

The Denver Principles

Introduction

In June of 1983, at the Fifth Annual Gay and Lesbian Health Conference in Denver, Colorado, a group of about a dozen gay men with AIDS from around the U.S. gathered to share their experiences combating stigma and advocating on behalf of people with AIDS. Until that point, “AIDS activism” was mostly a local, even neighborhood, affair in the West Village and Chelsea in New York, in the Castro district in San Francisco, West Hollywood and a handful of other places around the country. The men meeting at the Denver conference were meeting for the first time, comparing notes and strategizing how to move forward to ensure their voices were heard and expertise, as individuals living with the disease, respected.

They wrote out a manifesto, now known as The Denver Principles, outlining a series of rights and responsibilities for healthcare professionals, people with AIDS and all who are concerned about the epidemic. It was the first time in the history of humanity that people who shared a disease organized to assert their right to a political voice in the decision-making that would so profoundly affect their lives.

In the months and years that followed, the Denver Principles spawned a self-empowerment movement that launched thousands of organizations and became a lifeline for people with HIV around the world.

Aspects of the Denver Principles are dated, like the second point for Health Care Professionals, advising them to “identify and discuss the theory they favor as to the cause of AIDS”, which was written before HIV was discovered.

In 1994, the ideals represented in the Denver Principles were reflected in the [GIPA Principles](#) (Greater Involvement of People with AIDS), later amended to become GIPA/MIPA (Greater and Meaningful Involvement of People with AIDS).

Below is the original Denver Principles document, a few words, written with passion and vision, that launched a global movement.

The Denver Principles (1983)

Statement from the People with AIDS advisory committee

We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others. We are "People With AIDS."

RECOMMENDATIONS FOR HEALTH CARE PROFESSIONALS

1. Come out, especially to their patients who have AIDS.
2. Always clearly identify and discuss the theory they favor as to the cause of AIDS, since this bias affects the treatments and advice they give.*
3. Get in touch with their feelings (e.g., fears, anxieties, hopes, etc.) about AIDS and not simply deal with AIDS intellectually.
4. Take a thorough personal inventory and identify and examine their own agendas around AIDS.
5. Treat People with AIDS as whole people, and address psychosocial issues as well as biophysical ones.
6. Address the question of sexuality in people with AIDS specifically, sensitively and with information about gay male sexuality in general and the sexuality of people with AIDS in particular.

RECOMMENDATIONS FOR ALL PEOPLE

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

RECOMMENDATIONS FOR PEOPLE WITH AIDS

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves or their partners; we feel people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

RIGHTS OF PEOPLE WITH AIDS

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.
4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die – and to LIVE – in dignity.

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