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Cus M! Let's Go!: The Flourishing of Bali's Komunitas Gay in the HIV/AIDS Crisis



An HIV/AIDS campaign image stating: "Still want it? Then get tested first!"

Ikaika Ramonès

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Abstract:

This paper draws on approximately one month of field research with two Indonesian Non-Governmental Organisations (NGOs), exploring how Bali's *komunitas gay* has been affected by, reacted to, proactively combated, and even transcended the ongoing HIV/AIDS epidemic. This paper first situates the argument by explaining the uniqueness of Bali as a site of HIV/AIDS resurgence and centre of *gay* life in Indonesia. In this context, the paper discusses the observed phenomena, testimony of experiences from collaborators, and the role one of these NGOs plays in the community. This paper argues against the commonly-held static and victimizing notion that the HIV/AIDS crisis has only caused sickness and a simple reactionary movement for safer sex. Rather, it argues for a more nuanced understanding of how the *komunitas gay* and its members have empowered themselves to not only confront the virus, but in effect also create a comprehensively stronger community and self. Essentially, the HIV/AIDS crisis has not exposed weaknesses in a static community as much as highlighted a dynamic process of empowerment and strengthening.

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Context: *Komunitas*

The clinic of *Perkumpulan Keluarga Berencana Indonesia* PKBI (The Association of Family Planning in Indonesia) in Denpasar, Bali hosts a survey the Indonesian government conducts nationwide every four years to gauge the incidence of HIV/AIDS and high-risk behaviours among *LSL: lelaki-sex-laki* (men who have sex with men, included those identifying as either *gay* or *normal*). Every day, around a dozen *gay* men and *LSL* arrive for the behavioural survey and blood tests for HIV and Syphilis. Speaking with these men, as well as those who introduce them to the survey, reveals a clear distinction of who is in the *komunitas gay* and who is not. It is not up for debate or relativism; they quickly and easily make the distinction that “he is not from the *komunitas*.”

A *waria* (an Indonesian term often describing a transgender woman) named Gloria, 33, responsible for introducing many clients, revealed that, “*LSL* are not from the *komunitas*. They only need men once or twice for sex but can still have a girlfriend. *They* can say, ‘I’m not *gay*.’” In another instance, when clients are embarrassed to answer questions about sex with a PKBI health worker, everyone in the room echoes the same sentiment, “Oh, because he’s not from the *komunitas*. Of course.” In this case, someone like Gloria, someone deemed “from the *komunitas*,” conducts the survey questioning. There are clear and agreed lines drawn – how you label yourself or the friends you have – for what constitutes the *komunitas* as used in conversation with its members.

The title of this paper is “*Cus M!*,” meaning “Come on, let’s go!” in *Bahasa Bancei*, a colloquial language used among Bali’s *komunitas gay*. Although similar to the Indonesian “*Ayo!*” calling people to leave a place for their next destination, this expression is usually only

understood and used by those either belonging to, or intimately familiar with, the *komunitas*. At PKBI, only those from the *komunitas* would be heard using it after to the survey as a call to go on to their next destination, be it a meal, work, party, etc. When a *gay* exclaims, “Cus, M,” he immediately marks himself, his audience, and the *komunitas* to which he belongs.

In the Anglophone world, the term “gay community” is highly controversial as it asks: What is gay? Who is included and excluded from this community? But Bali is not the Anglophone world, and participant observation reveals that although the term *komunitas* is an English loanword, it is not an exact copy of the same concepts and connotations of what constitutes a “community.” *Komunitas*, a word constantly heard throughout fieldwork, has its own meanings in Bali, and so rather than using the English word “community,” this paper uses *komunitas* to reference the body of Indonesians residing in Bali whom respondents can clearly define as both *gay* and belonging to the *komunitas*. Furthermore, this paper follows the example of other scholars on Indonesian sexualities, privileging Indonesian terms of *gay* over gay, *komunitas* over community, etc. to highlight the different concepts and senses of self, allowing space to rethink, or even decolonise, preconceptions of “gay” or “community” (Boellstorff 2003).¹

Respondents reveal that being *gay* does not automatically make one a member of the *komunitas*. One *gay* NGO-worker, Raya, 33, noted that, “Most *gay* Balinese men are not open, so only a small minority of them are open and part of the *komunitas*.” The *komunitas* is not formed around identity or sexual preference alone, but also by one’s friends, social connections, places of socialising, etc. All respondents and field observations showed how members of the

¹ On that note, all interviews and field observations were done in Indonesian and translated into English for this paper. However, keywords remain in Indonesian for readers who may want to engage with the speakers’ original, authentic sentiment.

komunitas could make black and white distinctions of who was “of the *komunitas*” and who was not. Similar to “*Cus M!*,” there are those who understand Bahasa Benci, and those who do not. When a *gay* man calls, “*Cus M!*,” to a room full of *LSL*, only those of the *komunitas* will understand.

Context: Ha-I-Vé

While this *komunitas* has flourished in Bali, so too has the Human Immunodeficiency Virus (HIV). HIV first emerged as a global epidemic in the 1980s, called a “gay cancer,” the “wrath of God,” or the “3Hs” (Haitians, heroin users, and homosexuals); governments and pharmaceutical companies withheld funding and attention from these marginalised groups. Following decades of struggles on the part of activists, governments and pharmaceutical companies admitted some funding to the global effort of eradicating HIV/AIDS. In the late 1990s and through the early 2000s, HIV cases seemed to be generally on the decline. However, the past decade has seen a resurgence in HIV in places like Thailand, the Philippines, the US, and Indonesia. In the case of Bali, there are many reasons for the virus’ arrival; transient populations of domestic and foreign tourists (Raya, personal communication 2015) and migrant fishermen from Thailand and Java (Setiawan 2010). Although breast milk and dirty needles are media of HIV transmission, the spread of the virus in Bali is mainly facilitated by unprotected vaginal and anal sex due to lack of sex education (Gloria, personal communication 2015).

Bali is one of four hotspots in all of Indonesia where HIV is especially resurgent (South Papua, Jakarta, Surabaya, and Bali). In Bali, the *komunitas* is at highest risk, with 1 in 3 *gay* and 56% of *waria* HIV positive (Krisna, personal communication 2015). One health worker who

performs counselling and testing reports that of all the *waria* he counsels who work in the sex industry, 90% are HIV positive (Endo, personal communication 2015). Health workers quickly point out that these are statistics of self-reporting, meaning that there are many more ODHA (*orang dengan HIV/AIDS*, person living with HIV/AIDS). Furthermore, there are likely even more cases as many have the virus but have not been tested. In all interviews with health worker and non-health worker *gay*, they agreed HIV/AIDS is a *gawat*, a crisis.

However, HIV is not a purely biological disease. HIV is unique first because of the questions it raises on marginalised groups, taboos, and non-normative sexual practices. Media anthropologist Paula Treichler points out how it constructs a “metaphoric double, which speaks truth as faithfully as any biomedical diagnosis,” to develop its own meanings in social relationships and public discourse (Treichler 1999: 171). HIV is both a virus and a set of ideas; people imagine it to do certain things, belong to certain groups, evoke certain emotions, and associate it with personal meanings, all of which are just as real as the physical virus itself. Moreover, the disease is uniquely social for the way it ties people together. The physical and metaphorical virus mediates the relationships between people; it moves along circuits of sexual relations, concentrates and becomes recurrent in social groups like the *komunitas*, and becomes an factor in the social relations between friends and lovers (Ramonès 2013: 13). When one says the *komunitas* is at high-risk, or as one respondent put it, “I began to care about HIV, first because I am *gay*, and attracted to the *dunia HIV* (world of HIV)” (Raya, personal communication 2015), the disease becomes a characteristic tied into the *komunitas*, and even has its own “*dunia*” or world/imaginary.

The *Komunitas* cares for itself:

Now one can see that the situation is not just a biological virus affecting *LSL*, but also a social phenomenon that is a part of, tied into, a self-perceived and defined *komunitas*. As the preeminent scholar on HIV/AIDS in Indonesia, Dr I Made Setiawan, sees, “the role social interactions play in HIV-related risks should be considered as important as (if not more important than) individual knowledge, attitudes, and practices in design of effective STI/HIV prevention programmes” (Setiawan 2010: 201). That is precisely what this paper will do: discuss specifically *social* ways of self-strengthening not as insulated individuals, but as a *komunitas*.

The primary NGO engaging in HIV/AIDS prevention and treatment for *gay* men is *Yayasan Gaya Dewata* (YGD). Founded over twenty years ago, it has a staff of about a dozen that provide free counselling, HIV testing, and materials for safer sex. That, however, is YGD on paper; field observations and interviews reveal that it acts as a social nexus using personal and grassroots methods to spread information and services. As PKBI conducts the *LSL* HIV survey, YGD staffs manage to bring around a dozen new men each day for over a month. When asked about how they know and can mobilise so many men from the *komunitas*, they explain the importance of building a *jaringan*, a personal network. One respondent, Tomas, 24, explained how it begins as inviting ones friends (especially those not consistently using condoms or lacking knowledge of HIV) to a discussion on safer sex or to receive a free HIV test. As Tomas explains, outside his role as a volunteer, he would bring people as a friend to discussions and events out of concern for their wellbeing. To grow the network, a veteran YGD employee, Endo, 34, describes a snowballing method: meeting new friends through his current friends, and so on and so forth. Much like Tomas, many of his clients are also concerned about other friends, and so they recommend them to contact Endo for a free test or a packet of condoms with an information

brochure on HIV. Endo describes how it is a constant process of reaching and branching out further to meet new *teman* (referring to them as friends, and not yet as clients). As long as he focuses on creating a comfortable experience for current and new clients and continues to reach for new “*teman*,” his *jaringan* will continue to develop. Endo even has Blackberry Messenger, We Chat, and Facebook accounts through which he advertises “free condoms and lube.” People in the *komunitas*, already tied up in each other’s social media, can easily find his profile and call on him if they urgently require condoms and lubricant. He describes how all YGD employees will deliver the materials at any time of day or night, but also make it a social visit to introduce themselves, ask how the “*teman*” is doing, and make an appointment to “catch up.” In all his methods, not only does Endo succeed in distributing materials to protect from HIV or convincing “*teman*” to receive a test, but he also succeeds in building a *sustained* network of support and information that goes beyond this one instance of need, strengthening the portion of the *komunitas* encompassed by his network.

Gloria, another YGD veteran, explains how she once worked at a bar, but was pursued by YGD specifically because of how many connections and friends she had in the *komunitas*. She has a network easily numbering into the hundreds, like most other YGD employees and volunteers, which allows her to bring in multiple new clients for the survey every day for over a month. Like all other YGD associates, she describes the importance of personal relationships in this grassroots work. In her words, Bali’s *komunitas* is “*sempit*” (tight), and news spreads fast of who met who; she uses the verb “*berputar*,” meaning “to spin,” to describe the *komunitas* and how news and people circulate. She screams, in English, “It’s like a circle, haha!” a massive circle she and all of YGD can expertly navigate, and expand, to spread materials, information, and support.

The *komunitas* is not only a social network, but also a set of social *spaces* including bars, malls, and “hotspots” (places where *LSL* or *gay* men meet to have sex). On a warm Saturday night, another one of the YGD’s employees, Ali, 23, goes into the field with a uniform of a yellow apron, hat, and large canvas bag filled to the top with condoms, lubricant, and pamphlets on HIV. Watching the row of four gay bars from across the street, one can see him speaking with patrons, laughing, giving them a packet, and moving on to another table. Sometimes people approach him with a hug as if they are friends, while a table of new acquaintances give him their full attention despite the loud rumbling of the music. He moves inconspicuously, slowly, but thoroughly through the crowd. He does not impose himself on the night time scene or evoke a sense of invasion as a conspicuous health worker; he is a part of the scene, a known component of the *komunitas*.

Crossing the street during a break, Ali describes how this job of “Condom Man” has existed for many years with the purpose of spreading knowledge and materials at places where the *komunitas* congregates. It is a stylized, almost branded character with a known uniform and role; if he did not wear the uniform, one would easily think he is the life of the party. As Ali explains, it is also a needed persona and service as his bag empties every single night. Aside from the regulars, he meets dozens of new tourists and migrants, for some of whom this is their first time coming face to face with HIV as more than three letters on the Internet. As the go-go dancers and drag queens continue their performances each night, a Condom Man is yet another institution of this space. Ali explains that while his social, and social media, networks are how he plugs into the *komunitas*, methods like Condom Man are crucial to bringing knowledge and support to physical and social *spaces*. If the *komunitas berputar* (spins), as Glora describes, then this is one of the places it spins the hardest and offers the most exposure.

YGD is a truly grassroots organisation, sometimes seeming more like an organically grown social group than a formally registered NGO. Yet, *all* respondents from the *komunitas* knew YGD, often knowing one of them by personal name and telephone number, if not by Condom Man. YGD permeates social and electronic networks, as well as physical spaces, not as an invasive top-to-bottom entity, but as a part of the *komunitas*. After all, one of them says she was recruited partially for the sheer size of her own personal network. Krisna, one of the founders who has been with YGD since the 1990s, epitomises the approach well, saying that YGD is “*dari komunitas, untuk komunitas. YGD ada dari [original emphasis] komunitas,*” meaning that “YGD is of the *komunitas*, for the *komunitas*,” stressing that it emerges “*from the komunitas.*”

Since HIV became resurgent in the 1990s in Bali, YGD has made a profound effort to control the spread of, and support those living with, HIV; it has exploited the very social and electronic networks and physical spaces that many blame to make *gay* men susceptible to contracting HIV/AIDS in the first place. The high level of interconnectivity of social relationships in the *komunitas* (including sexual relations), electronic media, congregating in specific places to meet potential partners, and its characteristic as a “*semit*” “circle” that “*berputar,*” seem to make an easy avenue for the spread of HIV. However, YGD uses these same characteristics to its advantage, turning what others may call a weakness into a strength. As the *jaringan* continues to grow, and Condom Man to sustain his presence, the *komunitas* becomes stronger against the further spread of HIV. While YGD focuses on individual relationships, it is by no means an insular individualistic approach; its method of building *jaringan* is inherently *komunitas*-oriented. It increases individuals’ chances of survival and health through strengthening the connections of the *komunitas*. Some imagine HIV to expose weaknesses and

susceptibilities in a population, or divide individuals into positive/negative or irresponsible/responsible, but YGD is an incarnation of the *komunitas* designed to find and grow its own strengths for the care of all its members.

Peduli: What does it mean to care?

Sendiri: Himself

Although YGD's *jaringan* permeates the *komunitas* from various angles, individuals unaffiliated with YGD constitute the majority of the *komunitas*. How are the experiences of these individuals articulating a strengthening of the *komunitas* at large? Although this research focuses on HIV, very little time in the field reveals that HIV is not the top daily concern of most *gay* men. Work, social and love life, discrimination, and isolation from one's family are what most respondents worry about most; even in the heat of sex, many forget about HIV and forego using a condom. When, and not *if* (as one respondent worded it), HIV does come up, in their own lives or those of their friends, what causes them to care? Why does one go from not using a condom, to calling Endo out of bed to receive one?

On the most basic level, preventing HIV/AIDS in the *komunitas* in Bali revolves around a *gay* using a condom during anal sex. YGD employees note the obvious: condom use is still inconsistent for many *gay*, and encouraging them to get tested and use condoms and lubricant is the primary task. For someone to test or wear a condom, one must care to some degree. While some have used condoms since their first sexual encounter, others explain a shift where they began to care enough to begin testing and using condoms. The most commonly cited word was that there came a time when they were "*takut*," or afraid. Krisna recited a common story of

someone seeing a friend become severely ill with AIDS, and he imitates the internal dialogue: “Oh, who wants to end up like that? No, no, not me... I have to be careful...”

Endo explains another experience, where although he became HIV positive while working at YGD, he continued to not use a condom or even take anti-retroviral drugs. He became very ill and was hospitalised, at which point he admits he was “*takut*.” Since then, he always uses a condom out of fear he will contract a new resistant mutation of HIV or any average disease that his already impaired immune system cannot combat.

In these cases, they felt fear for their own health and lives. Krisna and Tomas agree that *gay* men use condoms and get tested out of this same fear for themselves as individuals; care for one’s own health and safety emerges out of fear and a will to survive. However, the key here is to understand how this fear for the self arises from identifying in some way or another with the *komunitas*. When a *gay* man sees a friend fall ill, or hears how prevalent HIV is in the *komunitas*, his fear signifies a recognition of his susceptibility, the possibility of “being like that,” because of his identity and connexions with the community. If one sees HIV *berputar* in the “circle” Gloria describes, and feels fear for individual health and life, one implicitly acknowledges being tied into that *jaringan*, that *komunitas*.

Despite that fear, acknowledgment of susceptibility, and affirmation of being implicated in the *jaringan*, respondents laughed at the question of anyone leaving the *komunitas* (e.g. marrying a woman) because of HIV alone, as such an action was always due to other social pressures (Gloria, Raya, Ali, personal communication 2015). Instead, this fear would often lead to changing one’s own individual behaviour while *still* engaging in the *komunitas* socially and sexually. Recall again how HIV is not only a biomedical diagnosis, but also a metaphorical and

social linkage moving along the *komunitas*, creating what Raya names a characteristic of the *komunitas*: a “*dunia HIV*,” an “HIV world/imaginary.” When one cares or feels fear out of personal concern, possibly even changing one’s behaviour, it is an implicit affirmation of one’s vulnerability stemming from connexion to the *komunitas*. For example, marrying a woman, leaving the *komunitas gay*, and refusing any prospect of extra-marital sex could alleviate the fear, eliminate the susceptibility, and reject one’s place in the *komunitas*’ biomedical and social *jaringan* of HIV. However, respondents explain how *gay* men coming to terms with this fear and implication in a *dunia HIV* often change their behaviour to be safer but still remain in the *komunitas*, continue having sex with men, etc. While HIV may be a haunting threat, adapting and carrying on, rather than rejecting, indicates a tenacity and value placed on remaining a *gay* or within the *komunitas*.

Kelompok: His Friends

After a baseline fear for one’s own safety, respondents described differing degrees of care *gay* have towards their friends and in some cases the wider *komunitas*. Ali recounts how he began to care when an HIV positive client refused to take anti-retrovirals and became ill. As they become more intimate friends and Ali saw him deteriorate, Ali began to increasingly care about HIV and the people living with it. Different from Krisna’s example of a sick friend causing personal fear, Ali uses this story to tell how he began to care about HIV as a threat to the people he loves.

This love and worry for the health of friends is not a mere sentiment, but also mobilises and strengthens members of the *komunitas*. Gloria explains that, “people in the *komunitas gay* care about their friends, and also depend on their friends. It’s like, Ika, you should do a test

dong!” Gloria demonstrates how caring for ones friends includes not just a generalised concern for their health, but *specific* steps they should be taking to protect themselves. For example, Tomas says that, “if a friend doesn’t use condoms, I will encourage him to use them, bring him to YGD, casually talk about it, but not *paksa* [force] him, only gently bring him.” Tomas explains that this is nothing remarkable to himself, echoing Gloria in saying that “people in the *komunitas* care about their friends.” Tomas explains how people in each “*kelompok*” (literally meaning “group,” but in *Bahasa Benci*, more akin to a clique of friends with a characteristic style or archetype) do not police or *paksa* friends, but “encourage” certain concrete steps to protect their health.

As a matter of fact, care for friends and referrals to test or learn more about HIV was precisely the driving force behind YGD’s expansion of its *jaringan*. Referring back to the experiences of Gloria, Ali, and Endo, YGD is able to spread knowledge and materials via the social networks of friends, and friends of friends, wanting each other to get tested or learn more. Krisna describes this as, “pushing *gay* to *mobilisasi* [mobilise] their friends, care about their friends, to get them tested or learning more.” Care for one’s friends and helping them to stay healthy and informed is not only an act of strengthening personal relationships among *gay*, but also, in Krisna’s view, an act of *mobilisasi* that augments the *kelompok* and *komunitas* against HIV.

Komunitas

The PKBI survey itself is an example of a *komunitas* event around HIV. According to YGD respondents bringing these clients to the survey, the primary reason for participation was the free HIV and Syphilis test (the latter of which is not normally free) for themselves, while

some would come for the money and free towel gift. Beyond the individual, YGD makes social network tree diagrams to record how, in one case, one friend was responsible for introducing fifteen friends to the free test. Concern for oneself and one's friends were once again the driving force behind a *komunitas* effort to provide a new test and also crucial new data on HIV infection rates.

In addition, YGD employees familiar with each client reported that some came for the expressed purpose of helping “the *komunitas*.” Glora explains how this survey and YGD are *komunitas* concerns, “they come because they want to help with YGD and participate, they are reciprocating, not because of money, [but because] they know the government needs data on HIV rates; so they want to help. If they can't help, they suggest a friend instead.”

Raya extends a similar sentiment, acknowledging the role of money, but also describing a relationship between the *komunitas* and YGD: “They come for the survey maybe for money, but also to help us because they know we need people and they want to help; they know our work in the *komunitas*. We have symbiosis, they know we help the *komunitas* with condoms, counselling and support, so they help us.” The significance of what Raya and Gloria's statements is that a feeling of “symbiosis,” “reciprocation,” or “care” for YGD – an institution “of the *komunitas*, and for the *komunitas*” – indexes a care beyond the self and the *kelompok*: a care and “symbio[ti]c” relationship with something bigger, the *komunitas*.

Speaking more generally on the HIV crisis, beyond the survey and other YGD-specific events, Raya recounts his experience as a counsellor of countless *gay*: “They think this is *komunitas*, that we have to work together to reduce instances of AIDS, so if you're negative, then stay negative; if you're positive, then access medicines. Aside from YGD, most want the

knowledge and will inform new people [to the *komunitas*] about programmes, NGOs, or even Condom Man.” In Raya’s words, his clients do not see this as a purely individual danger, but as a crisis shared across the *komunitas*, across the *jaringan*. Beyond friends and self, Raya explains how people will reach out with information to people unknown except for the status as being new to their *komunitas gay*. The idea of a *komunitas* allows transformation from a group at risk to a group in action. Ali’s experience epitomises how the perception and existence of a “*komunitas*” has become an asset: “people talk about how the descriptive term cannot be useful, but to know I am like the people at YGD and my other friends allows me to give information and help.”

On the levels of self, *kelompok*, and *komunitas*, there are various forms of care that combat more than a virus and biomedical diagnosis; addressing the “metaphorical double,” these forms of care have implications of strengthening oneself as a *gay*, a friend, or a part of the *komunitas*. The feeling of fear and subsequent care about one’s individual condom usage addresses the virus while conceding that one is tied into the *jaringan* and will remain, not desert, being *gay* and in the *komunitas*. In the case of caring for one’s *kelompok*, a network emerges where friends inquire on and provide guidance for condom use and testing. The personal and emotional care expressed by friends not only increases chances of survival, but also reinforces the intimate social relations. Care for the *komunitas* facing a shared crisis casts wider than the friends one may intimately know; this type of care, emergent from anxiety of HIV as a crisis, encompasses the *komunitas*, strangers and friends alike.

Keluarga: The Family

A *gay*, his *gay* friends, and the *komunitas* are inherently contextualised within a wider heteronormative² society. Without a question pertaining to the wider society, every respondent found a way to speak about stigma and ignorance of “*masyarakat umum*,” the mainstream general society. What makes Bali unique in this study of HIV and a *komunitas gay* is that *gay* from all across Indonesia migrate to Bali as it represents better employment prospects, is perceived as having a relatively more “*bebas*” (free) attitude towards homosexuality, and is far from their home communities where families may hear about a son’s *gay* lifestyle (Tomas, personal communication 2015). However, this melting pot *komunitas* of *gay* men from Bali, Lombok, Sunda, or Makassar are not only distanced from their families, but also isolated from the mainstream heteronormative “*masyarakat umum*.” In such a situation, *gay* build a family of their friends, plug in to a *jaringan* or *komunitas*, and form new social relationships; as Gloria admits, “all we have are our friends.”

Scholarship has thoroughly established the concept of sexual minorities such as *gay* creating their own “families” while isolated from mainstream heteronormative society and far from home and families. In Kath Weston’s landmark study of San Francisco’s BGLT community, she discovers how *gay* men and lesbians create families out of their friends. They celebrate holidays together and care for each other when sick. She aptly names her study *Families We Choose*, to communicate how her collaborators have created kinships constituting a home and family of their own (Weston 1997). Bali’s *komunitas* exhibits similar strategies to compensate for social isolation, where several respondents describe their lovers or friends as “brothers” (Endo, Raya, personal communication 2015).

² “Heteronormative” describes social norms based on heterosexual standards. For example, a heteronormative aspect of a society could be the expectation to marry a woman and produce children.

When Endo became sick from a reaction to an anti-retroviral drug, he could not tell his family his HIV status or that he was in the hospital. According to him, if his community discovered his status, “they will refuse to carry my body for my cremation ritual.” Without his family for support or acceptance, he says he must rely on himself and his friends (Endo, personal communication 2015). The forms of care for oneself, one’s identity, one’s *kelompok*, and one’s *komunitas*, have demonstrated not only a support system in the HIV crisis, but also how *gay* have carved out a world and family of their own in a *masyarakat umum* that neither openly accepts nor recognises them and their lifestyles.

I Made Setiawan, one of Indonesia’s experts on HIV, found similar phenomena among another high HIV risk population: migrant fishermen in Bali. Because of the transient nature of their work, fishermen from Thailand, Java, or Sulawesi working in Bali are isolated from their homelands and the Balinese *masyarakat umum*. He observes fishermen on one boat, for example, forming a pseudo-family that cares for one another when sick, pins its survival on communal work, and also celebrates its success by frequenting brothels while in port in Bali. In Setiawan’s view, they “shape their identity in response to life challenges” (e.g. being non-Balinese), which “reinforces their migrant identity” and shared social behaviours such as visiting brothels (Setiawan 2010: 201).

The *komunitas gay* is similarly isolated from *masyarakat umum*, not because of ethnicity or occupation, but because of sexuality. As mentioned above in Weston’s study, they form their own intimate familial kinships and support systems, with many informants describing their lovers or friends as “brothers.” However, unlike Setiawan’s description of how fishermen have created a norm of penile implants and valuing unprotected sex above protected, the *komunitas gay* has made condom use an increasingly supported norm, even creating a sense of obligation or

peer pressure (Tomas, personal communication 2015). While Weston describes how gays and lesbians are isolated *because of* their sexuality, Setiawan describes how groups like the fishermen *further* shape their identity *in response to* “life challenges” such as being non-Balinese or distanced from families. HIV, as a major life challenge for *gay* men, has exposed a response of strengthening within the *komunitas gay*; first, the crisis has revealed how *gay* men have long been carving out a family and world of their own in which they can survive and flourish as themselves: a place where they can be outsiders together, a “Family We Choose” (Weston 1997). Second, the *komunitas* is continuously reshaping itself so that caring about HIV (i.e. condom use or encouraging friends to test) becomes a norm (Tomas, Gloria, respectively, personal communication 2015). Although the HIV epidemic has brought death and sickness to cause true tragedy, it has revealed both pre-existing and newly emerging strengths: overlapping webs of care and support, tenacity and high value for one’s identity and life in the *komunitas*, mass mobilisation, and the ability to create families and worlds of their own in which to thrive.

Living with, not suffering from, HIV/AIDS

Aside from the perspective of those fearing or preventing HIV, the *komunitas* also includes *ODHA* (*orang dengan HIV/AIDS*, persons with HIV/AIDS). Their experiences, of course quite different from a non-*ODHA*, depict a different set of challenges and accompanying processes of strengthening.

All respondents admitted that a degree of stigma towards *ODHA* still exists in the *komunitas*, but to a much lesser degree than that of *masyarakat umum*. Gloria and Raya explain that people will “*gossip*” about *ODHA* in the *komunitas*, but that it never exceeds to the point of

shunning or changing how members of the *komunitas* treat *ODHA*. As Gloria jokes, “that [gossip] is a characteristic of all *gay* and *waria*, all over the world!” However, she continues, “reactions to news of a friends’ status can include fear, immediate care for the friend, a turn to religion, etc., [but] it’s already solid that people care about *ODHA* friends.” All respondents agree that people in the *komunitas* will not socially “shun” or “*menolak*” (reject) someone who is HIV positive, and that if they develop sicknesses associated with AIDS, friends will help them in “whatever way they can, because they are alone here,” (Raya, personal communication 2015) alluding to the social isolation of *gay* and subsequent formation of a new family and world of their own discussed in the previous section.

The support and care one receives is in fact dependent on one’s membership in the *komunitas*, as Krisna reveals. Whether one is rejected, supported, or aided, “*tergantung dia terbuka atau nggak*” (depends on if he is openly *gay*, being a part of the *komunitas*, or not). Anyone, *gay*, *LSL*, woman, *normal*, who contracts HIV may receive isolation or stigma from one’s family and *masyarakat umum*. However, being a part of and having friends in the *komunitas* provides the support and care discussed above that is unavailable to outsiders. Being *gay* and a part of the *komunitas*, while normally entailing status as an outcast or minority, becomes an asset; unlike *orang normal* (straight people), *gay* have a *komunitas* where their sexuality is the norm and where HIV is a known issue with established forms of communal and personal care.

Aside from the treatment of the wider *komunitas*, *ODHA* construct another *komunitas* of their own. Endo, an *ODHA* himself, reveals that, “in each *kelompok*, there is a group of *ODHA*.” For his *kelompok*, he describes how they go out together, only sometimes talk about HIV, and even go on group vacations; the goal is not to meet and discuss HIV, but to live and “have fun”

together (Endo, personal communication 2015). Endo explains how he is embarrassed to share his status with the wider *komunitas* because of the gossip that would ensue. However, similar to how *gay* can freely express their sexuality in the *komunitas*, Endo's *komunitas ODHA*, embedded within the *komunitas gay*, allows him space to live openly as a *gay* and an *ODHA*. Once again, part of the *komunitas gay* has transformed the very thing that isolates them as an "other" (i.e. both their sexuality and their HIV status) into grounds for creating a family or "sub-*komunitas*" of their own. While HIV has certainly caused death, sickness, and isolation, Endo demonstrates how they can adapt and "live on" to create a stronger self, kinships, and *komunitas*.

Conclusion

The title of this project, "*Cus M!*" is the *Bahasa Banci* equivalent of "Let's go!" At the survey site, members of the *komunitas* would emerge from the interview room with expressions reflecting a long and probing forty minutes asking about HIV and from every direction possible. Exiting the interview room, they would sit down to have two large vials of blood drawn, often wincing or looking away from the needle. Afterwards, a man may call out, "*Cus, M!*" to his other friends, calling them to leave and have lunch, go to work, and in once case go to a night club. All respondents agreed that HIV is a crisis; many have ODHA friends, and all express a degree of fear of contracting the virus. After talking about the virus, its associated so-called "high-risk behaviours," and seeing the very blood in which it could live, these men call to their friends to stand up and move along. This is no act of turning a blind eye, as they usually came quite far only to face HIV for over an hour; they, their friends, and the *komunitas* stared HIV in the eyes, then stood up and spoke, in their language, to continue their day. Dialogue on HIV often portrays

these “high-risk groups” as faults to themselves, irresponsible, and victims trapped in a static and condemning snapshot. To the contrary, these men have demonstrated a processual strengthening of self, identity, kinships, *komunitas*, and continued to carve out a life, a “family we choose,” and world of their own.

This paper does not intend to downplay the death, sickness, and social suffering HIV/AIDS continues to cause. This paper argues for how *gay*, on multiple levels and scales, not only mobilise against a biomedical disease and its “metaphorical counterpart,” but transcend the idea of battle lines, combat, and stigma. The HIV epidemic has highlighted the pre-existing and emerging adaptabilities and strengths of this *komunitas* and *gay*. Like Endo’s *kelompok ODHA*, they gather not to constantly discuss HIV or commiserate, but to support each other, just live, and “*Cus M!*”

Suggestions for further research

The major constraint on this research was the short time available for field work. Future research could address various novel and significant directions that emerged during field work. Because of the structure of YGD and the *komunitas*, respondents are between 24 and 45 years of age. The new generation of *gay* are still in secondary school, yet they are a major concern in the HIV/AIDS crisis. One of the PKBI survey staff, while officially not permitted to speak about the survey, discreetly and indirectly suggested that his respondents aged 17-22 reported some of the most at-risk behaviour that is still being understood by NGOs. This demographic is younger and not yet integrated into the adult *komunitas*, making for significant logistical and ethical barriers; nonetheless, this is a significant and needed direction of further investigation.

Another area requiring exploration is the realm beyond NGOs. This project took YGD as a starting point and lens through which to view the *komunitas* and the HIV crisis, which took the inherent skew in any research towards a particular direction. A future study could explore the *komunitas* on its own terms in the field, taking a different approach of meeting respondents through personal networks, bars, night time hook up spots, etc.

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