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Fighting the Epidemic

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The point of agreement between Aids activists, the authorities, and the gutter press, is that unprotected heterosexual intercourse is a risky activity. Those who engage in it are at risk of contracting the virus from those already infected. It is this outlook more than any other that shores up the deadly logic of the 'gay plague' thesis: the people infected so far have, by and large, been gay – therefore it is they who threaten 'innocent' heterosexuals with the fatal virus.

Strikingly, neither the Aids activists nor the reactionaries have shown the slightest respect for the facts. The gutter press uses the predominance of homosexuals and drug users in the Aids/HIV figures to argue that those groups constitute a threat to the whole of society. In opposition, Aids activists and commentators ignore this, asserting that Aids/HIV is a national health emergency because it will spread out to infect wider groups of heterosexual people.

I think that both approaches are grievously flawed. Aids/HIV in Britain is important because 1612 people have already died and 1228 are seriously ill. It is

important because a further 11676 people have to negotiate the confusion, terror and discrimination that a positive test result brings in its wake. We know also that more people will test positive and that more people will die in the coming years and months. Our demand for resources does not have to be predicated on the idea that this epidemic is more serious or far-reaching than it actually is. It is serious enough now.

Of course, we cannot be certain that there will be no significant heterosexual spread. The viruses might mutate and become more resilient and consequently easier to transmit. They might just as easily become more vulnerable and more difficult to contract. All sorts of things might happen. But we have to deal with the viruses and the epidemic that we are actually confronted with – not with some apocalyptic nightmare. The epidemic in Britain and North America has very distinct features. It is spreading among the groups identified as high-risk, and the partners and babies of those at high-risk. There is no significant danger of widespread infection through heterosexual intercourse.

People are at high-risk if they inject infected blood into themselves while taking drugs, or if they engage in unprotected receptive anal intercourse with an infected person. They are at high-risk if they have a sustained sexual relationship as the receptive partner in sexual intercourse, anally or vaginally, with somebody who is infected. People with venereal disease who have receptive intercourse with an infected person are at high-risk. And, anybody is at high-risk if they are given injections with infected needles or receive transfusions of infected blood or blood products in hospitals and health centres.

Evidently, the great mass of heterosexual people in Britain and North America are not at high-risk, and they are unlikely to find themselves in this position.

The epidemiological conditions in poor inner-city areas in the United States, and in many third world countries have no parallel in Britain.

The real course of the epidemic in Britain confirms this outlook. Since 1983 13 heterosexual people (at no other risk) have become ill. Seven of those people have died. The other heterosexual people who have become ill or died were infected abroad (126), were intravenous drug users (80), the recipients of blood or factor eight (190), or had partners who were at high-risk (22). 23 children of infected parents have also become ill, 13 of whom have died. A further 50 'unclassified' people have become ill, 27 of whom have died.

In stark contrast 2288 gay or bisexual men have become ill, of whom 1295 have died. A further 38 gay or bisexual intravenous drug users have become ill, of whom 19 have died. The figures for HIV infection reveal a similar picture. There are 36 healthy heterosexuals who have contracted the virus in Britain. The other heterosexual people who have tested positive were infected abroad (383), are intravenous drug users (1727), were the recipients of blood or factor eight (1228), or are the partners of people at high risk (135). 144 children have also tested positive. A further 2263 people who have tested positive are as yet unclassified.

However, 5661 healthy gay or bisexual men have tested positive. The shape of the epidemic revealed by these figures has not changed and shows no sign of changing. As more becomes known about those unclassified people, who have tested positive, they will exhibit a similar distribution of gays to straights, and drug users to non-drug users, to the present Aids figures. This has been the case since the end of 1985, and we have no reason for expecting there to be any change.

If these figures are right they indicate that there is no statistically significant tendency for HIV infection to spread beyond the gay population or those who inject drugs. If there were a risk of widespread HIV infection through the route of heterosexual intercourse I would have expected it to be at its most virulent between the mid-seventies and the early eighties. In those years gay men, lesbians and heterosexuals were all ignorant of the epidemic in their midst. There were no safe-sex guidelines on the gay scene and no one was aware of the danger. In these early days, as a result of transmission of the virus during intercourse, thousands of straight people would have been infected. Today, some seven years later, dozens of heterosexual people would be falling ill each month. Thankfully, this is not happening. Only nine heterosexual people, at no other risk, have become ill since December 1986, bringing the total number of such cases to 13 in December 1989.

Can we rely on these figures? I have no doubt that the GPs, the Communicable Disease Surveillance Centre and the Communicable Diseases Unit will have made errors. Errors will also have been made, from time to time, by the Department of Health. However, no reporting mistakes, statistical slips or typing errors could conceivably account for the striking absence of heterosexuals infected, simply through intercourse, from the lists of Aids and HIV cases published by the government and its agencies.

If we disregard wilful distortion and concealment it is safe to assume that the official figures give a fairly clear picture of the epidemic. Of course, the government does indeed fiddle all sorts of figures, unemployment figures being the most striking example. However, in relation to Aids/HIV the government's scientists and agencies would have no good motive for concealing its heterosexual spread. On the contrary, the government and the British Medical Association have strenuously argued that

Aids/HIV would spread to the heterosexual population. Despite this, the figures that the Department of Health publish every month contradict their own gloomy prognostication. If there were any desire to massage the figures it would be to push up the heterosexual figure. This would be the only distortion consistent with the government's line since November 1986.

In fact the desire to do just this led the cabinet and the Whitelaw committee to bury the report of the Advisory Committee on Dangerous Pathogens. In June 1986 the government scientists said:

> While there is no doubt that infection with this virus can lead to severe disease for which there is no effective prophylaxis or treatment, it still does not present a high risk of spreading in the community except in the high-risk groups. This view has not changed and on current evidence is unlikely to do so in the foreseeable future.
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> ['LAV/HTLV III – The causative agents of Aids and related conditions – Revised guidelines', Advisory Committee on Dangerous Pathogens, June 1986]

This statement was endorsed by the health departments, the health and safety commission and the health and safety executive five months before the Tories launched their 'Don't Die of Ignorance' campaign. After very detailed scientific advice to the contrary, Thatcher and Whitelaw gravely warned the nation that 'everybody was at risk'. The effect of this message on the gay community was little short of disastrous. Tension against us mounted throughout the country. Creating favourable conditions for attacks on honest and open sex education in the schools; laying the foundation of Clause 28, and

stepping up the expression of mean, narrow and violent prejudice.

The promotion of the idea that Aids/HIV is a threat to heterosexuals did not make anybody more caring or understanding towards the homosexuals who had tested positive or who were already ill. On the contrary, it intensified the climate of fear and brutality. We must ensure that Aids workers and commentators part company with the government, the BMA and the gutter press. They must stop promoting the fear of the spread of HIV infection through heterosexual intercourse. They must deal with the real course of the epidemic, and raise demands for effective means of combating it.

The London Lighthouse is an excellent institution. In my visits there I've always been impressed by the quality of the service. The people running it have obviously set their sights considerably higher than the abysmal standards of much NHS provision. The Lighthouse is in many respects the flagship of the charitable effort on Aids. However, charitable activities will not, in general, provide the resources or standards of care, research or treatment required. Funds for these services must come from the state. Unfortunately, recognition of this has drawn most Aids workers and commentators thoughtlessly into the political orbit of the BMA and the authorities. In their efforts to fight for adequate funding they have felt obliged to promote the official view that the entire population is at risk from Aids. This strategy has not produced adequate funds. It comes as no surprise that the government has not rewarded those who have remained steadfastly loyal to its 'Don't Die of Ignorance' line. On the contrary, it has fobbed them off with a few cheapskate schemes and grants. Consequently, the 'Aids Industry' in Britain amounts to no more than a ramshackle network of underfunded agencies that are unable to do the work that is expected of them.

It is true that healthcare, welfare benefits and educational provision for the population at large are under attack. The government clearly wants to increase the reliance of working people on charities and private provision. However, the ability of the state to behave in this way towards people affected by Aids is enhanced by the vulnerable social position of most of the people who are actually at risk. It is the oppression of homosexuals that creates the basis both, for the continued spread of the virus, and the inadequate benefits and lousy treatment that many people often receive.

HIV infection and the diseases that it facilitates are not a political matter. They can only be dealt with by scientific research and medical advances. However, the epidemic – who and in what circumstances contracts the virus, and how they are treated – is most definitely a political matter. The oppression of homosexuals ensures that most gay men are closeted. Their sexual encounters are furtive, episodic and often unplanned. These social conditions make it less likely that closeted gay men will be able to follow safe-sex guidelines. Of course, for 'out' gay men the position is very different, but unfortunately most of us are not 'out'. Most gay men are married, or in some way or another, live entirely within the embrace of family life and straight society. The idea that broadcast government publicity campaigns will effectively reach them is stupid. Such campaigns can only make closeted people more fearful and anxious without creating the social circumstances where they could adequately protect themselves. In fact, broadcast campaigns have simply added fuel to the prejudice and bigotry that already blights their lives.

It is also the promotion of hostility and prejudice by the authorities that ensures that those who do test positive or become ill will be regarded by society at

large as in some way responsible for their misfortune. Because HIV infection is in general transmitted sexually Aids is widely regarded as a sexually transmitted disease. Disgrace and blame is heaped upon those who contract it. They are widely considered less 'deserving' than the frail elderly, cancer patients or children needing expensive surgery. The preparedness of Princess Diana to shake hands with an Aids patient does not confer respectability upon us. Rather it serves to point up how compassionate and brave the princess is – it's a bit like the Princess Royal making a well-publicised visit to a leper colony. Such patronage doesn't assist at all. In their struggle for scarce resources people with Aids often have to face an uphill battle to get housing, benefits and decent treatment. In a situation where the NHS is facing cuts on every front the fight for proper care is often blocked or derailed by a goundswell of prejudice orchestrated by the authorities.

Faced with oppression and a terrible shortage of funds the capacity of Aids workers and activists to do much more than 'hold the fort' is limited. This has got little to do with 'burn-out', but everything to do with the strategy of supporting the outlook of the BMA and the government. By giving such overwhelming support to the thesis that 'everyone is at risk' from Aids, lesbian and gay organisations have found themselves in the strange position of being in alliance with precisely the people and institutions that they need to fight against. It is the authorities that ratify and promote hatred of homosexuals. It is the authorities who have argued that the 'pool of infection' among homosexuals constitutes a threat to the heterosexual population. It is the authorities that have build up an atmosphere of panic and irrationality around the epidemic.

The response to this has not been a steadfast campaign of opposition to the authorities, but a

mealy-mouthed acceptance of the medical establishment's agenda. It is now argued that because Aids is such an urgent matter we must do something immediately – fighting oppression is fine – but that's a long-term project. 'Just for now' we must concentrate on Aids. Even militant campaigns of demonstrations and stunts have not seriously focused on the fight against oppression. The fight is about Aids in the context of the imaginary threat that it poses to the entire population. Today, when people are arrested or chain themselves to railings they are raising the Aids issue on terms remarkably similar to those laid down by the authorities. In the resulting muddle, rational discussion has been rendered well nigh impossible in many lesbian and gay circles; with anybody who dares to challenge the state-inspired orthodoxy being denounced as uncaring and irresponsible.

This has got to stop. Before we can develop an effective strategy we have to acknowledge that there has been no heterosexual spread of HIV in Britain. And, that in the foreseeable future there is little likelihood of this occurring. We have to break out of the mind-set established by the government and the BMA. Of course, it is vital that voluntary activities designed to directly help people with Aids continue. But, we must recognise that the social oppression of the people most at risk is the key factor in the continued spread of infection, and in our failure to secure adequate facilities for care and treatment. This means that the fight against the Aids epidemic must be conducted as a fight for equal rights for homosexuals against the government, the educational authorities and the medical establishment.

HIV/Aids figures cited are from the Communicable Diseases Surveillance Centre and the Communicable Diseases (Scotland) Unit. They are cumulative totals up to the end of December 1989 and were published by the Department of Health on 11 January 1990.

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