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## 18

## The Depoliticization of the Dutch Gay Identity, or Why Dutch Gays Aren't Queer

Jan Willem Duyvendak

Amsterdam has attracted a stream of gay tourists who see it as a haven where people are free to live as they please. Male homosexuals encounter an extensive network of facilities catering to nearly all preferences. In short, Amsterdam is a gay paradise – or so it seems. Steven Seidman has raised some doubts: "It seems that the dominant public spaces in Amsterdam are still very much officially sanctioned as heterosexual. A lesbian and gay public presence seems confined to certain spaces, e.g. bars, cafes, or sex shops . . . I am not suggesting that Amsterdam is as intolerant and as homophobic a culture as the United States but that heterosexuality remains the organizing principle of social life" (1994: 70-1).

Seidman's remarks seem relevant. Although the Dutch gay subculture has been allowed to develop in an unprecedented way, it has as yet not breached the solid walls of normative heterosexuality. It is also unlikely that this will happen in the near future. Having achieved a relatively favorable position, homosexuals no longer feel the need to maintain a *political* gay identity and have largely given up the struggle for change.<sup>1</sup> The contemporary gay community is content to limit its encounters to pleasant ports of call, such as the gay home fair, the gay hour at the swimming pool, the gay gym, and the gay holiday resort. Moreover, the annual gay parade has become little more than an event of lavishly decorated floats marked by a lack of any overt political commitment (Duyvendak 1994). In contrast to the United States and France, which have seen a renewed radicalization of the gay movement, the Dutch gay identity proceeds on its course towards depoliticization.

In this chapter I will review the reasons for the process of depoliticization. This process is particularly visible with regards to the AIDS epidemic, which has been a catalyst for the politicization of gay movements elsewhere. An analysis of the Dutch reaction to the AIDS epidemic may give insight into the factors that have contributed to the depoliticization of homosexuality in the Netherlands.

### Dutch Political Culture, AIDS Policy, and the Absence of Political Radicalism

The AIDS epidemic has made it clear that the status of "stigmatized groups" varies considerably from country to country in the West. This is borne out by the different forms of AIDS-related discrimination that homosexuals and other "risk groups" have had to endure in different countries. The English tabloid press, for example, launched a veritable witch hunt against these "risk groups" during the 1980s, claiming that they were not only to blame for their own disease, but were also a threat to "healthy" society. What was possibly even more distressing was that the political authorities in some countries reacted in a discriminatory manner. One striking example of this institutionalized discrimination was the decision of the United States government to refuse entry permits to HIV-infected people.

Comparative studies have repeatedly presented the Netherlands as an example of a country that has distinguished itself from its more discriminatory counterparts in a positive manner. The Netherlands was the only country which officially strove to counteract "risk group" stigmatization and discrimination by making this one of the main objectives of its AIDS policy from the outset (Van Wijngaarden 1989: 29; Mooij 1993: 217).

This "consensus" approach to AIDS-related issues in the Netherlands may be explained by various aspects of the political and social structure of Dutch society. The former head of the Dutch National Committee Against AIDS, Van Wijngaarden, described these circumstances as follows:

The policies toward sexual minorities and drug users are rooted in the social history of the Netherlands, a history characterized by the coexistence of minority religious cultures. The importance of finding a political accommodation to such complexity imposed upon the Netherlands the necessity of developing cultural and political norms that stressed tolerance and accommodation. Those values and their institutional express-

ions would have a profound impact on how the challenge posed by AIDS would be confronted. (1992: 252)

Although this argument for tolerating and treating humanely persons with AIDS was tendered mainly by the afflicted minority groups, the government and the medical profession were also fully aware of the benefits of such an approach. It was not only in keeping with the Dutch tradition, but they saw this as the only way to successfully control the epidemic.

The medical profession, campaigners against venereal disease, and health campaigners and educators were convinced that the cooperation and approval of the most afflicted groups was vital. This view did not come out of the blue, but was based on a specific sociological theory concerning behavioral change and the social dynamics of sub-cultures. This theory left little room for coercive measures. From the (para)medical point of view it was counter-productive and dangerous to enforce change or to act without the consent of the group involved: any sub-culture confronted with coercive measures or obligations would – as they described it – go underground. (Mooij 1993: 217–18)

The extent to which the Dutch policy was determined by the most afflicted group (homosexuals) without government interference, especially during the early years, is unique.

The consensus among the main interest groups that was maintained in the years to follow, enabled the welfare ministry to leave virtually all policy-making to an unofficial group until 1987. Indeed, the Ministry had nothing more than observer status in the Coordinating Team. This arrangement was not unusual for the Netherlands, where reliance on consensus between experts and interest groups may replace independent ministerial action. (Van Wijngaarden 1992: 258)

The high level of authority granted to "risk groups" in the Dutch campaign against AIDS should be seen within the specific political context of the Netherlands. It was this context which brought forth the "consensus" approach, which was expected to have a dual effect: the prevention campaign would be optimally effective and the "risk groups" would not be discriminated against or excluded from shaping AIDS policy. While repressive measures, such as the compulsory closure of gay baths, were taken in other countries, the Dutch authorities were content to play a supporting role and retained their faith in the efficacy of prevention organized "by and for the risk groups."<sup>2</sup> In the

Netherlands the key-word was "harmony," while gay movements elsewhere rapidly became more radical and denounced the authorities for their reticence and their homophobic measures. Government repression and the radicalization of the gay movement elsewhere in the world was even considered to be indirect proof of the success of the Dutch approach: homosexuals did not have to take to the streets in the Netherlands – after all, the campaign against the epidemic was in their hands.

The absence of radical mobilization in the Netherlands should, however, not be seen as "evidence" for the success of the "consensus" approach – at least, not in the sense that it has led to better preventative results than in other countries. Evidence has shown that, unfortunately, the Dutch prevention campaigns have not been significantly more effective than preventative activities in neighboring countries, even though the Dutch campaigns were launched at an earlier date and the Dutch gay movement was more involved in policy-making than in other countries (Duyvendak and Koopmans 1991).

This observation is both empirically and theoretically significant. Many theories concerning social movements too hastily draw the conclusion that the "objective situation" is the primary factor underlying the mobilization of the parties involved. However, one may conclude that the relationship between "objective" situations, the way problems are experienced, and mobilization, is far more complex.<sup>3</sup> This is borne out by the extreme diversity of reactions to similar increases in the number of homosexuals with AIDS in various Western European countries. These reactions ranged from highly political and violent (France) to almost nonexistent and non-confrontational (the Netherlands).

In recent years, social-movement literature has shown a renewed interest in the question as to when, and under which circumstances, people will experience a situation as a problem to such a degree that they will act (Cobb and Elder 1983; Morris and Mueller 1992; Schneider 1985). The renewed significance of *grievances* in these discussions follows from a period dominated by the Resource Mobilization Approach (RMA), which primarily based its analyses of social movements on the presence of resources and ignored the significance of grievances. "There is always enough discontent in any society to supply grass-roots support for a movement if the movement is effectively organized and has at its disposal the power and resources of some established group" (McCarthy and Zald 1977: 1215). Other authors (e.g. Walsh 1981) have argued that in situations where there are sufficient resources, mobilization does not always take place.

According to these authors, "grievances" are of overriding importance to the process of political mobilization.<sup>4</sup>

Both arguments presented above are valid to a certain extent: resources as well as grievances contribute to the process of mobilization. However, not as unrelated factors, as these schools of thought have suggested, but in combination with one another: when people have access to different resources, or rather "political opportunities" (Kriesi et al. 1992; McAdam 1982), they may experience their circumstances as problematic (Duyvendak 1995a: 244). We can only understand why some people are aggrieved by a situation and elect to act politically, while others remain apathetic when confronted with the same situation, if we take the political context into consideration. Instead of ignoring "discontent" completely, we might ask at which point people start to subjectively experience "objective circumstances" as problematic. Is it possible to develop a theory predicting when men *will* rebel? Or, when will a situation become politicized?

These questions will be answered below based on the case of the AIDS Coalition to Unleash Power (Act Up). It will be argued that the limited success of this organization in the Netherlands, especially in comparison to its central role in the United States and France, should be attributed to the Dutch consensus approach and not to the greater preventative efficacy of the Dutch campaign against AIDS.

The AIDS epidemic has led to a radicalization of the gay movement, especially in France and the United States. Joshua Gamson has described how Act Up has developed new and more expressive forms of action, such as "die-ins," in San Francisco (1989). He emphasized that the key issue of mobilization is the labels that are attached to AIDS. "Activists use the labels to dispute the labels, use their abnormality and expressions of gay identity to challenge the process by which this identity was and is defined" (1989: 352). Gamson argues that the emphasis on corporeal issues such as death, blood, and sexuality in the activism of Act Up may be attributed to the anonymous character of their adversary: "If, as I've proposed in drawing on Foucault, domination has gradually come to operate less in the form of state and institutional oppression and more in the form of disembodied and ubiquitous processes, it is hardly surprising that diseased bodies become a focal point of both oppression and resistance" (1989: 364).

On the basis of this analysis he disputes the view of "most observers of AIDS, who interpret the politics of AIDS on the model of conventional politics" (ibid.). Gamson attributes the striking radicalization of the movement to the unconventional circumstances that the movement is confronted by an almost anonymous adversary.

At first glance Gamson's explanation for the radicalization of the gay movement does not seem to take into account the vast number of homosexuals with AIDS in the United States: approximately 200,000 at the end of 1993,<sup>5</sup> almost 800 cases per million inhabitants, implying that there are more than three times as many homosexuals with AIDS in the US than there are in France. However, closer investigation reveals that these large numbers have contributed to radicalization, in that the rapid spread of the epidemic has been attributed to the failure of preventative campaigns which in turn has been attributed to an anti-homosexual discourse. Act Up's slogan, *Silence = Death*, should be seen as a denouncement of the homophobic authorities who responded ineffectively to the AIDS epidemic (Shilts 1987). As the epidemic spread, the authorities were also held responsible for inadequate care for AIDS patients, time-consuming inspection procedures for AIDS-related drugs, and discrimination against HIV-infected people in the work and housing sector.

In parts of Europe the radicalization of the gay movement has also been remarkable. For example, in the past, the gay movement in France made use of conventional forms of protest (Duyvendak 1995a). Recently France witnessed a spate of confrontational protest actions. And, as was the case in the United States, the demonstrators did not shy away from expressing their grievances physically, which led to a fair amount of bloodshed.

The French chapter of Act Up repeatedly argued that this form of activism could be accounted for by the fact that France had the fastest growing number of homosexuals with AIDS in Europe. Moreover France is a rather homophobic country. The French gay activist and journalist Arnal described the situation as follows:

We must ask ourselves who or what has obstructed a swift reaction to this threat to public health. I think the answer lies in French morality, which, by making homosexuality invisible, has made it impossible to develop an adequate preventative policy for homosexuals. (1993: 65)

The French gay movement has argued that the government is solely to blame for the extent of the epidemic – although it has admitted that its own role in the matter was not a glorious one. (The French gay movement was weakened considerably during the 1980s because most of its demands were met when Mitterrand came to power in 1981 (Duyvendak 1993)). According to Act Up, however, the fact that the French gay movement was not capable of making a significant contribution to the development of a preventative policy legitimizes the

fact that those responsible for the explosive situation should be sought outside the gay community. Act Up has argued that the government let the situation get out of hand instead of taking responsibility at a time when the gay movement was at its weakest.

It is interesting to note that although Act Up and others have referred to the homophobic character of French society in general, the political authorities are held solely responsible for the epidemic. Contrary to what one might expect on the basis of Gamson's analysis, the French chapter of Act Up addressed the traditional political authorities, albeit in an extremely unconventional manner.

We demand a Nürenburg on AIDS, because Act Up-Paris has many matters it wishes to discuss. . . . The incredible delays in the development of information campaigns, particularly in light of the rapid rate at which the epidemic has spread, is an error that rivals the infection of hemophiliacs in magnitude. An error which underscores the contempt that politicians seem to have for the health of the nation's citizens. Act Up-Paris considers it a grave error that the authorities waited until 1987 before permitting condom advertisements. The authorities may also be held responsible for the fact that they failed to take action even though they knew that many people were being infected through sexual contact during this period. (Act Up-Paris 1994: 311)

Contrary to what Gamson has argued, the use of new and more radical forms of action in France would therefore seem to be unrelated to a new type of disembodied adversary. However, possible differences between the "adversaries" confronted in the United States and France have not prevented the French chapter of Act Up from imitating American forms of protest strategies. In both countries the radicalism of Act Up is based on the same argument: HIV has led to an epidemic among male homosexuals because the authorities were content to passively witness the development of the AIDS epidemic as long as it was limited to homosexuals. In both countries the extent of the epidemic has therefore been interpreted in *political* terms.

While political authorities in other countries have been criticized for being irresponsible and have been blamed for the rapid spread of the disease among homosexuals, such accusations are absent in the Netherlands. Here there is the politics of consensus, consultation, and compromise, even though the results of preventative campaigns among male homosexuals were not significantly better than those in France and the United States. Indeed, the question of guilt *has* been posed in the United States and *not* in the Netherlands, even though people in the United States are aware that many people were infected before

preventative measures could be taken. However, in the Netherlands – where policy-makers pride themselves on their rapid intervention, which was partly aided by the fact that the Dutch epidemic broke out later than it did in the United States – the question as to why the prevention campaign has not been more effective has hardly ever been raised, let alone been formulated in terms of *political* guilt.

One explanation for the non-political nature of the reaction to AIDS in the Netherlands may be indirectly deduced from the underlying reasons for politicization in France and the United States: in both countries failing prevention campaigns were automatically linked to the prevalence of homophobia, while this relationship is less obvious in the Netherlands. Most Dutch observers grant that there is no longer a single dominant discourse of “normality” in the Netherlands (Costera Meijer et al. 1991). It would therefore seem to be implausible to explain the extent of the epidemic in the Netherlands as proof of the homophobic nature of Dutch society.

In reviewing the activities of the Dutch chapter of Act Up since its establishment in 1989, it is remarkable that the authorities were never criticized in terms of “guilt” or “culpability.” Indeed, the forms of protest were friendly in comparison to those in France and the United States. It is also interesting to note that the political authorities that were criticized were usually either abroad or the targets of international campaigns. For example, the Dutch chapter of Act Up participated in a protest action against Philip Morris because this cigarette manufacturer had sponsored the American Senator Jesse Helms, who was in favor of compulsory HIV tests for immigrants. This group also demonstrated against the English Clause 28 legislation by organizing a kiss-in. In these actions directed against foreign authorities the Franco-American argument was dominant: the homophobic nature of individuals and organizations was targeted.

What is also remarkable is that Act Up’s grounds for protest in the Netherlands were often based on the horrific predicament of persons with AIDS in other countries (especially in the United States). The basic argument was that although the circumstances were favorable at present, the Netherlands should prepare itself for “American conditions.”

The Netherlands is threatened with circumstances similar to those in the United States, where people with AIDS die in the streets because only the wealthy can afford medication and care . . . At present the hospitals are still able to foot the bill, but there are ever louder rumors that they will soon be unable to raise the 350–500 guilders that is required per AIDS

patient per month. This means that American conditions are on the way. (Rümke, an Act Up activist, 17 July 1992)

It seems, therefore, that homophobia and guilty parties must, in a sense, be “imported” to the Netherlands in order to motivate people to organize themselves.

The above explanation which assumes an anti-homophobic Netherlands does not fully clarify why the Dutch chapter of Act Up had far less mobilizing power than its counterparts in France and the United States. The absence of radical mobilization against AIDS in the Netherlands should also be considered within the context of the Dutch political tradition of consensus and compromise (Duyvendak et al. 1992). The fact that Dutch homosexuals were granted a leading role in the AIDS campaign probably says more about the Dutch political tradition than it does about Dutch tolerance towards homosexuals. Act Up’s failure to establish itself in the Netherlands may be primarily attributed to the radical implementation of the Dutch political model in reaction to the epidemic.

One of the characteristic aspects of the Dutch model is its conciliatory approach towards potential critics – at least if they do not threaten consensus. In reviewing Act Up’s activities in the Netherlands, the rate at which they achieved their objectives is striking. The gay activist Verstraeten said the following about Act Up’s efforts to accelerate the development of a test for DDI (a potential AIDS inhibitor): “It was a success, but also rather a pity because Act Up had missed another chance to bare its teeth in public” (1990: 34).

In spite of the fact that the Dutch conciliatory policy style had been one of the main reasons for establishing Act Up, it proved to impede effective mobilization. The Act Up activist Rümke even referred to the Dutch AIDS policy as “apathy-inducing” (17 July 1992). According to Act Up, the pacified, depoliticized state of affairs in the Netherlands had to be ruffled by radical means:

We are trying to shatter the unblemished view that the Dutch have of their AIDS policy. As usual, everything is awfully open to discussion in the liberal Dutch culture. Official bodies have talked AIDS down and to death to such a degree that there is hardly anyone left who finds it necessary to personally contemplate the real issues involved. In our opinion, radical action is the only means we have to voice our anger and thus induce change. (Act Up, spring 1991)

At the same time, Act Up’s history in the Netherlands has shown that it is difficult to organize “radical” action in a society that is only too

willing to hear collective grievances. Whereas the radicalization of the gay movement in France and the United States was provoked by the repressive attitude of the political authorities, Act Up's call for radicalism in the Netherlands was an attempt to break through the seemingly tolerant attitude of the Dutch AIDS establishment.

### AIDS Activism and the Role of the State

The fact that Dutch homosexuals have few political "grievances" concerning AIDS, and have therefore not opted for radical forms of AIDS activism,<sup>6</sup> seems to have been prompted by the government's policy of appointing a homosexual elite who took charge of the campaign against the epidemic.

A decade of AIDS in the Netherlands also amounts to ten long years of discussions, meetings, recommendations, memorandums and administrative tête-à-têtes, as well as work, steering and task group sessions. In short, the full consultation and consensus circuit, which the Dutch seem to have patented and now forms the backbone of the local variety of the welfare state. . . . Moreover, the conglomerate of institutions, commissions and steering committees that has tackled the epidemic, has engendered so much confidence that the thought of AIDS activism has not crossed a single mind. . . . I am afraid that the minimal support in our country for groups such as Act Up is a symptom of the limited interest in AIDS-related issues in general. . . . Gay professionals mimic the institutional system of which they are part, and are only too ready to give the impression that everyone can rest easy because the campaign against AIDS is in (their) capable hands. (Van Kerkhof 1992: 40-1)

The following statement by Van den Broek, the chairman of the National Gay AIDS Platform, illustrates Van Kerkhof's explanation for the absence of radical AIDS activism in the Netherlands:

The Dutch gay movement contributes to the development of policy at a national level. In so doing, one can either contribute to compromise or present oneself as a protest group. We have chosen the way of compromise and have thus lost some of our freedom. Nevertheless, I believe that we have made the right choice. Although it does require a certain amount of restraint at times. For instance, we were not allowed to carry condoms during the carnival parade in Nijmegen. In cases such as these my first reaction is one of disbelief and dismay. However, I can't afford to behave like Act Up, because I have a chair on a committee alongside representatives of many other groups. (18 April 1992)

Recent research has shown, however, that the political dynamics of the Dutch welfare state do not necessarily induce apathy (Duyvendak et al. 1992; Kriesi et al. 1992, 1995; SCP 1994; Wille 1994). There is no indication that political involvement and activism are at a lower ebb in the Netherlands than they are in France and the United States. However, it has also become clear that social movements which are absorbed by the state, through their participation in consultative and advisory bodies, find it difficult to return to a strategy of mobilization.

The fact that AIDS has prompted hardly any political mobilization should be seen in terms of the Dutch political model, which developed during the campaign against the epidemic. The authorities not only implemented the typically Dutch approach of intensive consultation with the "movement," but also gave the homosexual elite *control* over their "own" epidemic. As long as they were confident that a "responsible" approach was being taken, the authorities allowed the gay movement to plot its own course in their struggle against the epidemic. They were thus granted self-rule on condition that they maintained self-control. Whereas the French and Americans could blame the government for the failing policy, in the Netherlands it was difficult for policy critics to organize because leading members of the gay movement were put in charge of the campaign.

Mobilization against those responsible for policy was not only complicated because homosexuals were in charge, but because these policy-makers had opted to operate in a *consensual* manner. The absence of radical AIDS activism may therefore be attributed to the implementation of the Dutch political model in reaction to the AIDS epidemic. Those involved were granted autonomy, which they implemented in a typically Dutch fashion: most if not all issues were discussed behind closed doors before the decisions were made public. If Act Up wanted to undertake effective action under these circumstances, they had to start by breaking through this wall of secrecy. "The first blows have been dealt. This was a must, because AIDS care in the Netherlands is far less adequate than it would seem. The fact that we have been allowed to participate behind the screens has for too long helped to maintain this pretty façade" (Act Up, spring 1992).

Recent articles on the Dutch AIDS policy make it clear that there were serious disagreements on occasion. However, these were never made public because it was argued that this would be counterproductive, provoking homophobic reactions. Actually, the "consensus" approach stood in the way of the critical evaluation of the problem by the "rank and file" of the gay movement.

Whereas the radical mobilization of Act Up in France and the United States had been prompted by the homophobia of the political authorities, there was no sign of such mobilization in the Netherlands, partly because the AIDS authorities themselves were afraid of homophobic reactions and therefore presented their policy as a united front. Consequently, the country in which homophobic reactions were least likely to occur, took the greatest care to prevent such reactions.

The fact that gays had been put in charge of the campaign against AIDS, and had dealt with the epidemic in a consensual manner, made it impossible for Act Up to effectively mobilize Dutch homosexuals. This is underscored by Van Kerkhof's observation that the "gay-control" of the epidemic gave the impression "that the rest of the gay community could rest easy because the campaign against AIDS was in good hands." In a sense, the way in which the policy had been formulated seemed to guarantee success: no one in the Netherlands seemed to doubt the efficacy of the campaign against AIDS because it was ostensibly in good hands.

Public debate and mobilization have become almost impossible due to the radical implementation of the Dutch model which effectively achieved depoliticization. This poses a dual problem. First, the AIDS policy might have been more successful if it had been founded on a broad basis of debate. Naturally, it is impossible to say whether this would have led to a different preventative message. However, it seems safe to say that as support for a policy becomes broader, the gap between what is theoretically allowed and what people do in practice becomes smaller. An open climate of discussion might swiftly have revealed that the Dutch campaign message deviated considerably from those in other countries (the Netherlands was the only country where preventative campaigns did not emphasize the use of condoms during anal-genital contact, but advised homosexuals to refrain from such practices altogether) and that many people found it difficult to heed this advice. It possibly could have indicated to the AIDS authorities that the campaign message was inadequate. Moreover, the preventative message was not the only issue on which Act Up failed to mobilize in the depoliticized context of the Netherlands. Other issues included: the price of condoms (the Netherlands was one of the few countries with maintained a high VAT rate), the problem of women with AIDS, and the availability of medication. Second, one might question the democratic validity of the radical implementation of the Dutch model. After all, one of the main features of this model is that an elite speak for their group as a whole and are thus treated as sole representatives of that group. This situation closely resembles descriptions of the

segregated and "subdued" Dutch political climate of the 1950s and early 1960s (Lijphart 1968, Daalder 1974).

### Privileged Knowledge and the Elite Model

The present situation, in which "risk groups" are actively involved in the campaign against "their" epidemic is a continuation of a Dutch political tradition. However, this does not fully account for the radical choice of a model of "autonomous prevention," since one of the prerequisites would seem be some sort of rigidly structured "in-group," a phenomenon which became virtually nonexistent in the Netherlands after the 1960s.

Therefore, in order to achieve "in-group autonomy," the homosexual elite put forward a relatively new argument, claiming that they were the only people who had the necessary *experiential knowledge* to bring the epidemic to a standstill. Members of the gay movement, especially doctors and healthcare workers in general, claimed that they were experts on the sexual mores of their "own" group. Hence, they were best qualified to give advice on how the epidemic should be tackled.

On the basis of this argument for privileged knowledge, the campaign against the epidemic was left in hands of the homosexual elite. The political authorities apparently subscribed to the idea that those involved had the greatest insight concerning the behavior of their own group. However, the fact that the Netherlands was the only country in the world where homosexuals were not urged to use condoms but were advised to refrain from anal-genital contact altogether, casts doubt on the assumption that a specific identity necessarily implies that one has greater expertise. The issue was complicated by the fact that there was a lack of large-scale studies on homoerotic behavior at the beginning of the 1980s. It was therefore even more risky to rely on the expertise of an elite; after all, no one knew whether their experiences reflected those of the group as a whole.

The argument that expertise depends on experience, not only gave a homosexual elite the opportunity to gain control over public policy, but also allowed them to implement the consensus model. The fact that they presented uniform views and recommendations seemed to be a logical continuation of their shared experiential expertise. However, it is debatable whether common experiences necessarily lead to uniform opinions and interests (Phelan 1994; Seidman 1994; Verhaar 1994). The debate about the closure of gay baths in San Francisco illustrates



that identities and interests are not necessarily uniformly related. Some homosexuals were in favor of closure in order to bring the epidemic to a standstill, while others rejected the proposal arguing that closure would cause the virus to go "underground." The issue itself is less important here than that which it illustrates, namely, that the assumption that experience leads to uniform opinions or consensus is not valid in practice. "Homosexual interests" do not exist *a priori*, nor would anyone be able to formulate them solely on the basis of his or her homosexual identity.

Furthermore, the consensual approach taken by homosexual experts had a second effect. The arguments presented by the only person who occasionally disagreed with the policy, the epidemiologist Coutinho, sounded even less convincing because he lacked homosexual "expertise." The "group autonomy model" suggests that certain experiences, interests, and opinions correspond with a certain identity. Consequently, people who do not share this identity are excluded from the debate. This explains why many "outsiders" were hesitant to become involved in the development of AIDS policy.

It bears mentioning that this exclusion did not only pertain to people who lacked homosexual expertise. As mentioned earlier, there was little sign of a broad debate *within* the gay movement, mainly because the policy of consensus suggested that homosexuals had uniform experiences. However, if the advice to refrain from anal-genital sex had not come from a homosexual elite, but had for instance been put forward by heterosexual political authorities, would this advice not have been more vociferously debated and criticized? In reality, owing to the unassailable expertise of leading AIDS campaigners, there was an almost total absence of political mobilization among the rank and file of the gay movement (even though research of their sexual habits revealed that many of them were disinclined to heed the advice of the campaign message<sup>7</sup>).

The fact that the Dutch approach prevented politicization cannot be solely attributed to the development of a consensual approach or the claim to privileged knowledge. If this approach was to be effective, Dutch homosexuals had to support the elite. The fact that the Coordinating Team had authority and were recognized as leaders of their "own group" seemed to indicate that the gay community was indeed a tightly knit socio-political group or "pillar" in its manner of functioning (Duyvendak 1994). The members of the group accepted the authority of their leaders. The epistemological assumption of shared experience seems to be borne out by the fact that no one contradicted the leaders: everyone seemed to be in complete agreement.

It has therefore slowly dawned on the (former) policy-makers that consensus was not reached on the basis of active agreement, but was based on the impossibility of dissent:

The legitimacy accorded to the Coordinating Team by the government and the chief medical officer reinforced its capacity to dominate the field. It became virtually impossible to challenge the consensus without running the risk of being cut off from governmental funding, which was tantamount to losing the capacity to function. (Van Wijngaarden 1992: 268)

When Van Wijngaarden was no longer part of the policy-making elite, he realized just how closed the power block had been:

Public debate about the appropriate course of policy has tended to be narrowly focused, and those with dissenting views have found it difficult to receive a careful hearing. When dissenting views could not be brought into the consensus, they have been virtually ignored. (ibid. 275)

Although the above statement was made in reference to the situation during the 1990s, it seems safe to say that it also holds for the 1980s, when Van Wijngaarden himself was still actively involved in the development of policy. Ironically, we may perhaps conclude that dissident voices were least heard during the first years of the epidemic, on account of the fact that the campaign was almost exclusively controlled by the elite representative of the "group" most afflicted – homosexual men.

### Notes

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- 1 The government's role remained limited until the end of 1986 when the epidemic threatened to spread to the heterosexual majority. During this period, the "informal" AIDS Coordinating Team, which consisted almost entirely of homosexuals, was replaced by the more official Nederlandse Commissie AIDS Bestrijding (NCAB), in which the gay movement had a less emphatic voice (Van Wijngaarden 1992: 259–60).
- 2 Naturally, the social status of people with AIDS in the Netherlands is comparatively favorable. However, the humane treatment of "risk groups"



as an element of the "Dutch approach" is not the topic of discussion here. The high level of care is of less importance in explaining the (radical) mobilization of the gay movement because the primary stimulus for mobilization in other countries, especially in France, was the inefficacy of preventative campaigns and not so much the absence or presence of care facilities for HIV-infected and AIDS-afflicted people.

- 3 A similar analysis of the relationship between "objective situation," "grievances," and political mobilization was made in the case of the struggle against nuclear energy (Koopmans & Duyvendak 1995).
- 4 For examples of the grievances argument, see Rüdig 1988: 28; Inglehart 1990: 52; and Wilson 1990: 80.
- 5 *HIV/AIDS Surveillance Report*, 5 (4): 8.
- 6 It goes without saying that other novel forms of "collective action" have been developed in reaction to AIDS: collective mourning on AIDS Memorial Day, the "quilt" bearing the names of those who have died of AIDS, the development of "buddy" programmes, and the activities of the HIV Association. However, these events and organizations should not be seen as examples of radical AIDS activism.
- 7 Cohort studies among male homosexuals in Amsterdam revealed that (during the 1987–8 period) 40% still engaged in unprotected anal-genital contact, while 22% always used condoms, and 37.5% did not (or no longer) engage in this form of behavior (De Wit 1994: 33). Instead of emphasizing the decrease in unprotected contact from 88% to 40%, as the policy-makers have done, the crucial question seems to be – certainly in retrospect – why was the use of condoms not stressed, even though the data clearly indicated that the majority of this group continued to engage in anal-genital contact, and that only about a third of this population always uses a condom?

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