figure 2: Page 61 of Mannenkoorts *with anatomical drawing of the gut.*

[92] HenrichCoester et al., *Mannenkoorts*, 1982, 7.

Lastly, the explicit reference to STDs is also significant. Without a doubt, the book was intended to make gay men more aware of STDs, while, simultaneously, it gives no explicit advice on how to prevent an STD infection. In the 134 pages of the book, there is no single reference to safe sex or condoms. The book even goes so far as describing what happens to semen when it enters the gut, and gives detailed descriptions of what happens to the rectum when fist-fucking, as well as descriptions on how such practices can best be done from a medical point of view without harming the body.[93]

In *Mannenkoorts*, medical and sexual understandings of the body overlap. Generally there is an ambiguous representation of the body, which is best visually summarized by the promotional poster (Figure 3). Translated the text on the poster says:

WARNING! MEN FEVER QUICKLY SPREADS OVER OUR COUNTRY!

TO GET INFECTED, GO TO YOUR BOOKSTORE QUICKLY[94]

The text is accompanied by a graphic of a clearly excited man in a suggestive pose, emphasizing bodily pleasure. The text and meaning of the poster is ambiguous, making use of metaphors. Ironically, the poster uses illness as a metaphor in the exact opposite meaning as Susan Sontag has postulated. Where Sontag argued that metaphors are often used for illnesses (such as a military metaphor in which disease 'invades' the body),[95] here, instead, disease itself is used as a metaphor for sex. As the image highlights sex and bodily pleasure, the metaphor of fever is used for excitement, suggesting that 'getting infected' is necessary to also get the 'men' fever (e.g. homosexual pleasure). On the other hand, the metaphor of illness and the emphasis on the body simultaneously stipulate health and well-being. Clearly, this poster is intended to lure gay men to buy the book and increase their knowledge of their bodies and its capacities for pleasure. STD discourse is in this sense presented as matter of fact: it is considered a health issue and a problem, but one that is subordinate to sexual pleasure. In any case, the use of illness as a metaphor for sexual pleasure is significant, as it would be unthinkable that it would ever be used to describe sexual pleasure with the rapid emergence of AIDS.

[93] HenrichCoester et al., 56–67.
[94] International Homo en Lesbisch Informatiecentrum en Archief (hereafter IHLIA) Amsterdam, IHLIA collection, Waarschuwing: Mannenkoorts Verspreidt Zich Snel Over Ons Land' [promotional poster *Mannenkoorts*], (De Woelrat 1983).
[95] Sontag, *Illness as Metaphor and AIDS and Its Metaphors*.

Figure 3: Promotional poster of Mannenkoorts *(1983). Courtesy of IHLIA.*

It is hard to tell to what extent *Mannenkoorts* resonated amongst homosexuals in the Netherlands. I have not come across records of the number of prints of the first edition in my archival research – although a second and third edition followed in 1983 and 1984[96] – and neither have I come across records on where the book was sold. In addition, there is a strong focus on penetrative anal and dirty sex, which makes it seem like the publication is predominantly meant for a subcultural niche that engaged in such practices.

In sum, *Mannenkoorts* can be identified as a peculiar pinnacle of sexual emancipation of gay men in the Netherlands at the beginning of the 1980s. It represents various achievements of the sexual revolution: homosexuality as a normalized identity, focus on individual responsibility, freedom of sexual practice, self-determination over the body, health and sexuality. Moreover, in contrast with medical understandings just three decades prior to its publication, it is proof of how homosexuality itself was demedicalized and, to some extent, how medicine was homosexualized by taking up specific health issues of gay men. This should, however, be seen in perspective: The book was published by the Gay Health Group and thus does not represent the whole medical field in Dutch society. However, the possibility of medical professionals to team up and publish such a book with supporting funds of the government is proof of the atmosphere in which sexual issues were dealt with.

On a final note, aside from being a milestone, the book simultaneously introduces the AIDS era. The last two-page chapter of the book reports on how a rare condition of skin cancer (Kaposi Sarcoma) was diagnosed among 300 gay men in the United States, of which 100 had died by the time of publication. Although it is stated that this development is alarming, the section merely informs its readers about the possibility of a new 'gay disease' and does not include a single warning:

> The *preliminary conclusion* is that nothing is known with certainty about the cause of the new disease. It is only clear that the aforementioned combination of various infections and other factors can be found in all victims. In the

[96] Claus HenrichCoester et al., *Mannenkoorts*, ed. Leo Dullaart et al., trans. Frits Blog et al., 2nd ed. (Den Haag: de Woelrat C.V., 1983); Claus HenrichCoester et al., *Mannenkoorts*, ed. Leo Dullaart et al., trans. Frits Blog et al., 3rd ed. (Den Haag: de Woelrat C.V., 1984).

> meantime, we have to closely monitor further developments, in which the American research into the cause of these infections is central.[97]

Little did these writers know of what was to follow in the next decade. What is remarkable here is that such concerns about a new disease could already be expressed by gay health professionals in a book like *Mannenkoorts*, while little was known about this new condition, especially that it could potentially spread to the Netherlands. In other words, to some extent, *Mannenkoorts* demonstrates that there already were gay health professionals in key positions prior to the first cases of AIDS in the Netherlands, which enabled them to adequately respond to the epidemic. What this response looked like will be discussed in the next chapter.

Conclusion

The concepts of homosexuality and sexuality emerged in the second half of the nineteenth century. Where Theo van der Meer had argued that homosexual selfunderstanding had already developed since the seventeenth century, Hekma and Oosterhuis have stressed that the modern conceptions of sexuality and homosexuality were shaped in medical and psychological discourses in at the end of the century. After its conception, for most part of the twentieth century, sexuality in the Netherlands was viewed in terms of a restrictive, traditional morale that was determined by moral laws. Homosexuality was actively repressed by the state. During the 1950s, a more liberal sexual standard emerged in daily practice due to rapid urbanization and industrialization. Although the state doubled its efforts to maintain the puritan sexual morale, various developments, such as economic growth and the rise of the welfare state, led to a sexual revolution.

The sexual revolution made sexuality visible and discussable. In the literature about the revolution, there is general consensus that the sexual revolution dismantled the restrictive sexual standard. The state no longer determined the form or function of sexual relations, and its role changed to that of a protector of the new sexual liberties. Under this rapid changing climate, homosexuality was increasingly accepted. Slowly it was not considered a disease or crime anymore. Under the new sexual atmosphere, gay life and subculture started to flourish, eventually generating its own specific medical needs.

[97] HenrichCoester et al., *Mannenkoorts*, 1982, 126.

The publication of *Mannenkoorts* further demonstrates the continuous and complex relationship between medicine and homosexuality, and showcases how medicine was homosexualized. In other words, as homosexuality was increasingly normalized and not considered a 'medical' issue anymore, the focus instead shifted to homosexual health. At the end of the 1970s, homosexuality itself was not a disease, but was plagued by venereal diseases. Simple medical treatments made the rise in STDs not an urgent issue, until a new deadly disease brought homosexuals into the center of medical attention.

2. Governing the body: the context of the brochures

Introduction

How has the Dutch response to AIDS developed between 1983 and 1993? In answering this question, I want to provide a broad context in which the prevention brochures should be understood. This chapter consists of two parts. In the first part, I will provide a context in relation to the organizational structure responsible for all AIDS policy, as well as the organizations that were involved in the production of the brochures for gay men and prevention policy in general. In the second part, I will further elaborate on Foucault's governmentality, and use this as a framework to analyze the organizational structure that was responsible for the brochures, with special attention to the response of the Dutch government. While contextualizing the sources, I will argue that in the developing response to the AIDS epidemic a process of governing of the body can be recognized. I will further elaborate on this argument when discussing Foucault's governmentality later in this chapter. For now, put simply, when saying 'governing the body' I refer to all the processes, strategies and mentalities that are deployed in order to protect and prevent healthy bodies of getting infected with HIV. One of the effects of this governance is a process of self-regulation amongst the gay community. I will further elaborate and argue on what this process of self-regulation looked like in the next chapter. For now, however, it is vital to understand that the mentality and conduct of the Dutch government, or in other words, the way in which the Dutch government has acted in response to the epidemic, has ultimately shaped and changed understandings of sexuality of and amongst its population. This regulation of sexuality, is then, as I will argue, an effect of a process of government. Ultimately, the discussion in this chapter will also shed light on how the Dutch government viewed homosexuality.

From private initiative to government institution

The organizational structure that was responsible for all AIDS policy and prevention brochures is best explained in three steps: it emerged from a private initiative in 1983 and was at the same time professionalized by the organizations involved and later institutionalized by the government in 1986. In this section I will first discuss each of these steps of the developing organizational structure and its shifting responsibilities. Thereafter, I will briefly consider the organizations that have been responsible for the production and

distribution of the brochures for gay men and men who have sex with men. As will become clear, from 1983 to 1993, the organizations responsible for the content of the brochures remained virtually the same, while the organizational structure that oversaw all their work rapidly evolved and bureaucratized under the influence of the Dutch government. In addition, another consistency can be seen in the objectives and starting points of prevention policy that have been developed during this period. I will briefly elaborate on these at the end of the section. Most important in this context is the fact that although the government increasingly took over responsibility for AIDS policy, the principles and starting points of these policies had largely been determined by the gay movement in 1983.

During this year, the first response to AIDS in the Netherlands emerged from a compromise that was reached between the gay movement and the Central Laboratory for Blood Supply (CLB, hereafter blood bank). After the first patient was diagnosed in the Netherlands in 1982, the blood bank started to panic because it was assumed that this new disease could spread via blood and anal sex. This instantly turned gay people into a risk group and posed them as threat to the national blood supply. In general, blood banks usually had large numbers of gay blood donors. At the end of the 1970s, leaflets to promote blood donation were often actively spread at gay events in the Netherlands. Because gay men posed a sudden threat to a healthy blood supply, hemophilia patients, who heavily depended on the supply because of their condition, also instantly became a risk group.[98] In taking responsibility for these patients, the blood bank informed the GG&GD Amsterdam in January 1983 that they had decided to invoke a ban on blood donation by gay men. They requested the GG&GD Amsterdam, the municipal health service, to act as a mediator in informing gay organizations. The GG&GD was familiar with many organizations as they had collaborated on STD testing and prevention projects.[99]

A meeting was organized at which the arguments for and against a ban were discussed. This meeting took place on Sunday 23 January 1983, which became known as 'Bloody Sunday.' Apart from the blood bank and the GG&GD, the gay movement was mainly represented by, the COC, Buro GVO, a local health organization in Amsterdam that had been involved with the publication of *Mannenkoorts*, and the SAD (*Stichting Aanvullende Diensverlening/ Foundation of Ancillary Services*) a small and young

[98] Mooij, *Geen paniek!*, 7.
[99] Mooij, 6.

organization that consisted of gay doctors, students and other medical professionals. On Bloody Sunday, the blood bank argued it was necessary to safeguard the blood supply, while the gay movement argued that there was no urgency for a ban, as no one had been diagnosed with AIDS as a result of blood transfusion. More importantly, the gay movement feared stigmatization and discrimination of gay men in the Netherlands at large. In other words, banning gay men from blood donation could make gay blood seem contaminated and filthy, and, as the gay movement argued, being filthy in one way, is also to be filthy in another.[100] Eventually, Bloody Sunday resulted in the abandoning of the proposed ban. Both sides turned out to be sensitive to each other's arguments. During a following meeting a month later, a compromise was reached. All parties agreed that the gay movement itself would start to advise gay individuals to stop donating blood, as it was technically impossible to exclude gay men from blood donation. The cooperation of the gay movement was necessary to urge gay donors to withdraw voluntarily. Meanwhile, the blood banks would raise awareness of AIDS amongst hemophiliac patients.[101] The strategy that was chosen to do this, was through the creation of two brochures: one for hemophiliac patients and one for homosexual men.[102] A year later, a virtually similar brochure for homosexuals was published, which updated its readers on the current state of affairs.[103]

Following the events of Bloody Sunday, the organizations that had started to collaborate felt the need to professionalize this collaboration into a more formal structure. Shortly after the publication of the first brochure, the National Coordination Team AIDS (*Landelijk Coordinatieteam AIDS*) was established. This team sought to centralize communication and policy concerning AIDS and started to broaden its scope by including other organizations for which AIDS started to become an issue. Apart from the organizations present at Bloody Sunday, more organizations were added to the mix, such as the Chief Medical Inspection (*Geneeskundige hoofdinspectie*), another government health institution; Drug Support Services (*Drugshulpverlenging*) – because intravenous drug users were at risk of incurring AIDS by sharing needles –; and the STD Foundation. Additionally, an official of the Ministry of Wellbeing, Public Health and Culture (*Ministerie*

[100] Mooij, 8–9.
[101] Veenker, "The Decisive Role of Politics: AIDS Control in the Netherlands," 124; Mooij, *Geen paniek!*, 13–15.
[102] Brochure 1983.
[103] Brochure 1984.

van Welzijn, Volksgezondheid en Cultuur, hereafter Ministry of WVC) was added to the group, who was responsible for the approval of subsidy applications at the ministry.[104] Although the involvement of the ministry and other governmental health organizations increased, the Dutch government had not formally adopted an AIDS policy of its own, and had therefore not taken formal responsibility for the issues concerning AIDS. The Ministry of WVC did provide funding for the Coordination Team. For example, the head of the National Coordination team, the National Coordinator, was initially the only member to receive a salary through subsidies granted by the Ministry. Other staff for administrative tasks and the AIDS information hotline (*AIDS infolijn*), launched in 1985, were later added.[105]

Finally, in 1987, the organizational structure surrounding AIDS policy was institutionalized by the government. On the one hand, AIDS was increasingly becoming an international issue, which made it necessary for the Dutch government to formally respond to the epidemic.[106] On the other hand, due to the growing number of AIDS patients and increasing complexity in social, legal, and healthcare issues, the National Coordination Team felt the need for a more formal structure to deal with these issues.[107] After all, this collaboration was still a private initiative that had no formal or official status.[108] To illustrate, the COC started to re-evaluate its role in the education and prevention efforts. In a memo dated on 15 March 1987 that circulated among the organizations involved in the production of prevention material for gay men, the COC stated that their role was 'shifting from the issuing of own materials to the advising of those institutions that are more focused on the production and publication of information material on a larger scale.'[109] Two reasons listed for this decision, the first being that the COC believed it is a primary task of the authorities to educate men who have sex with men, as the main purpose of the COC itself was to further integrate and emancipate the gay community

[104] Mooij, *Geen paniek!*, 17.
[105] Overall, in 1984 and 1985 approximately f 100.000 allocated to pay for staff on AIDS Coordination, in 1985 f 150.000 was made available. Amounts are indicated in a parliamentary proceedings document: Tweede kamer, 1985-1986, 19218, nr. 4, 'Lijst van Antwoorden', 28-11-1985, p. 9.
[106] Sandfort, "Pragmatism and Consensus: The Dutch Response to HIV," 9–10.
[107] NCAB, "Interne Evaluatie 1987 - 1991" (Amsterdam: Nationale Comissie AIDS-bestrijding, April 1991), 3.
[108] A.G. Dirksen, H.P. Griffioen, and R.M. Lapré, eds., *Evaluatie-Onderzoek Nationale Commissie Aids Bestrijding* (Utrecht: KPMG, 1991), 11–12.
[109] IHLIA, Amsterdam, Archief SAD, box 95, folder 'Algemene Preventie-projecten. 1980-1990', Memo 'De plaats van het COC in het voorlichtingsbeleid' dated on 15 March 1987.

within Dutch society. The second reason was a more practical one: 'The information material that is needed and the amount of energy that has to be invested in this process are both increasing in such a way that the COC sees no possibility – regarding staff and financials – to carry out this task by ourselves.'[110] Although the COC stopped with producing materials of its own, the organization remained involved in the production of prevention material that was produced under the responsibility of a new government institution.

On the other hand, on 14 July 1987 the State Secretary of the Ministry of WVC issued a letter and policy note to the *Tweede kamer* (the Dutch parliament), in which he presented a policy that was informed by the numerous emerging issues the National Coordination Team faced as more people were diagnosed with either HIV or AIDS.[111] The cornerstone of this policy was the replacement of the National Coordination Team with the National Committee of AIDS Control (NCAB), a formal government institution fully funded by the government for a period of 4 years, which would be extended with an additional 4 years in 1991.[112] The NCAB consisted of experts that advised the government on general AIDS policy, and, simultaneously, carried out and oversaw the implementation of this policy.[113] In 1987 the NCAB was formally installed, effectively centralizing all expertise on AIDS/HIV prevention, research and healthcare and replacing the National Coordination Team AIDS. Apart from institutionalization, the further development of the NCAB was characterized by bureaucratization: In the first four-year period, the staff of the NCAB increased from 16 to 34 and the costs for staff and operations tripled from f 928.800 in 1987 to 2.894.800 in 1991.[114] Not to mention that these costs do not even take the subsidies into account for all the prevention and research projects that the NCAB advised the Ministry on. In sum, with the NCAB the government had created a bureaucracy in which expertise, policy and decision-making on AIDS were centralized in the form of a governmental bureaucratic institution.

Against the background of this evolving organizational structure, there are two consistent factors: the organizations that determined the content of the brochures that

[110] IHLIA, Amsterdam, Archief SAD, box 95, folder 'Algemene Preventie-projecten. 1980-1990', Memo 'De plaats van het COC in het voorlichtingsbeleid' dated on 15 March 1987.
[111] Since 1985 it was known that AIDS was caused by HIV.
[112] NCAB, "Interne Evaluatie 1987 - 1991."
[113] 1986-1987, 19218, nr. 9, 'Nota inzake het Aidsbeleid', 14-07-1987, p. 29.
[114] NCAB, "Interne Evaluatie 1987 - 1991," 75–79.

targeted gay men and the objectives and starting points for AIDS policy. First, the organizations that had collaborated under the National Coordination team consistently continued to determine the content of the brochures for gay men after 1987, now under the auspices and responsibility of the NCAB. At this time, brochures were published and created by Steering Committee AIDS Prevention for Homosexuals (*Stuurgroep AIDS Preventive Homo's*), which was housed at and largely driven by Buro GVO. By 1987, apart from Buro GVO, the committee further consisted of permanent representatives of three gay organizations: the SAD (the group of gay health professionals), the COC and the *Jhr. J.A. Schorerstichting* (Schorer foundation), an organization that was concerned with the mental and physical wellbeing of gay men and women.[115] To be clear, the Steering Committee did not have a final say in the scope of prevention messages, they only decided on the form in which they were delivered. The framework and policy with which they had to work was determined by the NCAB, which had to make sure that all prevention messages were carried out uniformly and unambiguously.[116]

Secondly, all AIDS policy between 1983 and 1995 was based on the compromise of Bloody Sunday in a double sense. On the one hand, the pragmatic and consensus-oriented approach had been the starting point for all policymakers. All stakeholders were consistently involved in prevention efforts, research and legal or ethical issues. More importantly, the compromise of the gay movement and the blood bank came to represent the main objectives and starting points of all AIDS policy. The two objectives were: [1] preventing the further spread of HIV infections and [2] preventing socially undesirable consequences for society and the individual.[117] Based on these two objectives, five starting points were formulated by the NCAB:

- addressing the individual in regard to his responsibility for himself and others;
- the use of a multiform approach based on respecting different values, norms and lifestyles;
- unambiguity and uniformity of prevention advice;
- the use of a broad 'safe sex' concept; and
- ensuring an adequate level of facilities.[118]

[115] NCAB, 63.
[116] See below. Tweede Kamer, 1991-1992, 19218, nr. 48, 'Voorgangsnotitie Aidsbeleid', 28-01-1992., p. 8.
[117] Tweede Kamer, 1991-1992, 19218, nr. 48, 'Voorgangsnotitie Aidsbeleid', 28-01-1992., p. 8.
[118] Tweede Kamer, 1991-1992, 19218, nr. 48, 'Voorgangsnotitie Aidsbeleid', 28-01-1992., p. 8.

In both the objectives and starting points for policy, an effort was put in ensuring a non-discriminatory message. Individuals must be addressed with respect for their values, norms and lifestyles, and the messages in itself should not have socially undesirable consequences for the individual or society. In other words, prevention efforts were meant to minimally disturb their target audiences, especially gay men, in their lifestyle. It was seen as vital that prevention messages came from organizations and stakeholders with which those at risk identified, such as the COC. As I will further argue in the next chapter, this framework stimulated a process of self-regulation by the gay community, which was ultimately, as I will further argue below, stimulated by the Dutch government.

Overall, the compromise that was reached as a result of Bloody Sunday and the consensus-oriented policy approach that followed, is generally considered as a successful response in literature on AIDS. In *The Dutch Response to HIV*, Theo Sandfort – who himself was involved with the NCAB – characterized this policy of compromise and collective decision-making as successful, because the initial response was aimed at inclusion and cooperation, and rejected any moralizing or repressive approaches.[119] Likewise, Mooij has argued that the overall response was moderate and avoided extreme measures and moral panic. According to her, the compromise between gay and health organizations was largely based on a deal: On the one hand, the gay movement was able to heavily influence AIDS policy, while on the other hand, in exchange for participation, the gay community was required to take responsibility for the dissemination of prevention messages and discouragement of blood donation.[120]

The Dutch collaboration between the government, health organizations and gay movement is unique in the sense that the private response of health organizations and gay movement was quickly supported by the government, and that this collaboration would further develop and strengthen during the 1980s. In addition, the Dutch approach was all-encompassing as it focused on prevention, research and healthcare. To compare, the response to AIDS in other countries was often less coherent. The United States failed to develop a national response to the epidemic, largely because there was an unwillingness to accept health as a federal responsibility. Local community-based activities and activist groups had variable success in cooperating with local governments, although most of these

[119] Sandfort, "Pragmatism and Consensus: The Dutch Response to HIV," 5.
[120] Mooij, *Geen paniek!*, 94.

collaborations emerged slowly during the 1980s.[121] An even more remarkable example is France, where the gay movement had achieved most of its emancipation goals during the 1970s. Paradoxically, the movement fell into crisis in the early 1980s, as there was little reason or political spirit for a strong gay organization. As a consequence, community-based prevention efforts did not emergence. Simultaneously, the French government took no direct action, despite France's leading role in research on AIDS.[122] Lastly, in England gay community responses to AIDS had emerged rapidly in the early 1980s. However, the British government, led by Margaret Thatcher since 1979, was very cautious to intervene in what they saw as a 'gay crisis.' Furthermore, the homosexuality became more unpopular in British society during the 1980s, even leading up to an amendment in the Local Government Act in 1988. This amendment is known as section 28 and banned local authorities to promote homosexuality.[123] In short, the uniqueness in the Dutch response thus lies in the consistent and increasingly professionalized collaboration between the gay community, health institutions and the Dutch government.

That the Dutch response can be considered as unique or exemplary[124] compared to other countries, does that the response is without criticism. In general, international comparison between countries does not give any reason that the Dutch response was more effective in halting the spread of the epidemic. In the Netherlands, the policy making process has also been criticized. Sociologist Herman Vuijsje has pointed out that the consensus approach failed because it did not include hemophiliac patients in deliberations. As health organizations feared accusations of discrimination, they were eager to cooperate with the gay movement and as a consequence ignored patients with hemophilia.[125] The right to donate blood thus became more important than receiving clean blood products. More recently, philosopher Huub Dijstelbloem has characterized this process of policy making as a tragedy. Hemophiliacs were completely left out of any form of deliberation, and decision-making was left to self-proclaimed stakeholders. The gay community

[121] Dennis Altman, "Legitimzation through Disaster: AIDS and the Gay Movement," in *AIDS: The Burdens of History*, ed. Elizabeth Fee and Daniel M. Fox (University of California Press, 1988), 303–5.
[122] Altman, 211.
[123] Weeks, *Making Sexual History*, 152–55.
[124] As Sandfort notes in his introduction, the Dutch response 'provides an instructive example for other countries.' See: Sandfort, "Pragmatism and Consensus: The Dutch Response to HIV," 3.
[125] Herman Vuijsje, *Correct: weldenkend Nederland sinds de jaren zestig geactualiseerde editie* (Atlas Contact, Uitgeverij, 2010).

benefited from their strongly articulated position and strengthened their ties with the blood banks, making it virtually impossible for patients with hemophilia to represent themselves.[126] Apart from these value judgements, one thing is unmistakably clear: From the very beginning, the gay movement managed to heavily influence and determine AIDS policy.

Governing the body

In the remainder of this chapter, I will argue how in the above context a form of bodily governance can be seen, of which the regulation of sexuality is an effect. I will bring the context of the brochures in conversation with Foucault's theory of governmentality. The structure of this section is built up as follows: I will first re-introduce governmentality and the main argument of my thesis by elaborating on what I understand under 'governing' and 'regulation'. Secondly, I will briefly discuss three aspects of Foucault's theory that, thirdly, will be used to analyze the above described context and will help to argue how governmental practices, mentalities and proceedings have an effect on thinking about sexuality. I will draw from other sources in order to further substantiate my argument.

Governmentality

As I have elaborated in the introduction of this thesis, governmentality emphasizes the conduct of government. It focuses on the procedures, tactics and mentalities deployed or used by government to create and govern its populations. According to Foucault, the way in which modern liberal governments govern their populations is a result of various historical tendencies starting roughly from the seventeenth century. Greater administrative and territorial states started to emerge at this time, effectively changing the strategies in which territories are ruled. Simultaneously, the Reformation and Counter-Reformation emphasized the issue of how subjects were to be ruled spiritually. It is here that Foucault traces the origins of the notion of population by modern states. From here on onwards, the tactics and strategies for government increasingly sought to control and regulate subjects by disciplining them and turning them into a governable population.[127]

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[126] Huub Dijstelbloem, "Missing in Action: Inclusion and Exclusion in the First Days of AIDS in The Netherlands," *Sociology of Health & Illness* 36, no. 8 (November 2014): 1167, https://doi.org/10.1111/1467-9566.12159.

[127] Foucault, *The History of Sexuality*, 139.

The concept of governmentality is often used by scholars to analyze and identify strategies and technologies of government that encompass a process of governing. The benefit of the concept is that it can simultaneously address the rationalities of government on the political level and on the level of everyday life, thus bridging the governing process on the (macrophysical) level of government in conversation with government on the (microphysical) personal level.[128] For example, as briefly discussed in the introduction, social geographer Tim Brown has used the concept to argue how the concept of risk in AIDS prevention in England was used to differentiate at risk groups from the 'general' population through health promotion and normalized medico-scientific discourses on AIDS. In analyzing AIDS prevention material, he identifies the way in which health promotion is used to control sexual behaviors of the majority of the 'normal' population, thus simultaneously analyzing social governance on the national and individual level.[129]

A common critique on Foucauldian thought is that it does not take individual agency into account.[130] The same can, to some extent, be said about governmentality, as it does not take the individual agency of policy-makers or gay advocates in account in the analysis I will conduct below. It only highlights and explains the process of governing by looking at the evolving responsibilities and procedures of the Dutch government and organizations involved. As Mooij has extensively demonstrated, major AIDS policy decisions, especially in regard of the compromise that was reached after Bloody Sunday, was largely determined by a fairly small group of professionals.[131] In the analysis here, there individual agency or reasons for decision making will thus not be taken into account. However, in using it to trace changing understandings of homosexuality, there are forms of gay agency that can be identified in this process on the level of the production of the brochures. I will return to this point in the next chapter.

By deploying governmentality in my analysis of the context, I want to highlight how the response to AIDS in the Netherlands was a process of governance over the body. In doing so, I argue that the response to AIDS is one that governs the body and, as a consequence, regulates sexuality. In making this claim, I differentiate between 'governing'

[128] Majia Holmer Nadesan, *Governmentality, Biopower, and Everyday Life* (Routledge, 2010), 1.
[129] Brown, "AIDS, Risk and Social Governance," May 1, 2000, 1282.
[130] Gunn, *History and Cultural Theory*, 105; van der Meer, *Sodoms zaad in Nederland*, 47.
[131] Mooij, *Geen paniek!*

and 'regulation' in order to highlight a subtle but crucial difference. 'Governing' here describes a more abstract, all-encompassing process, which, in this case, has one purpose: to generate power over the body of a population, which Foucault has termed biopower. A side effect of this process, or rather, one of the ways in which this governance is achieved, is through a regulation of sexuality. In other words, I contend that a regulation of sexuality occurred in response to AIDS as an effect of a process governing over the body. The last part of this argument, the process of governing, will be discussed below. In the next chapter I will discuss the regulation of sexuality. As will become clear below, neither of these processes are conscious or direct acts of the Dutch government. They are the result of a continuous process of various proceedings, mentalities and strategies of government.

In order to showcase a process of governing in the context of the brochures, I will use three elements of Foucault's governmentality. The first is, in Foucault's view, the most essential in the art of government: political economy. As Foucault argues:

> To govern the state will […] mean to apply economy at the level of the entire state, which means exercising towards its inhabitants, and the wealth and behaviour of each and all, a form of surveillance and control as attentive as that of the head of a family over his household and his goods.[132]

Here, by economy, Foucault means the correct manner of managing individuals, goods and wealth and making sure that the individual fortunes prosper.[133] In other words, in a political economy, the conduct of government is based on gratification of the population.

The second element is based on one statement by Guillaume de La Perrière that Foucault extensively elaborates on: 'Government is the right disposition of things, arranged so as to lead to a convenient end.'[134] In examining this quote, Foucault argues that government does not mean that 'individuals' and 'things' are governed as individual objects, but that governing specifically entails managing of relationships between 'men' and 'things'.[135] As such, subjects of government are not created because government considers them individually, but rather because government determines their value and meaning in relation to one another. In addition to this argument, Foucault also points out

[132] Foucault, "Governmentality," 91.
[133] Foucault, 93.
[134] Foucault, 93.
[135] Foucault, 93.

that government has the right to dispose these relationships in a way that is convenient for the things that are governed. He argues that the establishment and management of these convenient relationships is not done through simple instruments such as the creation of law, but through what he terms as 'multiform tactics'.[136] In other words, governing should not be understood as merely direct and explicit acts of government, but rather a pluralistic field of different tactics and strategies that, as a whole, do not necessarily have to be consciously made decisions.

The third element that I would briefly like to discuss is this: population is the ultimate end of government. Foucault explains:

> In contrast to sovereignty, government has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, the increase of its wealth, longevity, health etc. […] the population is the object that government must take into account in all its observations and savoir, in order to be able to govern effectively in a rational and conscious manner.[137]

With having a population as the ultimate end of government, governance thus also entails generating knowledge of its population in order to govern. In sum, the conduct of government is aimed at producing, maintaining and managing its population, a process that is meant to ultimately improve its condition. The government makes use of multiform tactics in order to govern the relations between 'things' in such a way that is convenient to achieve this goal. In the next paragraph, I will take these elements to analyze different aspects of the context of AIDS prevention in the Netherlands.

Governing the body and regulating sexuality

In this section, I will argue that a process of governance over the body can be seen in the response to AIDS in four ways: an existing framework of government, the insurance of a proper framework of government, a stimulation of private initiatives and a centralization of expertise on AIDS and homosexuality. First of all, the initial response to the epidemic, and the further response that followed, made use of an existing governmental framework: the Dutch constitution. In 1983, just months after the first Dutch patient had died of AIDS

[136] Foucault, 95.
[137] Foucault, 100.

and the same year as the publication of the first prevention brochure, the Dutch government had formally adopted a new constitution. As the final report of advice by the NCAB states, three articles of the constitution were central in shaping AIDS policy in the Netherlands up until 1995.[138] These were:

> Article 1 All persons in the Netherlands shall be treated equally in equal circumstances. Discrimination on the grounds of religion, belief, political opinion, race or sex or on any other grounds whatsoever shall not be permitted.
>
> Article 10 1. everyone shall have the right to respect for his privacy, without prejudice to restrictions laid down by or pursuant to Act of Parliament.
>
> Article 11 everyone shall have the right to inviolability of his body, without prejudice to restrictions laid down by or pursuant to Act of Parliament.[139]

Article 10 §1 and article 11 were new additions to the constitution, giving Dutch citizens the right for privacy and inviolability of their bodies. After the new constitution was adopted, many of its provisions had to be transitioned into law and brought into practice more specifically. As a handbook of Dutch constitutional law elaborates on article 10 §1, 'the scope of the fundamental right to the protection of privacy is not easy to describe. There are a large number of ramifications to other rights, and to important principles underlying the establishment of the democratic constitutional state.'[140] Article 11 is generally not considered to be of great legal importance, because, in practice, it is usually interpreted in the same way as article 10 §1: a right of privacy.[141]

In the response to AIDS however, article 11 was often used to legitimize the government's and policymakers' restrained position on testing. The issues of testing were fiercely debated on many levels. It is also one of the few debates on AIDS that was publicly

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[138] "Het AIDS-Beleid Geactualiseerd: Eindadvies van de Nationale Commissie AIDS-Bestrijding." (Amsterdam: Nationale Comissie AIDS-bestrijding, September 1995), 19, Universiteitsbibliotheek Utrecht.
[139] As translated in: *Constitution of the Kingdom of the Netherlands 2008* (Ministry of the Interior and Kingdom Relations, 2008), https://www.government.nl/binaries/government/documents/regulations/2012/10/18/the-constitution-of-the-kingdom-of-the-netherlands-2008/the-constitution-of-the-kingdom-of-the-netherlands-2008.pdf. I have made one minor translation adjustment in Article 11. The translation in the publication states 'everyone shall have the right to inviolability of his person', while the original Dutch constitution states '*recht op ontastbaarheid van zijn lichaam*', literally translated as 'the right to inviolability of his body'. Further elaboration by a standard book on Dutch constitutional law underlines that the right of inviolability is about the body, not the 'person'. See: C.W. van der Pot, *Handboek van het Nederlandse staatsrecht*, ed. D.J. Elzinga, R. de Lange, and H.G. Hoogers, 15th ed. (Kluwer, 2006), 400.
[140] van der Pot, *Handboek van het Nederlandse staatsrecht*, 387.
[141] van der Pot, 400.

fought out in the media, as it, for example, was debated whether the test could be used for medical inspection for job opportunities or insurances. A more urgent matter on testing with which the NCAB had to deal since its establishment came from epidemiologists and researchers who wanted to map the epidemiological profile of HIV in the Netherlands. They wanted to use old blood serums for their research, in order to get more detailed information on how the epidemic was spreading throughout the Netherlands. However, the government and NCAB did not allow for the use of the serums even not when used anonymously. In their view, using the old blood sera would be a violation of articles 10 and 11 of the constitution.[142]

What is important here then, is that the field, or rather, the governmental framework, in which the initial private response played out, was (unconsciously) determined by the Dutch government. In other words, through the constitution, the government had already established a political economy in which it was determined how to deal with issues of identity and the body: Dutch citizens are to be treated equally under the same circumstances and they have a right of inviolability over their own bodies. Article 11 had further prevented harsh measures of, for example, HIV testing, which was only allowed by informed consent of the individual. As a consequence of these provisions in the Dutch constitution, other strategies and ways had to be found to govern the body, as the body could not be protected through simple instruments such as the prohibition of blood donation or anal sex by law. Another complication was that the Chief Medical inspection had decided not to include AIDS in the infectious Diseases Act (*Infectieziektenwet*), as a result of which measures such as compulsory registration, tracing the sources of infectious contacts and isolation of infected individuals could not be taken.[143] In sum, the constitution provided the basis of a political economy and determined how to approach and relate to the body, identity and privacy. The gay movement successfully deployed these rights in their argument for a fear of discrimination and stigmatization, and thus gained the opportunity to heavily influence AIDS policy based on these arguments.

[142] The use of anonymous blood serums for such research was only allowed after 1995 through a change in the Medical Treatment Agreement Act (*Wet Geneeskundige Behandelingsovereenkomst*). See: Mooij, *Geen paniek!*, 54–55, 63.
[143] Mooij, 27.

A second way in which body governance can be recognized in the response to AIDS is in an insurance of the proper framework of government by the Dutch government. In the response to AIDS, the conduct of the Dutch government was aimed at ensuring a proper system of governance by managing the responsibility for the issues of AIDS and allocating it to involved organizations and institutions. In part this was because, as briefly discussed in the last chapter, politics shied away from topics that were potentially hard to reach political consensus on (one of the remnants of the pillarized political system). Overall, the government was never directly responsible for AIDS prevention efforts. At first, it had supported the National Coordination Team, thus ensuring that the issues of AIDS were taken care of by those involved. Only when the issues became more complex and the National Coordination team could not handle them anymore – in other words, when issues of AIDS started to outgrow the existing system of government – the government interfered by reshuffling and reallocating funds and responsibilities by creating an institution: the NCAB. In other words, the creation of the NCAB can then ultimately be seen as the governing of relations that are convenient to government in order to govern, in this case over the health of its population.

By creating the NCAB and making it responsible for advice on and execution of AIDS policy, the government could take political responsibility, while leaving the initiative for policy to those who were considered experts on the topic. Further evidence of this conduct of governing can be seen in the fact that while the organizational structure was rapidly evolving, prevention policy and those who were responsible for the content of the brochures remained largely the same. The Dutch government was thus not so much concerned with whom was involved in the AIDS response, but with *how* those responsible were related to government. In other words, the Dutch government did not explicitly or directly allocate responsibility of AIDS policy towards specific organizations. Instead, they created an institution to maintain the relation with and amongst these organizations for them. In doing so, they took the final responsibility of AIDS policy by creating the NCAB, while distancing themselves from policy issues and the content of possible politically sensitive prevention messages.

Thus, apart from creating a system of government and ensuring proper conduct, the third way in which a process of body governance can be recognized is in the stimulation of the private initiative. The Dutch government stimulated the organizations to take

responsibility for the issues concerning AIDS, ultimately leading to a self-regulation of the gay community. Apart from creating the NCAB, other tactics and strategies were deployed in order to stimulate this process of self-regulation. The most important of these strategies is the allocation of subsidy. The first brochure for gay men was partially subsidized by the government. The Ministry of WVC contributed f 29.000 to the production of the first brochure, along with contributions of the municipality of Amsterdam (f 7000) and the blood bank (f 16.000), approximately f 42.000 was available for its production.[144] By subsidizing the first brochures, the government encouraged such collaborations without interfering with the way in which such collaborations were organized. Until 1993, all prevention brochures that are under scrutiny in this thesis indicate that they were (partially) funded by the Ministry of WVC. Through consistently allocating funds to AIDS prevention for gay men, a procedure that was further formalized in the advisory structure of the NCAB, the Dutch government also approved of the need of these brochures. In other words, by consistently giving their consent for subsidy, they also increasingly legitimized the need for AIDS prevention among gay men in the Netherlands and, on top of that, increasingly took the responsibility to govern the health of its gay population.

Fourth and last, through the above described system of governance and stimulation by the Dutch government, governance over the body can most explicitly be seen in the development and centralization of expertise on AIDS and homosexuality. By centralizing all expertise on AIDS in the NCAB and funding research into risk groups, the government could ultimately have a better understanding of its gay population. With the advent of AIDS, for example, the newly established group of Gay and Lesbian Studies at Utrecht University would conduct many studies into gay lifestyles and sexual behavior, as well as the dissemination and effects of prevention messages and policy.[145] In addition, reports, policy and research on AIDS, as well as future scenarios of the epidemic also provided insight into a part of the population that had been actively repressed by the government less than

[144] Amounts are indicated in an attachment of a letter of Hans Moerkerk (director of GVO), source: IHLIA, Amsterdam, IHLIA collection, letter of Hans Moerkerk (director of GVO), dated 7 September 1983.

[145] For example: Rob Tielman, Griensven, and Frits Van, "Sociaal-Wetenschappelijk AIDS-Onderzoek," *Sociologische Gids* 32, no. 5–6 (September 1, 1985): 416–30; Ernest de Vroome, *AIDS-voorlichting onder homoseksuele mannen: diffusie van veilig vrijen in Nederland (1986-1989)* (Amsterdam: Thesis Publishers, 1994).

three decades before the onset of AIDS.[146] In other words, the response to AIDS in the Netherlands has not only triggered a process of governing that sought to protect the healthy bodies of its gay population, more importantly it further politically integrated gay men into the population by increasingly generating and gaining knowledge and expertise on AIDS, gay lifestyle and sexual behavior. To be even more specific, the response to AIDS created a gay population through a process of governing, thus regulating sexual identity and bringing it into governmental practice.

To summarize, the body of the Dutch gay population was governed through AIDS prevention for gay men. The response to AIDS that started as a private initiative largely played out the way it did because of the existing system of government. On the one hand, the Dutch constitution provided a basis for how to approach and deal with the epidemic: without stigmatization or discrimination and with respect to different values, norms, lifestyles and the right of inviolability over the body. On the other hand, government strategies of allocating responsibilities to health institutions and providing subsidy led to a further professionalization of this structure that had emerged. When the issues of AIDS started to become too complex and 'outgrew' the system of governing of the epidemic that had developed until 1986, the government interfered by institutionalizing and further bureaucratizing the National Coordination Team into the NCAB. Throughout this process a mentality of government towards sexuality can be recognized: the government saw sexuality as a private affair during the 1980s, a view which it had adopted during the 1970s. In the response to the epidemic, however, they did contribute to a changing understanding of homosexuality through a process of self-regulation. I will elaborate further on this argument in the next chapter.

On a final note, I would like to place the influence of the gay movement in perspective by briefly discussing the general safer sex campaigns that replaced national AIDS prevention campaigns. As mentioned in the introduction, the majority of AIDS prevention funds were decentralized in 1993, meaning that AIDS prevention for men who

[146] For example: Scenario Committee on AIDS et al., *AIDS up to the Year 2000: Epidemiological, Sociocultural and Economic Scenario Analysis, Scenario Report Commissioned by the Steering Committee on Future Health Scenarios* (Springer Science & Business Media, 1992).

have sex with men was to be taken up locally.[147] In the same year, the STD Foundation launched mass media safer sex campaigns for the media that targeted heterosexuals as well as men who have sex with men. Since 1987, the STD foundation had sought to classify and treat AIDS as an STD, so that the fight against STDs could also benefit from the attention given to AIDS.[148] The gay movement and most AIDS policymakers have long resisted such an approach for two reasons. First, the gay movement saw AIDS as an issue concerning mainly homosexuals, even though they had argued since the beginning of the epidemic that AIDS did not only concern homosexuals and took every opportunity to warn for stigmatization.[149] Secondly, the main prevention message until 1992 was known as the double message: 'Do not fuck, but if you do, use a condom.' As this message emphasized it was best to refrain from anal sex, condom promotion amongst gay men could undermine this message.[150] When finally in 1992 the NCAB decided to change the message to 'Use a condom, or do not fuck,' this opened up the possibility to general public campaigns into which heterosexuality as well as homosexuality was represented. In the first campaign, with the slogan 'I have safe sex or no sex' (*Ik vrij veilig of ik vrij niet*) consisted of a TV commercial and five posters, on which three heterosexual and two homosexual couples can be seen (for example, see figure 4). Although it is slightly outside the scope of this thesis, I think that it is here that the process that I have described in this chapter, and most certainly the process of self-regulation that I will discuss in the next, has ended. Obviously, homosexuality is regulated in more ways than AIDS prevention, so I am not implying that regulation of homosexuality simply evaporated. When saying that a specific process of regulation has ended, I specifically mean the scale and involvement of various organizations that characterized this process has ended. Furthermore, the incorporation of homosexuals into public campaigns of safer sex, shows how the government equally defined homo and heterosexual population as sexual citizens with a common need for information.

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[147] Harm Hospers and Cor Blom, "HIV Prevention Acticities for Gay Men in the Netherlands 1983-1993," in *The Dutch Response to HIV: Pragmatism and Consensus*, ed. Theo Sandfort (Taylor & Francis, 1998), 144.
[148] Mooij, *Geen paniek!*, 89.
[149] Mooij, 69, 80.
[150] Onno de Zwart, Theo Sandfort, and Marty van de Kerkhof, "No Anal Sex Please: We're Dutch. A Dilemma in HIV Prevention Directed at Gay Men," in *The Dutch Response to HIV: Pragmatism and Consensus*, ed. Theo Sandfort (Taylor & Francis, 1998), 144–46.

Figure 4: Two promotional posters of the campaign 'Ik vrij veilig, of ik vrij niet*' (1993) with a straight and gay couple. Source: archive AIDS Fonds.*

Conclusion

Overall, the response to AIDS during the 1980s is characterized by pragmatic and consensus-oriented approaches. Stakeholders and other organizations that felt responsible for taking up the issues of AIDS started to collaborate from 1983 onwards. This collaboration was further characterized by increasing professionalization and government interference through institutionalization. In general, the conduct of the Dutch government was rather restrained. Most of the government's actions were deployed to stimulate organizations to collaborate and take responsibility. Through this process of governing, the responsibility for the response to AIDS increasingly shifted into its sphere of influence through various tactics of stimulation. Having the health of the population as the ultimate end of government in this process, a process of governing the body was triggered by the response to AIDS. Through the tactics and strategies that were deployed, an atmosphere was created in which the gay community could regulate itself. What the process described in this chapter specifically reveals is how homosexuality arose as an issue of government, and how the governing process further helped to define and understand this part of the population. Furthermore, the gay movement was seen as a vital actor in managing the epidemic, thus further highlighting that the Dutch government started to consider and

govern specific needs of homosexual citizens. In short, in the Netherlands, AIDS contributed to a further normalization of homosexuality in governmental strategies and procedures, ultimately considering homosexuality on equal footing with heterosexuality in public campaigns on safer sex for the general population that were launched in 1993.

3. The impact of AIDS: the self-regulation of homosexuality

Introduction

In the last two chapters, I have given a context of homosexuality in the Netherlands prior to the epidemic and the general response to AIDS from 1983 until roughly 1995, when the NCAB was disbanded after its second period of four years. Chapter one has served to give a broad context of changing notions of homosexuality right until the start of the epidemic and focused on how homosexuality was understood by doctors, the state and gay men themselves. In chapter two, I have discussed the Dutch response to AIDS and argued that in this response a process of body governance can be recognized. As I am generally arguing that as the body was governed through a regulation of homosexuality in the Netherlands, this chapter will turn to this process of regulation. In general, this chapter will argue how homosexuality, in response to AIDS, was regulated through a process of self-regulation on the level of community and personal level. Therefore, this chapter will also be structured into two parts. In the first part I will focus on the practices of self-regulation by the gay community. This chapter will set out to answer the following question: How was homosexuality regulated in response to AIDS?

Practices of self-regulation

In an episode of the documentary program *Andere Tijden* that was dedicated to the challenges that AIDS presented in the Netherlands in the first days of AIDS, Jan van Wijngaarden, who was the National Coordinator at the time of the National Coordination Team AIDS and later involved in the NCAB, has elaborated on the importance of the sender of prevention and education messages:

> The sender of the [prevention] message was important. The fact that this came from homosexual organizations, propagated by homosexual men themselves, and not only the COC as the official representative, but also by people with a medical background from the homosexual community itself was important […] We were part of that scene ourselves, so in part, they knew us too. We knew our way around, knew where we had to be. It was easy to get in touch with club and bar owners, who were often hesitant because, after all, you are telling them

> that what is happening inside their venues is lethal, it's not so good for the gay, so to say. So yes, the fact that it came from their own group was very essential.[151]

Clearly, the main issue of getting messages across was to approach and reach out to gay men in such a way that they would be open to the message. As gay sexual cultures had rapidly emerged in the 1970s in the form of gay bars and saunas, sending messages that particularly characterized sex as life-endangering could be seen as an attempt to undermine gay emancipation, by moralizing over gay sexual behavior and practices. In other words, it came down to disturbing the party at its peak.[152] As I have elaborated on in the last chapter, gay organizations and officials had been instrumental in generating prevention policy for gay men precisely because health organizations and the national blood bank saw their cooperation as vital. Moreover, the compromise that followed Bloody Sunday in 1983, through which a ban on gay blood donation was abandoned in favor of gay organizations advising gay men not to donate blood, resulted in the gay movement taking responsibility for all gay men. Thereafter, through consistent involvement with the National Coordination Team and the NCAB and prevention efforts, gay organizations increasingly participated in and contributed to the regulation of homosexuality.

In this section, I will discuss three ways in which this process can be recognized. First, the use of gay voices in the prevention materials, second, the distribution of prevention material, and, third, the different types of prevention material. As I will further elaborate at the end of this section, the practices and procedures identified here as features of a process of self-regulation, allow the argument that this regulation was informed by gay voices and experiences.

First of all, as the quote by Jan van Wijngaarden has also demonstrated, self-regulation in the gay community occurred by using the gay voices to send prevention messages. Gay men were included in the production and evaluation of each of the brochures. The drafts of prevention materials were evaluated by communication experts, medical specialists and gay men, and were adjusted according to their comments.[153] The memo of the COC that I have discussed in the last chapter, in which the organization

[151] Yaèl Koren, "AIDS Bereikt Nederland," *Andere Tijden*, November 26, 2002, https://anderetijden.nl/aflevering/527/Aids-bereikt-Nederland.
[152] Mooij, *Geen paniek!*, 15.
[153] Hospers and Blom, "HIV Prevention Acticities for Gay Men," 44.

evaluates its role in the prevention efforts in 1987, further underlines with. Although the COC would stop producing material themselves, they would 'continue to interfere with the content and ensure that the material is acceptable and informative for the target group. If it is not, the COC reserves the freedom to provide adequate material for our target group by means of a separate subsidy for manpower and funding.'[154] In general, this not only demonstrates the ongoing gay involvement in prevention strategies for gay men, it more importantly is evidence how the brochures reflect contemporary gay culture. Moreover, they are, on the one hand, a reflection of the contemporary experience of gay culture as they have to be 'acceptable' to the target group, while on the other hand they attempted to regulate and protect gay men by informing them on AIDS and sexual practices. By the use of gay voices, medical discourses on AIDS and prevention discourse are mediated with gay discourses, with the ultimate goal of reaching out to them.

Secondly, self-regulation can also be seen in the distribution of prevention materials. Based on inventory and distribution logs of the brochures at Buro GVO in 1991 and 1992 and a guidebook for local volunteer distributors published in 1989, insight can be gained into how distribution contributed to self-regulation. On the one hand, self-regulation can be recognized in the places that prevention materials were distributed to. Although the guidebook and distribution logs do not list specific addresses, the guidebook does indicate where materials are best placed in the spaces where gay people meet. According to the guidebook, the brochures should be primarily distributed to cafés, bars, saunas, discotheques, clubhouses, sex shops and brothels.[155] This exemplifies one of the main aims of prevention strategy, which the guidebook also indicates, namely to seek out the target group in the places which they visit most often.[156] Attention is also given to where to place prevention material – if the owner of the venue permits placement. For example: 'In a dark room, it makes little sense to lay down leaflets that are printed in small letters about the nearest AIDS information centers. But of course, a fluorescent sticker that draws attention to safe sex works.'[157] By distributing the brochures to places where gay men are

[154] IHLIA, Amsterdam, Archief SAD, box 95, folder 'Algemene Preventie-projecten. 1980-1990', Memo 'De plaats van het COC in het voorlichtingsbeleid' dated on 15 March 1987.
[155] Kees Ruyter and Bosman, *Alles over de Distributie van AIDS-Voorlichtingsmateriaal* (Amsterdam: N.V.I.H. COC, 1989), 6.
[156] Ruyter and Bosman, 4.
[157] Ruyter and Bosman, 6.

most likely to engage in risky sexual practice, prevention material thus also sought to intervene in a very direct fashion. This demonstrates how the brochures were meant to engage gay men in the very places that they were seen most at risk.

On the other hand, self-regulation through distribution can be recognized in the fact that the COC was the most important distributor of prevention material for gay men. In fact, the guidebook itself is produced and published by the COC and was subsidized, along with the coordination activities needed for distribution, by the Ministry of WVC.[158] The guidebook was meant for the approximately 60 volunteers who distributed prevention materials to local establishments. Inventory logs of prevention material of Buro GVO in 1991 further demonstrate how the COC was by far the largest distributor. The logs are evidence of a diverse network of distribution, as prevention material was allocated not only to the COC, but also to the STD foundation, GG&GDs, festival, congresses and a number of individuals. For all the material listed, the majority of stock was sent to the COC for further distribution. For example, in the first five months of 1992, of the brochure *Homoseks & AIDS* (Gay sex & AIDS) – a small brochure that described sexual techniques based on risk published in 1991 – 3000 were allocated to the COC, against 500 to the STD foundation and a total of 70 brochures to other individuals or institutions, all for the purpose of further distribution. As another example, displays for the brochures were also distributed. Again, most of these were sent to the COC, with a total of 825 on 16 June 1992, against 100 to the STD foundation and 50 to other organizations.[159] Although the exact figures of how many brochures were produced circulated are not known, it is generally estimated that of each brochure between 50.000 and 100.000 copies were spread.[160]

Thirdly, self-regulation can also be identified in the various types and formats of prevention material. Apart from the basic and relatively formal brochures that I will analyze below, a massive variety of prevention materials was created for gay men. The guidebook on distribution gives further insight in the types of brochures and their use. When explaining where to best place materials in gay venues, the variety of material is discussed: 'A small compact leaflet, a thick expanded brochure; a gimmick, a matchbox [...].

[158] NCAB, "Interne Evaluatie 1987 - 1991," 41.
[159] IHLIA, Amsterdam, archive Buro GVO, box 1, folder 5, tab 3 'voorraad', Inventory logs of prevention material as of 13-08-1992 at Buro GVO.
[160] Hospers and Blom, "HIV Prevention Acticities for Gay Men," 50.

All that material has a certain approach: sometimes formal, sometimes somewhat emotional, sometimes upbeat and cheerful.'[161] Following what we have seen at the last point, that prevention material sought to intervene in certain gay spaces, here we can see how it sought to respond and interact with the emotional state of gay men. In doing so, materials can have different goals, as the guidebook explains: 'The information can be purely informative: for example, the latest state of affairs regarding AIDS research or addresses of AIDS information centers in the surrounding area. The information may also be steering [towards particular behavior]: especially when it comes to the promotion of safe sex.'[162] Another example of a very specific type of prevention material that I will further discuss in the below are the gay holiday and tourism brochures, which advised gay men to practice safer sex on holiday.

It is worth mentioning that not all prevention material had a serious tone in getting their messages across. The gay tourism brochures are a good example of this. Another good example I encountered is an article that was published in *Aids info*, a monthly magazine for gay audiences published between 1985 and 1993 that informed and updated its readers on topics surrounding AIDS, such as prevention, research, and political and legal developments. In the issue of April 1990 (no. 55) an article was published titled 'Combat the virus (2): How do you organize a safe-sex-party at home?' The article lists tips and tricks how to organize such a party in good fashion, starting with advice on music: '…it can make or break the right atmosphere. Gramophone records and greasy fingers are not a good combination. Use tapes instead.'[163] It continues to advise on redecorating the living room, in such a way that…

> … a blind horse can do no damage […] So store all your nice stuff, books, records and David figures safely. Everything that people can break their necks on is undesirable. Just assume that they will sit on your phone table. Get rid of it. Hang blankets over the chairs and hang something in front of the windows (although?). […] Because nearly everyone looks attractive with tempered pink light, that is the most suitable. Don't make it too dark.[164]

[161] Ruyter and Bosman, *Alles over de Distributie van AIDS-Voorlichtingsmateriaal*, 13.
[162] Ruyter and Bosman, 13.
[163] A. Broekhuizen and J. Blans, "Bestrijd Het Virus (2): Hoe Organiseer Je Thuis Een Safe-Sex-Feestje?," *AIDS Info*, April 1990, 55 edition.
[164] Broekhuizen and Blans, 1.

Although this is published in a magazine about a dangerous lethal virus, the airy and entertaining tone of the above quote demonstrates that even though there is such a thing as AIDS, sex can still be enjoyable. With the right precautions (in this case safer sex *and* redecorating) one can enjoy a sex party at home with nothing to worry about. The editors clearly thought this article would appeal to their readers. It gives insight into what the readers of *Aids info* might be interested in, and more importantly the reassuring message that it carries: not all sex is bad. In fact, as the title of the article suggests, having a safe sex party is one way of combating the virus.

In short, the different types of prevention materials that circulated in the gay community sought to, on the one hand, intervene in sexual practices of gay men in the places were that were often likely to engage in such practices. On the other hand, the various aims and approaches were used that appealed to target audiences. The article in *AIDS Info* is a good example of this.

The three ways that I have outlined here are by no means the only ways in which self-regulation occurred. Apart from other types of prevention, education or information materials (such as *AIDS Info*), there were many other ways in which gay men could get acquainted with information on AIDS, HIV and safer sex. To give some examples, many small group and outreach activities have been organized, mainly by the SAD (the organization of gay health professionals). From 1984 onwards, they had organized workshops for gay men on sexual health and behavior, STDs and AIDS in the weekend. Additionally, there were even activities for men who were difficult to reach out to. In 1988, the so-called '*baanprojecten*' were launched, which were outreach activities to make men in anonymous and often remote cruising areas aware of AIDS and safe sex.[165] Each of these activities has no doubt to some extent contributed to the regulation of homosexuality. They were developed and produced in the same fashion as the prevention brochures: Gay men were involved in their creation, each of the above activities followed the policy of the NCAB and was funded by the government.[166] Considering the extent in which materials were spread and other activities were organized, it is hard to imagine that gay men, or men who have sex with men, did not encounter prevention material and activities.

[165] Hospers and Blom, "HIV Prevention Acticities for Gay Men," 54.
[166] NCAB, "Interne Evaluatie 1987 - 1991," 40–42.

In addition, self-regulation did not only occur through involvement in drafting of the brochures, it also had a spatial aspect. First, the COC provided a national network of distribution. Secondly, gay volunteers were used to distribute the brochures at local gay venues. Finally, a variety of prevention material was often meant to communicate with gay men in places where they 'most publicly' expressed their identities, and, in case of venues with dark rooms and cruising areas, prevention materials sought to intervene and negotiate their messages in the very places that gay men were seen as most at risk.

Based on the practices of self-regulation that I have outlined here, an argument can be made that the regulation of homosexuality that occurred in response to AIDS has to some extent incorporated gay agency in the same fashion as Harry Oosterhuis has argued for the emergence of modern sexuality. As Oosterhuis has illustrated, Krafft-Ebing and Moll depended on the voices of 'perverts,' such as homosexuals, in identifying categories of sexuality. In doing so, Oosterhuis argues, doctor as well as patient can be considered as agents in shaping the modern understanding of sexuality.[167] The above discussion makes clear that gay experiences and voices were heard in the creation and production of prevention material. In doing so, prevention material was made acceptable and recognizable to gay audiences. Therefore, the regulation of homosexuality leaves room to gay agency through the use of gay expertise and voices.

Regulating homosexuality

In this section, I will discuss how the brochures sought to regulate homosexuality on the personal level of government, or, in other words, how they sought the self-regulation of individuals. In analyzing the brochures through close readings and visual analysis, I have identified three ways in which sexuality was regulated; first, the use of a technology of responsibilization, through which homosexuals are made responsible for the health of the self, the homosexual other, and public health; second, through proposed strategies of risk-management; and third, through health promotion, which emphasized the proper and healthy deployment of sexual desires. In short, the proper deployment of homosexuality is framed as healthy, while simultaneously the brochures warn their readers for the dangers of giving in to lust and desire and urge them to take responsibility for it, in order to protect the health of the self and others. The three ways I have outlined here are, again, not the

[167] Oosterhuis, "Sexual Modernity in the Works of Richard von Krafft-Ebing and Albert Moll," 154.

only ways in which the brochures seek to regulate homosexuality. The reason why I discuss them in this way is that in the analysis of the brochures I have focused on the forms of regulation that at the same time reveal changing understandings of homosexuality.

Technology of Responsibilization

The first way in which the brochures regulated sexuality through invoking responsibility towards the self and the other, a strategy that social theorist Nikolas Rose has termed as a technology of responsibilitzation. According to Rose, the technology of responsibilization 'links public objectives for the good health and good order of the social body with the desire of individuals for personal health and wellbeing.'[168] Primarily, all of the brochures call upon their readers to take responsibility not only for the self, but more importantly for the other. Responsibility is invoked towards the individual and its partners and Dutch society. First of all, the brochures from 1983 to 1985 specifically call upon individual responsibility. The best example of this is the only outlined text in the 1984 brochure:

> It goes without saying that everyone is responsible for their own behavior and that everyone must choose whether they have to change something personally on the basis of the information available. However, you must remember that your behavior can not only have consequences for yourself, but also for others.[169]

The 1985 brochure makes a similar plea change of behavior.[170] Both examples invoke responsibility by pointing out that personal behavior does not only affect the person in question, but also others. In other words, according to the brochures, individuals become responsible for the health of others as a direct consequence of their behavior. Individual responsibility here has a direct relationship to knowledge on AIDS in general. As the quote above demonstrates, one has to decide if they should change something in their sexual behavior based on the *information available*. This means that knowing about the existence of AIDS and the assumed ways in which it can be incurred, makes the readers of the

[168] Nikolas S. Rose, *Powers of Freedom : Reframing Political Thought* (Cambridge, United Kingdom: Cambridge University Press, 1999), 74.
[169] IHLIA, Amsterdam, uncatalogued, brochure 'A.I.D.S. DE SITUATIE NU' (Buro G.V.O. , Stichting aanvullende Dienstvering: Amsterdam 1984).
[170] Het Utrechts Archief, Utrecht, Library, application number PK: XXXI A 13, Documentatiemap met voorlichtingsmateriaal over de geslachtsziekte AIDS (Acquired Immune Deficiency Syndrome), brochure 'AIDS informatie 1985', (Buro G.V.O. : Amsterdam 1985).

brochure personally responsible for acting upon this knowledge. In other words, they become burdened with the possibility to incur or spread AIDS, and are, in turn, burdened with the responsibility to prevent further spread.

Second, responsibility towards Dutch society is invoked most explicitly in the early brochures. In 1983 and 1984, references are made to the United States as an example of how the epidemic has emerged and has gotten out of control.[171] After informing readers that in the United States the number of AIDS diagnoses approximately doubles every six months, the 1984 brochure states: 'Because we know what happened in the United States, we have to try and prevent the same explosive development in the Netherlands.'[172] In the brochures after 1985, less explicit references to Dutch society as a whole are made. However, different kinds of brochures do reveal how homosexual community and sexual networks are attempted to be managed and protected on a national scale. From 1988 onwards, brochures for in and outgoing tourism in the Netherlands are published, seemingly attempting to manage the in- and outgoing flows of possible contamination and protecting Dutch sexual networks.[173] On the one hand, a brochure for outgoing tourism showcases how Dutch homosexuals are considered more responsible because they have better access to information on AIDS and prevention tactics: 'The dangers of unsafe sex are known in The Netherlands. […] Abroad there is often less [safe sex] education. '[174] On the other hand, brochures for incoming gay tourists do not only inform them on Dutch gay culture, but also on safer sex practices.

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[171] IHLIA, Amsterdam, uncatalogued, brochure 'A.I.D.S. ACQUIRED IMMUNE DEFICIENCY SYNDROME' published by (Buro G.V.O., Ned. Ver. Tot Integratie van Homoseksualiteit COC, Stichting aanvullende Dienstvering : Amsterdam 1983); IHLIA, Amsterdam, uncatalogued, brochure 'A.I.D.S. DE SITUATIE NU' (Buro G.V.O. , Stichting aanvullende Dienstvering: Amsterdam 1984); Het Utrechts Archief, Utrecht, Library, application number PK: XXXI A 13, Documentatiemap met voorlichtingsmateriaal over de geslachtsziekte AIDS (Acquired Immune Deficiency Syndrome), brochure 'AIDS informatie 1985', (Buro G.V.O. : Amsterdam 1985); Het Utrechts Archief, Utrecht, Library, application number PK: XXXI A 13, Documentatiemap met voorlichtingsmateriaal over de geslachtsziekte AIDS (Acquired Immune Deficiency Syndrome), brochure 'AIDS INFORMATIE HOMO '86/87' (Buro GVO : 1986); IHLIA, Amsterdam, IHLIA collection, brochure 'Veilig verder! : positief & negatief - samen : informatie 1988.' (Buro GVO : Amsterdam 1988).

[172] IHLIA, Amsterdam, uncatalogued, brochure 'A.I.D.S. DE SITUATIE NU' (Buro G.V.O., Stichting aanvullende Dienstvering: Amsterdam 1984).

[173] IHLIA, Amsterdam, Archive Buro GVO Amsterdam, box 8, brochure 'Gay Tourist Info 1991' (Buro GVO : Amsterdam 1991); IHLIA, Amsterdam, Archive Buro GVO Amsterdam, box 3, brochure 'Gay Tourist info 1992' (Buro GVO : Amsterdam 1992); IHLIA, Amsterdam, Archive Buro GVO Amsterdam, box 1, foder 2, brochure 'Gay Tourist info 1993' (Buro GVO : Amsterdam 1993).

[174] IHLIA, Amsterdam, Archive Buro GVO, Box 2, 'Ouderwets lekker én veilig op vakantie' (Buro GVO: Amsterdam 1989) [set of holiday postcards/prevention folders].

Through the technology of responsibilization, homosexuality thus is understood as burdened with the responsibility of preventing further spread of the epidemic. In doing so, homosexuality thus also is imagined through the nation; homosexuals thus become seen as responsible citizens.

Risk Management

The second way in which homosexuality is regulated is through the management of risk. The above-described responsibility explicitly entails the disciplining and managing of (homo)sexual desire and lust, which can be done through the management of risk. In more simple terms, the brochures seek behavioral change as a prevention strategy to prevent a risk of infection. I will first discuss how the brochures frame homosexual desire as the prime risk factor for potentially engaging in what is defined as risky practices. Afterward, two techniques of risk management will be discussed, which are safer sex and the evaluation and/or consideration of relationships.

In general, as Oosterhuis has identified as one of the key features of modern understandings of sexuality, homosexual desires are presented as a natural force in all of the material.[175] Because they are natural, changing sexual behavior is difficult. This difficulty is consistently addressed, and often gay voices are deployed to empathize with the target audience. The folder of 1986 is a good example of this: 'STOPPING OR CHANGING IS SO DIFFICULT! Especially when it comes to things that are pleasant to do and that you would have liked to continue with.'[176] Simultaneously, the brochures underline that sexual desire in itself is not unhealthy or bad: As the first brochure in 1983 states, 'No one will get the advice to have less sex.'[177] Furthermore, the 1991 brochure states: 'Changing your sexual behavior is not always easy. It is important to be open about these matters and not to blame each other. Talk to each other about emotions about safe sex and how to avoid

[175] Oosterhuis, "Sexual Modernity in the Works of Richard von Krafft-Ebing and Albert Moll," 141.
[176] Het Utrechts Archief, Utrecht, Library, application number PK: XXXI A 13, Documentatiemap met voorlichtingsmateriaal over de geslachtsziekte AIDS (Acquired Immune Deficiency Syndrome), brochure 'AIDS INFORMATIE HOMO '86/87' (Buro GVO : 1986).
[177] IHLIA, Amsterdam, uncatalogued, brochure 'A.I.D.S. DE SITUATIE NU' (Buro G.V.O. , Stichting aanvullende Dienstvering: Amsterdam 1984).

Figure 5 Small pocket sized leaflet on which sexual practices are categorized based on risk (1989). Source: Archive Buro GVO.

unsafe behavior.'[178] What is important here, is thus that sexuality in itself is not framed as an issue. It is normal and healthy to have sexual desires, and as the last quote demonstrates, no one is to be blamed for having them.

So, what makes homosexual desire specifically 'unsafe' or 'risky'? As the above quotes have hinted, the risk of homosexual desire lies in the possibility of having unsafe sex. When in the course of the 1980s it became clear what sexual practices were potentially dangerous in spreading the disease, sexual practice, in general, started to be recategorized on the basis of this potential risk, thus generating safer sex discourse as a way to manage sexual desire through sexual practice. As smaller pocket size folders that were published since 1986, sexual practices were listed under the categories 'dangerous' (fucking or being fucked), 'safe, as long as…' (sucking) and 'safe' (jerking) (see for example figure 5).[179] Lengthier brochures consistently referred to these smaller leaflets for information on risky practices. On a side note, this also demonstrates one of the ways in which gay voices were used to communicate to their audiences: Instead of using more clinical terms (such as oral sex, masturbation, and anal sex), the brochures often refer to practices in lay terms (such as sucking, jerking, and fucking).[180]

To continue, risk management goes further than simple education on sexual techniques and practices. Towards the end of the 1980s, the brochures increasingly seek

[178] IHLIA, Amsterdam, collection, brochure 'Info voor mannen die met mannen vrijen' (Buro GVO : Amsterdam 1991).
[179] IHLIA, Amsterdam, Archive Buro GVO Amsterdam, box 3, folder 1, Brochure 'Homoseks & Aids' (Buro GVO : Amsterdam 1989).
[180] Brown has made a similar observation in English prevention material: Brown, "AIDS, Risk and Social Governance," May 1, 2000, 1279.

to interfere in more private spaces other than sexual practice. More attention is given to emotions, relationships, and situations where there may be an increased risk of forgetting or ignoring safer sex, which, in turn, further highlights the extent to which AIDS impacts the lives of gay men. One example of such a situation is one of substance abuse. As small folder from 1986 states on the use of alcohol and other drugs such as weed, hash, and poppers: 'These substances can bring you in a daze, where you might unwillingly take more risks and experience less pain. As a result, you are more likely to switch to unsafe techniques.'[181] All other brochures published after 1986 contain similar warnings.

Apart from alcohol and drugs, other excuses are listed that can contribute to surrendering to sexual desire. Often these excuses have to do with infatuation ('you can romantically say that you do not care whether you die of this love or not, but in a few years, you might think differently'[182]) or sexual attraction and horniness that cloud risk judgment: 'If you want to 'do it' with him, go ahead! But in losing your heart don't lose your head: don't forget about safer sex.'[183] What we see here then, is the contrasting of sexual desire as irrational, against the rational, healthy practices of safer sex. Ultimately, the rationality of safer sex thus works disciplinary here, by emphasizing the likelihood of 'falling back' into risky practices by giving in to sexual desires, with as a major consequence a chance of infection followed by possible death. The most important form of risk management is thus framed here as the policing one's own desire: One has to be constantly aware of emotions and situations that can potentially blur risk judgment.

A more specific form of risk management that reveals a changing understanding of homosexuality in prevention discourse is the advice on evaluating relationships. If you are in a committed relationship, the fall brochure of 1990 argues, it is best to remain committed to safer sex for a number of reasons. For example: '…if you really are committed to each other, both of you should get tested. In case one of you is infected, this can needlessly put pressure on your relationship.'[184] More importantly:

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[181] Het Utrechts Archief, Utrecht, Library, application number PK: XXXI A 13, Documentatiemap met voorlichtingsmateriaal over de geslachtsziekte AIDS (Acquired Immune Deficiency Syndrome), brochure 'AIDS INFORMATIE HOMO '86/87' (Buro GVO : 1986).

[182] IHLIA, Amsterdam, Archive Buro GVO Amsterdam, box 5, brochure 'Stand van zaken, voorjaar 1990' (Buro GVO : Amsterdam 1990).

[183] IHLIA, Amsterdam, IHLIA collection, brochure 'Info voor mannen die met mannen vrijen' (Buro GVO : Amsterdam 1991), 17.

[184] IHLIA, Amsterdam, collection, brochure 'Stand van zaken, najaar 1990' (Buro GVO : Amsterdam 1990), 11.

> Such an arrangement [being committed] also brings with it danger that you might conceal adventures. A false sense of security may come into play. Being completely loyal to each other is not feasible for everyone.[185]

The advice on relationships is remarkable in prevention discourse and shows how this discourse not only sought to regulate gay relations but in turn normalized gay relationships. What stands out, moreover, is a normalization of promiscuous behavior.[186] In the very early brochures, promiscuity was all but assumed. The brochures of 1983 and 1984 are very cautious in advising on having sex with fewer partners. As the 1983 brochure states: 'In the Netherlands, there are also homosexuals who have multiple and anonymous sexual encounters.', it continues: 'No one will get the advice to have less sex; consider having sex with fewer people, especially if you do not know them.' And finally: 'Based on the information given, everyone should determine for themselves whether they belong to the risk-group or not.'[187] In contrast, in the above quote from the 1990 brochure, promiscuity or extra-relational sexual enterprises are assumed as normal, as a matter of fact. The text even goes as far as stating that monogamy is not for everyone. The necessity to manage risk, protect the health of the self and prevent further spread of HIV, thus requires gay men to re-evaluate their relationships critically. Another interesting contrast with heterosexual prevention material is that monogamy is promoted as a way of safer sex, thus further stressing that gay relationships are viewed as culturally different from heterosexual ones.[188]

To summarize, through the management of risk, sexual practices were generally categorized on the levels of risk they pose to health. But, as I have shown here, this management of risk transcends the simple education on risky practices. In warning and informing readers of protentional sources of danger, certain homosexual behaviors and

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[185] IHLIA, Amsterdam, collection, brochure 'Stand van zaken, najaar 1990' (Buro GVO : Amsterdam 1990), 11.

[186] I am aware of the moralistic overtones the term promiscuity has. It is not my intention to use this term in this sense in this context.

[187] IHLIA, Amsterdam, uncatalogued, brochure 'A.I.D.S. ACQUIRED IMMUNE DEFICIENCY SYNDROME' published by (Buro G.V.O., Ned. Ver. Tot Integratie van Homoseksualiteit COC, Stichting aanvullende Dienstvering : Amsterdam 1983).

[188] A brochure from 1987 for heterosexuals states: 'When two partners have been monogamous for a longer period of time, and can say so for each other with certainty, and if both are seronegative (...), the above rules regarding risk and safety do not apply! (...) then everything between them is safe.' Source: Het Utrechts Archief, Utrecht, Library, application number PK: XXXI A 13, Documentatiemap met voorlichtingsmateriaal over de geslachtsziekte AIDS (Acquired Immune Deficiency Syndrome), Brochure for heterosexuals 'Stop AIDS, vrij veilig' (Buro GVO : 1987).

practices, such as promiscuity are further normalized. The management of risk did not mean that sexual practices or (homo)sexuality became understood more negatively. On the contrary, as I will demonstrate in the next section, in response AIDS the understanding of homosexuality became reconceptualized through the concept of health.

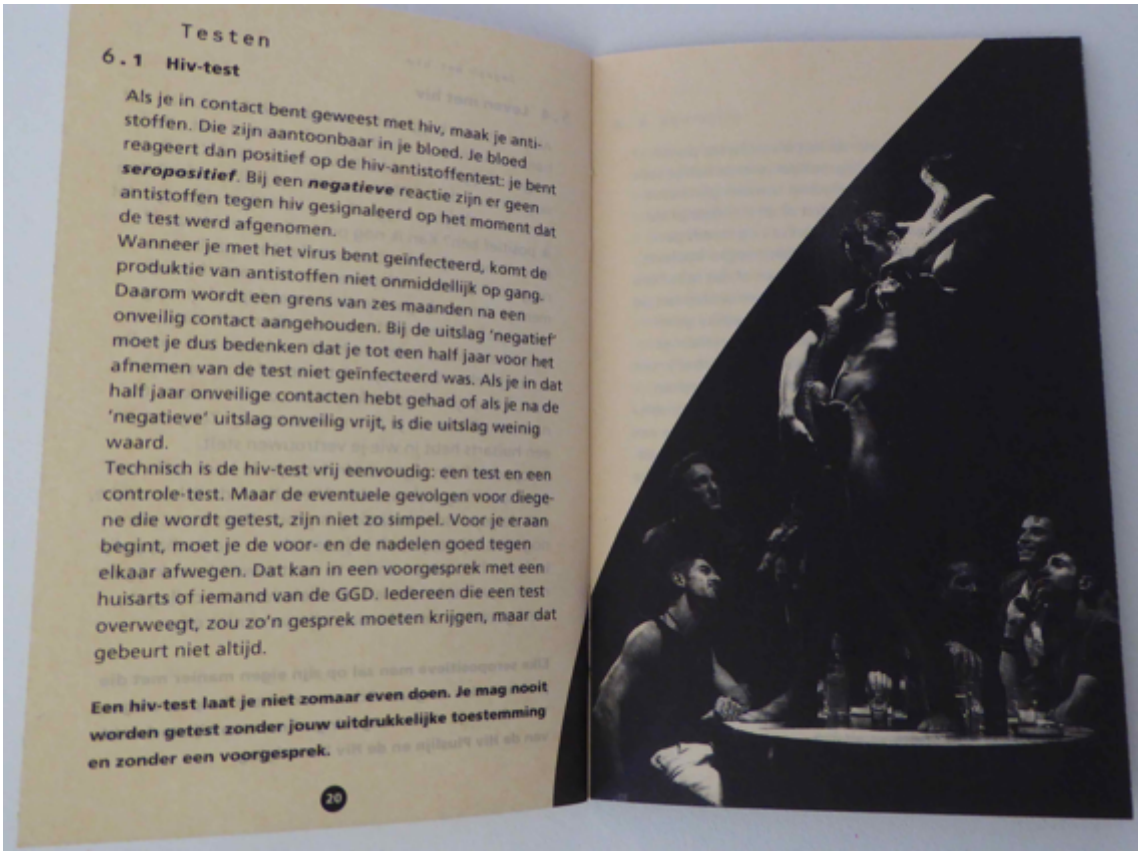
Health promotion

The third way in which homosexuality is regulated in the brochures is through health promotion. To briefly give some context, health promotion became increasingly popular internationally in public health policy in the course of the 1970s.[189] Political scientist Robert Crawford even argues that the concept of health is absolutely central to modern identity and that with the increasing popularity of health promotion in 1970s health became understood as a metaphor for self-control, self-discipline, self-denial and willpower.[190] My further discussion in the below will prove him right in the case of understanding homosexual identity in response to AIDS. More generally, health promotion can be seen as a strategy to regulate the wellbeing of populations in a Foucauldian sense,[191] and can thus be viewed as one of the ways in which biopower is produced.

In the two brochures published in 1990, the ultimate goal of good health in life is discussed quite literally:

> 'Have you ever had unsafe sex? Or have you always had safe sex? Are you seropositive or have you never been tested? No matter how big our differences may be, we have a lot in common. We all make love. And preferably with each other. That's why we have to be mindful of AIDS. No matter how different we react to the disease, it is important to work together, to live together. To fight against AIDS, to make love against AIDS. Safe sex is the only way to win the jackpot: being healthy, staying alive longer and enjoying each other for the longest time possible.'[192]

[189] Robin Bunton and Gordon Macdonald, *Health Promotion: Disciplines and Diversity*, 2nd ed. (Routledge, 2002), 1–10.
[190] Robert Crawford, "The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture and AIDS," *Social Science & Medicine* 38, no. 10 (May 1, 1994): 1348, 1353, https://doi.org/10.1016/0277-9536(94)90273-9.
[191] Crawford, 1351.
[192] IHLIA, Amsterdam, Archive Buro GVO Amsterdam, box 5, brochure 'Stand van zaken, voorjaar 1990' (Buro GVO : Amsterdam 1990), 1-2.



Testen

6.1 Hiv-test

Als je in contact bent geweest met hiv, maak je antistoffen. Die zijn aantoonbaar in je bloed. Je bloed reageert dan positief op de hiv-antistoffentest: je bent ***seropositief***. Bij een ***negatieve*** reactie zijn er geen antistoffen tegen hiv gesignaleerd op het moment dat de test werd afgenomen.
Wanneer je met het virus bent geïnfecteerd, komt de produktie van antistoffen niet onmiddellijk op gang. Daarom wordt een grens van zes maanden na een onveilig contact aangehouden. Bij de uitslag 'negatief' moet je dus bedenken dat je tot een half jaar voor het afnemen van de test niet geïnfecteerd was. Als je in dat half jaar onveilige contacten hebt gehad of als je na de 'negatieve' uitslag onveilig vrijt, is die uitslag weinig waard.
Technisch is de hiv-test vrij eenvoudig: een test en een controle-test. Maar de eventuele gevolgen voor diegene die wordt getest, zijn niet zo simpel. Voor je eraan begint, moet je de voor- en de nadelen goed tegen elkaar afwegen. Dat kan in een voorgesprek met een huisarts of iemand van de GGD. Iedereen die een test overweegt, zou zo'n gesprek moeten krijgen, maar dat gebeurt niet altijd.

Een hiv-test laat je niet zomaar even doen. Je mag nooit worden getest zonder jouw uitdrukkelijke toestemming en zonder een voorgesprek.

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Figure 6 Page 20 and 21 of the 1991 brochure, On the right, a man is dancing with a small crocodile in each hand, while being watched by others. Photo credit (of image in brochure): Hans Verschuren. Source: IHLIA Collection.

Through the use of gay voices, this text seeks to empathize with its readers by asking questions about one's potential fears or thoughts on AIDS, underlining that AIDS is a commonly experienced as a burden within the gay community. However, what is even more remarkable here is that safer sex here is framed as the only 'healthy' sexual lifestyle. Safer sex is not only a way of combating the virus, but also is a proper and healthy deployment of sexuality.

This proper and healthy deployment of sexuality is also communicated visually in some of the materials. One example of this can be found in the 1991 brochure, which carries the slogan 'Live wild, have safe sex.'[193] This slogan specifically articulates that natural and 'wild' sexual desires can be experienced through safer sex. Accompanying black and white photographs in the brochures show half-naked men dancing with animals such as two small crocodiles, a snake, and a lion (see for example figure 6). These animals figure as

[193] IHLIA, Amsterdam, collection, brochure 'Info voor mannen die met mannen vrijen' (Buro GVO : Amsterdam 1991).

Figure 7 Safe Sex on holiday postcards/folders (1989). Source: Archive Buro GVO.

metaphor for a wild (perhaps even bestial) sexuality, that can be tamed, as these animals are to some extent controlled by the men in the pictures.

Another example of how a proper deployment of sexuality is imagined through the concept of health, is in the safer sex holiday leaflets of 1990 (see figure 7) for Dutch gay men going on holiday. The front of the cards include images of masculine men partaking in different kinds of sports, accompanied by the text: 'Good old-fashioned and yet safe on holiday.'[194] Many cross-references are at play on these leaflets. As these are vacation leaflets, leisure here is connected with sports. Sports, in turn, are framed as healthy as all the bodies portrayed are masculine. Furthermore, the combination of sport as an activity, understood as healthy, with the active stance and bare torsos of the men depicted frames homosexual desire as healthy. To conclude, the activity of sport itself refers to discipline, thus furthermore stressing the importance of maintaining safer sex practices to fully enjoy sex on holiday in a healthy fashion. In short, sport here is used as a metaphor for sex, leisure, discipline and most importantly health.

To conclude, AIDS prevention increasingly shifts from limiting homosexual practice and desires to managing the deployment of sexuality. What this analysis furthermore demonstrates, is that, as a consequence of AIDS, the understanding of homosexuality in prevention discourse becomes preoccupied with the ideal of health and healthy bodies.

[194] IHLIA, Amsterdam, Archive Buro GVO, Box 2, 'Ouderwets lekker én veilig op vakantie' (Buro GVO: Amsterdam 1989) [set of holiday postcards/prevention folders].

So, what we have seen in this section, is that the regulation of sexuality through responsibilization, risk management, and health promotion had an effect on the understanding of homosexuality within prevention discourse. As I will further elaborate in the conclusion, the main impact of AIDS on the understanding of homosexuality in the Netherlands was a preoccupation with health.

Conclusion

In this chapter, I have argued and showcased self-regulation of homosexuality occurred on two levels in the Netherlands. In the first part of this chapter, I identified practices of self-regulation on the level of the gay community. In producing different kinds of prevention and information materials, prevention messages sought to target its audiences in different settings and moods. Along with the ways in which the material was distributed, self-regulation had spatial and psychological aspects. Most importantly, however, is the use of gay voices in the brochures as a way of self-regulation and as a means to get messages across.

The importance and effect of the use of these voices was demonstrated in the last part of this chapter, in which the regulation of homosexuality was analyzed in the brochures itself. By looking at how homosexuality was responsibilized, and the ways in which the brochures promoted management of risk and health, we can come to the conclusion that as a consequence of the regulation of homosexuality the concept of health becomes central to the understanding of homosexuality. Homosexuality is seen as burdened with the responsibility of sexual desire and the health of the self and the other. Furthermore, through risk-management, sexual behaviors and practices, such as promiscuity and gay relationships, are normalized. Through risk management, safer sex discourse and health promotion, the understandings of homosexuality become preoccupied with the proper and healthy deployment of homosexuality.

Conclusion

Based on the private initiative that emerged as a cooperation between the gay movement and health organizations in 1983, various scholars have generally characterized the Dutch response to AIDS as pragmatic and consensus-oriented.[195] Through this strive towards consensus, the argument goes, stigmatization and discrimination of homosexuals was prevented in the Netherlands. By arguing that through pragmatism and consensus AIDS did not have a stigmatizing effect on homosexuality in the Netherlands, no explanation or elaboration is given of what the impact of AIDS on homosexuality was. Therefore, the central question of this thesis was: What was the impact of AIDS on the understandings of homosexuality in the Netherlands between 1983-1993? In answering this question, I have focused on the context and content of 19 prevention brochures that targeted homosexuals. To analyze the context of the brochures, this thesis has used the Foucauldian concepts of biopower and governmentality, which have allowed an examination of the practices, procedures, mentalities, and strategies in the prevention context. The content of the brochures has been analyzed using discourse analysis. In using these concepts, the main argument of this thesis is that homosexuality was regulated as a consequence of a process of governance over the body in response AIDS.

In chapter one, I have explored how homosexuality was viewed throughout the twentieth century prior to the epidemic. I paid specific attention to the attitudes of the state, medical science, and homosexual self-understandings. As I have elaborated, homosexuality was repressed by the Dutch government based on a traditional restrictive sexual morale, which had rendered homosexuality as a disease, crime, and sin. Gay sexual cultures played out in the streets at this time, and, according to Gert Hekma, homosexual men emphasized female characteristics to be more acceptable to heterosexuals that participated in these sexual networks. Meanwhile, doctors sought ways to cure men of homosexual desires. A turning point came in the 1960s when sexuality became valued differently, and medical authority increasingly gained ground in the area of sexuality. Public attitudes towards sexuality and homosexuality changed quickly, and sexuality became part of public discourse by becoming visible and discussable.

[195] Sandfort, *The Dutch Response to HIV*; Mooij, *Geen paniek!*; Dijstelbloem, "Missing in Action."

Furthermore, the role of the state changed accordingly. From seeking to control the sexual lives of its citizens, the government now limited itself to the protection of the newly acquired sexual freedoms. In short, by the 1980s, Dutch citizens, including homosexual men, were free in the choice, expression, and experience of sexual behaviors.

This can also be seen in the publication of *Mannenkoorts* in 1983, which was published as a response to rapidly increasing STD infections among gay men. In *Mannenkoorts*, however, preventing STD infections was seen as subordinate to having a satisfactory sex life. The book graphically and extensively on the bodies uses for pleasure in the deployment of one's sexuality. What *Mannenkoorts* thus demonstrates is that on the eve of the epidemic, the fulfillment of sexual desires and seeking maximum capacity for sexual pleasure were important features of exploring one's body and identity. Paradoxically, the metaphor of disease was even used for sex in the promotion of the new book.

In chapter two I have argued that in the general response to AIDS, and more specifically in the way that the organizational structure that was responsible for AIDS prevention policy developed, should be understood as a process of governance over the body. We have seen that the Dutch Constitution, in the form of the rights of privacy, equal treatment and inviolability over the body, provided the basic framework for such a process. When the private initiative arose after Bloody Sunday in 1983, which was driven by arguments against stigmatization and discrimination, the Dutch government further stimulated this initiative, as well as the process of self-regulation by the gay movement that simultaneously emerged.

What this chapter has furthermore revealed, is how homosexuality arose as an issue and responsibility of government. Through various tactics and strategies, more knowledge and means were generated in which through which the health of the homosexual population could be governed. The gay movement was seen as a vital actor in managing the epidemic, thus further highlighting that the Dutch government started to consider and govern specific needs of homosexual citizens. AIDS thus contributed to further normalization of homosexuality in governmental strategies and procedures, ultimately considering homosexuality on equal footing with heterosexuality in public campaigns on safer sex for the general population that were launched in 1993.

In chapter 3 I argued that homosexuality was self-regulated on two levels: on the level of community and on the personal level. First, as I argued in in chapter two, self-regulation within the gay community was stimulated by the government through a process of body governance. I identified three practices and strategies of this process of self-regulation, which are the use of gay voices in prevention material, the distribution of these materials the production of various types of materials. First, as gay men were involved in the production of the brochures, gay voices mediated between gay and medical discourses. In doing so, they generated prevention and safer sex discourses that were relevant and relatable to gay men and ensured that these preventive messages were acceptable to them. Second, self-regulation was also identified in the way that prevention material was distributed by the COC, as they sought to intervene with gay men in the places that were often seen most at risk. This furthermore demonstrates a very spatial aspect of this regulation. Lastly, a variety of prevention materials sought to reach out to homosexuals at various occasions and in different moods. Thus, education and prevention efforts were by no means one-sided, and various tactics were used to convey prevention messages. In short, gay voices shaped and determined prevention discourse, as well as the ways in which this discourse was presented through a variety of prevention materials. Simultaneously, the gay community disseminated this discourse, making sure prevention materials engaged with target audiences in different settings and in different moods. In turn, these practices sought to establish self-regulation on the personal level.

On the personal level, in the content of prevention brochures, I have identified three ways in which self-regulation occurred: these were the technology of responsibilization, risk management and health promotion. First, technologies of responsibilization were used to make gay men responsible for the health of the self and the other. In doing so, they were made personally responsible for management of the epidemic, and to some extent public health. Second, risk management is presented in the brochures as a strategy to discipline sexual desire. The categorization of sexual practices on the basis of risk is a simple form in which risk management is presented. More importantly, the brochures frame homosexual desire as the primary risk factor for falling into safe practices. A more important form of risk management thus becomes the constant evaluation and management of sexual desire, which is framed as natural and inevitable and for which no one can be blamed. The materials by no means seek to control sexual desires

completely. Instead, as a third way of self-regulation, proper deployment of sexuality is presented through safer sex discourse as a form of health promotion.

In analyzing the brochures for strategies of self-regulation, I have paid particular attention to those strategies that simultaneously revealed changing understandings of homosexuality in the 1980s. From the above-discussed strategies can, firstly, be derived that homosexuality is seen as burdened with the responsibility of sexual desire and the health of the self and the other. Furthermore, through risk-management, sexual behaviors and practices, such as promiscuity, as well as gay relationships, are normalized. Through risk management, safer sex discourse and health promotion, the understanding of homosexuality becomes preoccupied with the proper and healthy deployment of homosexuality. Eventually, homosexuality is more and more understood through the concept of health.

In conclusion, this research has demonstrated how homosexuality was regulated through various procedures, practices, and mentalities. To give a more concise answer to the central question, AIDS impacted the understanding of homosexuality by redefining it with the concept of health. AIDS positioned homosexuality as an issue of government. In doing so, it forced a response in which educational and information needs were considered through a process of governance. Although this response initially started as private, the government employed various strategies in which this initiative was further professionalized and institutionalized. As a consequence, the health of gay men became a topic of public health policy, through which they eventually became considered as responsibilized subjects of government.

Finally, a brief comparison of the analysis of *Mannenkoorts* in chapter one and the brochures in chapter three further substantiates the above. *Mannenkoorts* was meant to educate gay men on their sexuality, sexual practices, and their bodies and capacities for sexual desires. The book also warns for STDs, and explains how they can be incurred, but does not prescribe strategies to prevent infection. In the promotional poster, infectious disease is used as a metaphor for sexual desire. In contrast, my visual analysis of the holiday leaflets, which depict masculine men exercising sports and promote safer sex on holiday, highlight how sexual desire is something to be cautious about. Sports are, in combination with masculine bodies, used as a metaphor for the discipline of sexual desire and safer sex. The impact of AIDS on homosexuality can thus be recognized here in the preoccupation

with health, the disciplining of sexual desire and ways in which sexuality and sexual desire can be deployed in a healthy fashion.

As an evaluation of this research, a few critical remarks can be made. First, as I have mentioned in this thesis, through the use of Foucault's concepts of biopower and governmentality, this research is open to the common criticism of Foucault's work for not taking individual agency into account,[196] in this case in the regulation of homosexuality. However, as I have argued, there was indeed room for homosexuals to shape and negotiate their sexuality in the response to AIDS in the Netherlands. Nevertheless, this, of course, does not take into account the personal experience of homosexuals, but that is something I did not set out to question in this thesis. However, as there was a huge effort through the distribution of a great variety of prevention material to reach out and get prevention messages across, it is likely that the impact of AIDS that I have described here was to some extent experienced by homosexual men in the Netherlands during the 1980s.

Second, the focus on using governmentality as a theoretical perspective has, in the end, resulted that in the elaboration of my research, much emphasis has been placed on the way in which AIDS has made an impact on homosexuality in terms of governing strategies and practices, not so much on how it impacted the understanding itself. As a result, the analysis of the brochures has been rather brief. Nevertheless, this analysis has been useful to highlight how the processes of governing alter the understanding of concepts such as sexuality, and of what practices and strategies these processes consist of. Finally, relating to this last point, in retrospect, the theoretical approach could have been brought more in conversation with the method of analysis used for the brochures in order to indicate more specifically which strategies had an impact on homosexuality, and why.

The final conclusion of this thesis also raises other questions for further research. On one hand, more research can be done into gay culture in the Netherlands. In general, there is little historiographic debate on gay culture in the 1980s. Although this thesis can be viewed as a contribution to this debate by shedding light on practices of self-regulation in the gay community, it has not further elaborated on how gay culture and community at large were impacted by AIDS. More research can be done that focuses on questions such as the extent in which health played a role in the daily lives of gay men as a consequence

[196] van der Meer, *Sodoms zaad in Nederland*, 58; Gunn, *History and Cultural Theory*, 141.

of AIDS, or in other expressions of gay culture, such as on pride and other events. On the other hand, international comparison of prevention materials could shed more light on specific characteristics of the impact of AIDS on homosexuality, and, possibly, more general characteristics of understandings of homosexuality in the Netherlands during the 1980s. For both directions of research, this thesis can be used as a starting point.

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