



Down but not out. Gay solidarity in the face of public hysteria at an aids remembrance ceremony, May 1986.

Love In A Cold Climate

Rarely has a disease carried such powerful moral and social overtones. At last, however, the government has been forced to act. **Jeffrey Weeks** looks at the aids crisis



Aids may be the most serious health crisis to face the world this century. But during its relatively brief history it has become more than a ghastly and relentless disease. It has come to symbolise an age where fear, prejudice and irrationality battle against reason, responsibility and collective endeavour. At the moment it is by no means clear which will triumph.

The reasons for fear are real enough. Some 10m people worldwide may be infected with the HIV virus, the cause of Aids. Many, perhaps most, of these will go on to get the full blown syndrome. In the USA there have been 25,000 cases of Aids, and 10,000 dead. It is estimated that up to 2m people carry the virus. Aids is already the major cause of premature death among adult males in many North American cities. In parts of central Africa the disease is rife. In the next five years up to 15m cases of the illness are expected on the whole continent.

The UK figures are less dramatic but still worrying. There are probably already more than 30,000 HIV carriers. Over 550 people have been diagnosed as having Aids. Half of these are dead. And the number of people with Aids doubles every 10 months. Cases of Aids are expected to rise six-fold by the end of 1988, to envelope 3,000 people.

This is a major worldwide health crisis. It has been likened to the great plagues that ravaged Europe in the Middle Ages; and to the influenza epidemic at the end of the first world war, which wiped out more people than all the fighting on all the fronts of the war itself.

But this health emergency seems all the more frightening because, at least in the West, we have grown accustomed to the triumphs of medicine in controlling disease. Even with this virus, medical science has shown its efficiency. We now know almost everything there is to know about HIV - *except* how to destroy it. In the meantime, the incidence of Aids doubles every 10 months.

This is the background to the British government's new sense of urgency. After months of prevarication - it apparently took a last-ditch direct appeal to the prime minister by the permanent head of the DHSS and the chief medical advisor to wrench her into action - the government has set up a cabinet-level committee to coordinate action. An unprecedented health education campaign has been launched, with press, radio and TV advertising, a leaflet drop on 23m households, and a £20m budget. The health secretary, Norman Fowler, has echoed the words of his advertising copy: 'Stick to one partner; if you don't, use a condom'. And for drug misusers, 'don't inject drugs; if you can't stop, don't share equipment.'

In the absence for the foreseeable future of a cure or of a vaccine to prevent the spread of the virus, the only safeguard appears to lie with changes in people's behaviour and with the public education needed to achieve that. This has been clear for some time, and has been the burden of all the expert advice and all the pressure from the groups in the population most affected.

It is some indication of the prejudice and irrationality surrounding the dis-

ease that it has taken so long for the government to adopt a high profile policy on prevention. Here Aids ceases to be simply a devastating disease and becomes more like a battlefield for conflicting moral and political values, and ways of life.

The popular response to Aids, the fear and loathing it evokes beyond the actual impact of the disease itself, illuminates a wider crisis of norms and values. Attitudes towards Aids, and the tardy political reaction, have been shaped by the fact that from its first identification in the USA in 1981 it has been strongly associated with marginalised, oppressed or feared groups; with Haitians, and subsequently with black Americans (a disproportionate number of American victims are black); with intravenous drug abusers; and with male homosexuals.

Aids has fed easily into wider anxieties and fears that find a focus in powerful streams of racism and homophobia. The result has been predictable and disastrous: a 'moral panic' rooted in a genuine fear of the disease, but seeking scapegoats in those who were the chief sufferers from it.

Moral panics, waves of social anxiety which bring to the surface deep currents of feeling and fear, generally arise in situations of confusion and ambiguity, in periods when the boundaries between legitimate and illegitimate behaviour seem to need redefining or reclassification. There is a typical stereotyping of the main actors as peculiar types of monsters, leading to an escalating level of fear and perceived threat, the taking up of panic stations and absolutist positions, and a search for symbolic solutions to the dramatised problem.

In the case of Aids there was a real, anxiety-making disease for which there was no cure, and which seemed to be localised amongst certain groups of people. Irrationally, but predictably, the form the panic took was the search for people to blame. Normally, those suffering from a terrible illness evoke sympathy. Here the victims themselves were stigmatised. Those with Aids were easily divided into two categories: the 'innocent' (haemophiliacs, female partners of bisexual men, children), and the 'guilty' (drug addicts, the 'promiscuous' and gay men).

But it is above all the linkage of Aids with homosexuality that has dominated attitudes. Aids is not a specifically homosexual disease, let alone a 'gay plague'. In the Third World it is overwhelmingly a disease amongst heterosexuals. But in most Western countries the main incidence of the illness so far has been amongst gay men. It was only when it began to dawn on people in the past few months that Aids was a general danger that the more scabrous papers like *The Sun* began to talk of a world health crisis.

The response to Aids is, however,

more than a moral panic. Trying to understand it is like watching a speeded-up film about the postwar world. Many of the major fears, imagined threats, genuine changes and paranoias pass rapidly before our eyes: the 'break-up' of the family, the presence of 'alien wedges', that elusive phenomenon known as 'permissiveness'. .. It is above all changes in sexual mores that have come to symbolise for many people, and especially the moral Right, all the other changes that have taken place. For the former solicitor general, Sir Ian Percival, the reasons for Aids were transparent: because 'so many have strayed so far and so often from what we are taught as normal moral behaviour'. And as in many of these debates, it is the 60s that has become the symbolic focus of these changes.

There have been three major strands in the moral and sexual shifts of the past generation: a secularisation of moral attitudes, a liberalisation of popular beliefs and behaviours, and a greater readiness to value and respect social, cultural and sexual diversity. The significance of the Aids crisis is that it can be used to call into question each of these, and to advance a justification for a return to that 'normal moral behaviour' which acts as a yardstick by which to measure the presumed descent into the present.

One of the major changes in the organisation of moral behaviour over the past century has been the progressive detachment of sexual norms from religious ones. By the 1960s many of the Christian churches themselves, ranging from the traditionally liberal Quakers to the established Church of England, had effectively abandoned any attempt to impose their own moral values on the whole of society. A distinction was now made between individual morality and social order, with the role of the state being redefined as guaranteeing the latter, not meddling with the former. This was the position broadly endorsed in the great wave of 'permissive legislation' in the 1960s, which reformed the law on homosexuality, abortion, censorship and divorce.

These changes were never accepted by moral conservatives nor by all the churches, and since the 1960s a gathering storm of moral absolutism and social purity has developed. In the USA a combination of television evangelism, big money and religious fundamentalism joined hands with new right forces to create the moral majority ('Neither moral nor a majority'). Britain is unlikely to see the emergence of quite such a potent force, but on a range of issues from teenage sex to the representation of sexuality, a moral Right has been mobilised, stretching from the moral rearmament enthusiasms of Mrs Mary Whitehouse to the post-feminist traditionalism of Victoria Gillick, backed by a number of more sinister figures playing their tune in parliament and

elsewhere.

Aids has proved a golden opportunity for these moral entrepreneurs to raise their profile, to prove to their own satisfaction at least that what they had said all along was true. In recent years there has been growing anxiety about the effects of sexually transmitted diseases such as herpes and hepatitis B. If Aids is similarly a disease that can be transmitted sexually, then it must prove that 'promiscuity' is not only wrong but, in the inimitable words of a Tory MP, it 'kills'. And gay men, traditionally described as 'promiscuous', and the main victims of the disease in the West, thus become symbolic of the whole moral decline. As Mrs Whitehouse characteristically put it: 'Over recent years homosexuality has been represented as being perfectly normal... But now the laughing is over.'

In the age of Aids, it becomes easier to believe that the limits of medicine and of science have been reached. It therefore makes it potentially more acceptable to seek a moral explanation. 'If Aids is not an Act of God' thundered the ineffable John Junor in the *Sunday Express*, 'with consequences just as frightful as fire and brimstone, then just what the hell is it?'

This moral revivalism must not be exaggerated. A general liberalisation of attitudes has sunk deep roots since the 1960s, and with it has gone a new willingness to tolerate, if not fully accept, sexual diversity. There has been no major breach in the liberal legal reforms of the 1960s, despite several attempts to restrict access to abortion. Mrs Gillick's early legal victories in her efforts to prevent doctors providing contraceptive advice to girls under 16 proved pyrrhic. Tory MPs may yet succeed in tightening the laws on obscenity, but despite a huge Conservative majority their successes so far have been limited. Even the saloon bar moralist Peter Bruinvels has stated his opposition to attempting to make homosexuality illegal once again.

It is difficult to take Norman Tebbit's attack on the permissive society too seriously when his colleagues are caught dealing with prostitutes and having sex in public lavatories. It seems a little hypocritical to attack one parent families (which junior minister Rhodes Boyson recently did) when one of your former colleagues notoriously contributed to founding one. It must also be a trifle embarrassing to crusade against drug abusers when the children of Her Majesty's ministers are amongst them. Senior ministers are products and victims of the major cultural changes of the past generation like everyone else. It does not mean that they will not ride the whirlwind of reaction, but what they can do will be constrained or shaped by the political balance of forces rather than by pure prejudice.

There is considerable evidence that

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popular attitudes continue to liberalise on many issues, from pre-marital sex to abortion and divorce. There is a greater acceptance of diverse lifestyles and of varied domestic patterns. Even the stigma of illegitimacy is now set for the history books.

There are, nevertheless, significant cross-currents, and homosexuality in particular is caught up in them. Opinion polls suggest that a clear majority of the British public are now against discriminatory laws. But 52% in a recent poll would still prefer not to have a homosexual neighbour, and nearly 70%, according to the *British Social Attitudes* survey, refuse to recognise the legitimacy of lesbian and gay relationships.

Yet, along with the rise of feminism, the emergence of a public lesbian and gay presence has been one of the most dramatic changes in the social and sexual scene over the past 30 years. From being a love that barely whispered its name it has now become highly vocal.

These changes have not gone unnoticed. In the USA mobilisation against homosexuality has been a significant element in the new Right's efforts to shape a new majority. Just as feminism can be blamed for profoundly disrupting traditional demarcations between the sexes, homosexuality has been attacked for undermining marriage and the family. Lesbian and gay ways of life are deeply antithetical to the 'pro-family' rhetoric and authoritarian moral values espoused by the new Right.

And the whole issue of the legitimacy of non-traditional sexual relations is a fraught one beyond the bounds of the new Right. Consider for instance the torment and convolutions of the Archbishop of York, Dr John Habgood, in an interview in the *Daily Mail*. He did not, of course, want to see homosexuals 'beleaguered, threatened and shunned by society.' On the other hand it was unwise to go to the other extreme. He confessed to regarding homosexuality as a 'misfortune', and he was opposed to seeing homosexuality and heterosexuality as 'two perfectly viable alternatives'.

For the Left it is an even more difficult topic, cutting across traditional political positions and disrupting other loyalties. The pro-gay policies of the London borough of Haringey, under a radical black leader have been bitterly opposed both by sections of the white working class and by militant elements in the black community, because of their supposed threat to the family.

There has been an 'unfinished revolution' in attitudes to sexuality in general and to homosexuality in particular. There have been many fundamental changes in the past 30 years, but their impact has been uneven and fragmented, producing frustration as well as social progress, new tensions as well

as the alleviation of old injustices. Secularisation, liberalisation, changes in the pattern of relationships have all taken place. But they have left deep residues of anxiety and fear, which Aids as a social phenomenon has fed on and reaffirmed.

Aids is not a disease of a particular type of person. It has affected, and killed, heterosexuals and homosexuals, women and men, white and black, young and old, rich and poor, the promiscuous and the inexperienced. It is the result not of a way of life but of a virus. Moreover, despite the nature of the illness it causes HIV is not a particularly strong or infectious virus. This is why Aids is not transmitted through the air, nor by casual contact, nor by even quite intimate activity such as kissing. It is spread only through the exchange of bodily fluids, particularly vaginal fluids, semen and blood.

Some groups of people are currently more at risk than others. But it is misleading to talk about 'risk categories'. This inevitably leads to a confident belief that it is always someone else's disease. The identification of Aids as a 'gay plague' has potentially disastrous effects. It not only leads to the stigmatisation of the disease itself, but it also encourages those who do not see themselves as gay to believe that they will not get it.

It is not high risk 'categories' that spread Aids, it is high risk activities, those which involve the interchange of bodily fluids. These include genital and anal intercourse without protection, oral sex which involves the swallowing of semen, sexual practices (like fist fucking) which might rupture delicate blood vessels, oral-genital sex, and drug-taking where needles are shared.

'Promiscuity' as such is not the danger. Obviously, the more partners you have the more likely you are to come into contact with someone who is carrying the virus. But it is not the number of partners that constitutes the real danger, it is what you do with them. Nor does drug abuse alone lead to Aids. It can only do so when blood is exchanged via dirty needles.

Given that at the moment there is no cure for Aids, and there is unlikely to be one in the next few years, what is clearly essential is that people change their habits sufficiently to avoid high risk activities. Other 'solutions' are clearly impractical or unlikely to work. Injunctions to lifelong monogamy might seem a simple solution, as might giving up drug abuse. But in practice, as the government's advertising effectively concedes, our social natures are a little more recalcitrant than that.

The moral Right has offered more draconian suggestions. These have ranged from the compulsory testing of those at risk, including everyone coming from those parts of Africa where the incidence of Aids is high, to the segregation of the infected and sick. Leaving aside

the racism of these proposals, and the affront to civil liberties they represent, they would demand an unprecedented mobilisation of resources, and would still not stop the virus. Tests are sometimes unreliable; they cannot take account of subsequent infection; and there is virtually no means by which segregation of huge numbers of people could be effectively policed.

The Thatcher government has not yet ruled out compulsory testing of immigrants, and it is still conceivable that it will make a symbolic gesture along these lines to assuage pressure (opinion polls suggest that there is an overwhelming public demand for compulsory testing of the whole population). But such steps will not stop the spread of Aids.

The two practical parts of Norman Fowler's advice to the nation - to use condoms, and avoid sharing needles - are thus not only sensible, they are essential. It has, however, taken a great deal of anguish to reach this stage. When Mrs Thatcher saw the draft of the first advertising campaign in early 1986 she is reported to have vetoed them with the comment: 'it's like writings on a lavatory wall'. Beyond this are a clear range of anxieties for moral conservatives: would promotion of the use of condoms promote promiscuity? Would mention of anal sex encourage the impressionable to try it? The minutes of Lord Whitelaw's committee will make fascinating reading in 30 years' time.

Even now, certain obvious steps have been balked at. Advertising has not stressed that free condoms can be obtained for 'family planning' purposes. Despite the support of the health ministers, the government is reluctant to offer free needles to iv drug users from fear that it would be seen to condone drug abuse. Yet something momentous is surely underway. British governments have been traditionally reluctant to intervene too directly in the details of sexual regulation. During the last war millions of condoms were distributed to soldiers as a preventive against VD, but the fiction was maintained that these were to be used to protect the barrels of guns. Here, for the first time, we see a highly conservative government urging its citizens to use protectives, in a massive programme of sex education.

Sex education has been a touchstone issue for the moral Right throughout the West. Publicly provided sex education has been seen as a means for the undermining of parental authority, and as a channel for the promotion of sexual perversion 'on the rates'. As the Thatcher government was contemplating its leap into openness in relation to Aids, it was also wrestling with attempts by its backbenchers to remove control of sex education from teachers and a growing controversy about the 'positive images' policies of Labour-controlled education author-

Epidemiology of Aids

One of the most striking features, epidemiologically, of the Aids epidemic, has been the cliff-face rise in the numbers affected. (See Table 1). Since the first recorded case of Aids in the UK in December 1981, the figures have doubled every eight to 10 months to reach 512 in September this year. In the US the rise has been even more dramatic.

The exponential growth rate of Aids (a steady rise in the rate of increase as well as in the actual numbers) has prompted some wild statistical speculation as to how high the figures might go. Simply projecting the current rate of increase into the future would give an estimate of nearly a million cases in Britain by the mid-1990s.

But these kinds of predictions assume that the disease will spread as rapidly in the general population as it has in high risk groups, and that people will not change their behaviour significantly. Most epidemiologists are of the view that Aids will plateau out as a steady state is reached.

Even so, the rise in numbers is likely to continue for the foreseeable future. Around 30,000 are thought to be infected with the virus in Britain, an estimate seen as conservative by some. The US figure for the total number of cases, which was roughly the same five years ago as Britain's is now, stands today at more than 25,000. (For international comparison see Table 2).

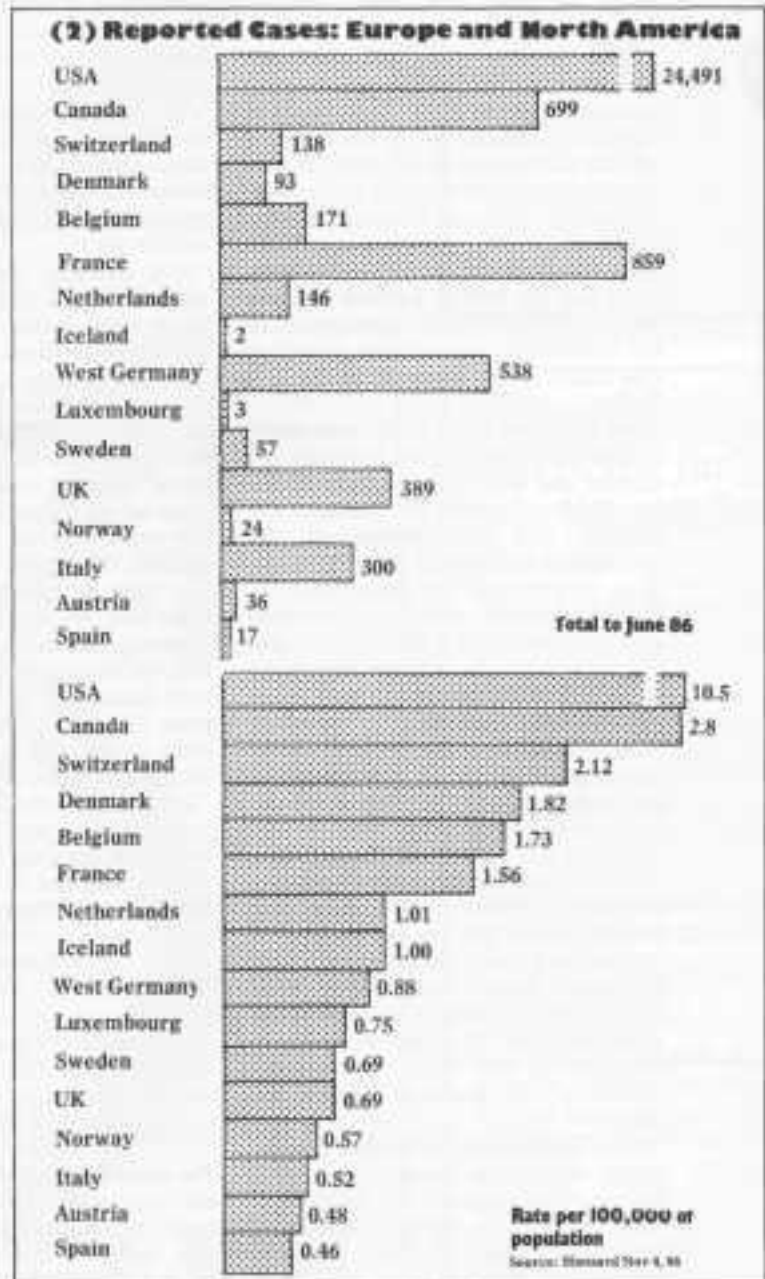
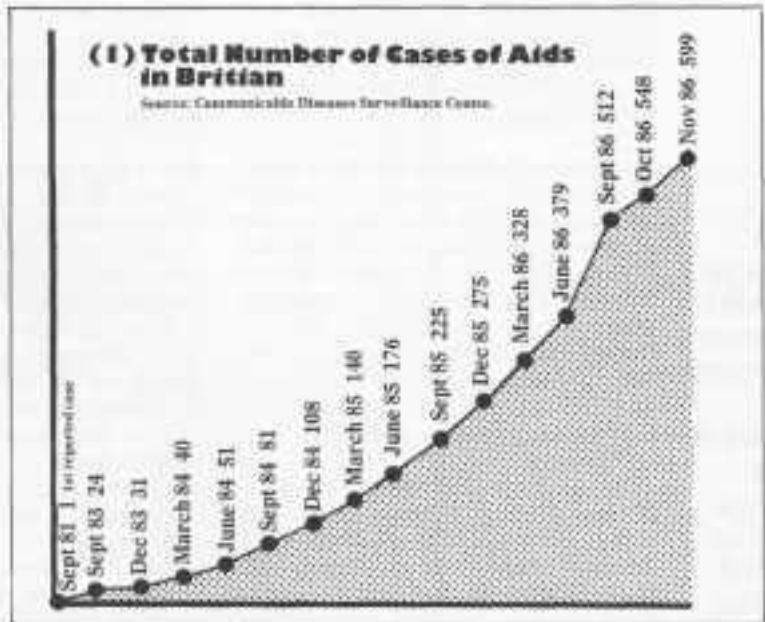
The spread of the Aids virus has moved beyond the risk groups originally identified as the four Hs (homosexuals, heroin addicts, haemophiliacs and Haitians). Official figures in the West have, admittedly, provided some grounds for seeing the disease as affecting mainly gay men. In Britain, for example, they account for nine out of 10 recorded cases and in America seven out of 10.

But there has always been ample evidence from further afield that Aids is just as much a heterosexual disease. In parts of Africa, Zaire for example, the ratio of men to women sufferers is 11 to 10, and cases do not fall into the recognised risk groups.

The African connection helps explain varying rates around Europe. Higher than average rates in Belgium and France are no doubt in part due to the larger proportions of Africans in the population. #

Kaye Wellings

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ities. Simultaneously, the education secretary, Kenneth Baker, was pandering to pressure from his right-wing by denouncing a gay sex education book for children, *Jenny Lives with Eric and Martin*, whose main message seemed to be that gay men could be monogamous too. Yet now we witness the government attempting the biggest, and most radical, sex education programme of all.

The deep waters it is entering are likely to produce ever more challenging tests to the government's moral principles. It has been propelled by the potential enormity of the problem to go further in offering explicit advice than would have seemed conceivable only six months ago. It has done so because Aids has ceased to be a minority problem, or a problem of troublesome minorities. It has belatedly been recognised as a problem for the whole of society.

The only really important question we need to ask is: how will society cope?

The evidence from the gay community suggests that people can change their habits in response to a perceived danger, and a sense of their responsibilities to themselves and others. The incidence of sexually transmitted diseases has, for instance, dropped significantly - by up to 70% in some London STD clinics - suggesting the impact of a sustained community-based cam-

paign for safer sex.

Many of the support organisations like the Terrence Higgins Trust and Body Positive (for those tested positive for the HIV virus) had their origins in the gay community, and are still to a large extent sustained by it. Clearly, if the public education campaign is to work for the whole population then continuous assistance needs to be provided for help organisations such as these on a major scale. (It has been estimated by British Telecom, for instance, that following the inauguration of the government's campaign in November, the Terrence Higgins Trust was receiving 400 phone calls per minute; its resources only allowed it to deal with one).

Voluntary effort, however important, is clearly not enough. The government has bitten the bullet on public education. It still has to confront the resource implications of the fight against Aids. Labour's spokesman on health matters, Michael Meacher, has estimated that the government needs to spend up to five times the amount currently allotted by the government. Aids illustrates above all the need for preventive medicine, for a first-class health service, for collective provision. Yet it has erupted into a political situation where all these are underfunded or under sustained attack.

There are many other challenges. Insurance companies refuse protection to those they deem at risk. People with

the HIV virus as well as those with full-blown Aids are finding themselves discriminated against in jobs and housing. Local neighbourhoods campaign virulently against the establishment of hospices for the dying. Children with Aids face prejudice at school. Even private hospitals, darlings of Mrs Thatcher's health policy, refuse to take Aids patients ... The list is potentially endless.

And looming over all these domestic problems is the possibility of a catastrophe in parts of the Third World, especially Africa, where Aids is caught up in a cycle of poverty and disease that only a massive redistribution of resources from the North to the South can begin to tackle.

Aids is much more than a medical problem. It throws a bright search light into the complexities, contradictions, divisions and needs of the modern world. It poses many difficult moral and political challenges. It is still too early to say how these will be met.

On the negative side is the evidence of popular prejudice and government sloth over the past five years. On the positive side is abundant evidence of commitment, courage and responsibility: from the medical profession, from scores of volunteers and from people with HIV infection of Aids themselves. There are two systems of values at play. The future history of the Aids crisis depends on which one wins. •

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