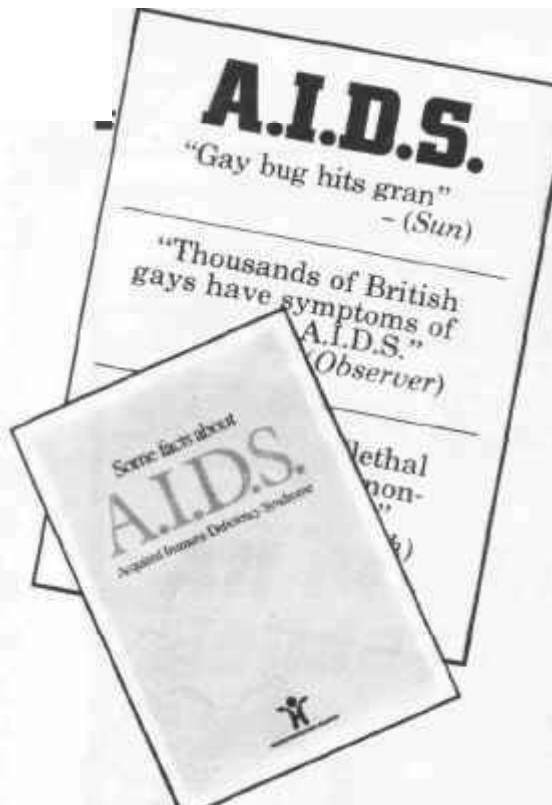


FOCUS**THE IMPACT OF AIDS**

Prison officers refuse to move prisoners; the fire brigade worries about mouth to mouth resuscitation; a dentist refuses to treat a patient; backstage theatre staff shun a gay play; the tabloids carry panic stories about 'the gay plague' and *The Times* delivers sonorous leaders urging moral restraint and state registration. We are in the midst of a full blown moral panic, this time about AIDS.

There are few phenomena less appealing than the British in a state of fevered moral anxiety about sex - unless it be the Americans. In the USA, what Susan Sontag has called 'practices of decontamination' began a full three years before they started here: doctors refused to treat AIDS patients, restaurants posted notices warning off gay customers, undertakers refused to bury the dead, and evangelicals boosted their warnings to sinners to repent. If one of the functions of a moral panic is to segregate the sinners from the saved, the immoral from the moral, then the representations of AIDS as an unstoppable plague or contagion serves this purpose exactly. The victims, as ever, are those on the margins of respectability and acceptability. And as most people with AIDS so far, at least in the industrialised West, have been male homosexuals, it is amongst them that the impact of this panic has been most devastating.

'Illness is given moral stigma', the Canadian feminist Jane Rule has said, 'only when it is related to an activity or a group of people disapproved of.' One of the most striking features of the AIDS panic is that, unlike most illnesses, the victim is being blamed for the disease. Underlying all the discussion in the

media is the assumption that something in the male gay lifestyle is to blame. In a notorious leader last year (21 November 1984), *The Times* delivered its anathemas: 'The infection's origins and means of propagation excites repugnance, moral and physical, of promiscuous male homosexuality. . . Many members of the public are tempted to see in AIDS some sort of retribution for a questionable style of life.' In fact, there is now irrefutable evidence that in Central Africa, where the disease is rife, and which is a possible origin of the infection, victims are overwhelmingly heterosexual. It is not a disease intrinsic to any group of the population, least of all a product of a Western lifestyle. At the same time, it is a disease which *has* affected a particular section of the population so far more severely than others. Instead of the care and support any vulnerable group should normally expect, the gay male community in particular has been exposed to the worst inuendos of the press and a barrage of hostile reactions. This must tell us something important about the current climate of opinion concerning sex in general, and homosexuality in particular.

AIDS has, it seems, accentuated a crisis in societal responses to homosexuality. The changes of the past fifteen years which have produced for the first time an open lesbian and gay presence in our society have not stilled widespread hostility to unorthodox sexual lives and identities. Public opinion has indeed gradually liberalised, and many more people are openly accepting of homosexuals today than during that ostensibly permissive period of the 1960s. But as Dennis Altman remarked of America, but with an equal validity here, while homosexuals are today tolerated, homosexuality is not. Homosexuality as a set of sexual practices has never quite thrown off the taint it acquired in the 19th century, of being simultaneously a sin, a crime and a disease.

It is an easy move then, in a period of volatile public opinion, for slippage to take place: from the idea that homosexuality is a disease (a plague, as the American neo-conservative Norman Podhoretz put it, that attacks 'the vital organs of the entire species') to the terror that homosexuality *causes* diseases. And the link that magically connects the two thoughts is the idea of 'bad blood' which has had a dramatic presence in the anxiety over AIDS. Male homosexuals have it, apparently, and they pass it on: through sex, through the kiss of life, even through the classic embodiment of the gift relationship, the donation of blood. It then becomes easy in the imagery of fear for the whole essence of the gay man's being to be

tainted, from the sweat on his body to the spit on his lips. The sexual mutant of 19th century textbooks is reborn to terrorise today's respectable public. In the climate of horror that such an image evokes, rational thought becomes all but impossible.

What makes this so much more dangerous is that we are now enduring a political shift that has the effect of closing the space for social and sexual experimentation that began to open up in the 1960s and early 1970s. There does not, in this country at least, seem to be any single coordinated orchestration of this shift back towards moral authoritarianism, though it has its new Right prophets carefully established in strategic positions, including the columns of *The Times*. But the climate is being shaped from the top in many ways, and what Mrs Thatcher has so neatly described as the 'permissive claptrap' of the 1960s is beginning to crumble, as on a variety of issues - from increased authoritarianism of the police in sexual issues, to the 'protection' of the embryo, to the reassertion of 'parental responsibility' in the Gillick case - the 'old virtues of discipline and self-restraint' are being reasserted. The public manifestations of sexual unorthodoxy, female as well as male, are particularly likely to arouse this new disciplinary zeal. The prosecution by HM Customs of Gay's the Word bookshop, an attempt to undermine the free dissemination of literature, vividly illustrates the vulnerability of the gay and lesbian community. The eruption of AIDS in this situation was accidental, but the response was not. It had been well prepared by new Right apologetics, by the general retreat of liberal values, and by the 'unfinished revolution' in social attitudes towards homosexuality.

The moral panic has served to forge ideological links between disease and a form of desire. In doing so, it is clearly attacking one of the key factors in the emergence of positive lesbian and gay identities in recent years, the affirmation of homosexuality as a valid sexual choice. The real danger lies not so much in the disease - devastating as this is, it is still very much a minority disease, and is likely to remain so - as in the effects it may have on the ability of lesbians and gay men to live their lives openly and positively. Here the signs are in fact more hopeful than one would think. Throughout the homosexual communities of the West that have been affected by AIDS, new networks of self-help and support have sprung up. In the USA the Gay Men's Health Crisis Group and in Britain the Terrence Higgins Trust, both started by gay people, have become the focus of support and information on AIDS. There are

signs in the gay press of a new concern with questions of health, which in turn has led to an interrogation of aspects of the gay male lifestyle, which certainly have not *caused* the disease, but may have contributed to its spread amongst gay men. AIDS, in a curious way, may prove a catalyst for the development of new strengths in the lesbian and gay communities as a whole. As one person with AIDS put it in a speech at a Gay Pride Parade in San Francisco in 1983: 'We're not victims, we're fighters. . . It is not important to worry about when we will die; rather we should be more concerned with how we live'.

It might well be that after all the suffering, the effects of the moral panic directed at homosexuals may well be to strengthen the ties of the gay community. It will not be the first time this has happened. It probably won't be the last.

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