

## DEATH AND PREJUDICE

Brian Martin\*

The majority of victims of AIDS so far have been gay men. A usual response to those suffering from a disease — whether measles or polio — is to offer sympathy and support. But the response to AIDS has been different.

The only public sympathy for AIDS victims has been for those who are clearly not gay, such as babies. Rather than inducing sympathy, AIDS has been used by certain groups as the pretext for vicious attacks on gays. It is a classic case of blaming the victim.

AIDS stands for acquired immune deficiency syndrome. It is a disease in which the human body's immune system becomes weakened. When this happens, a person becomes susceptible to a variety of other diseases, and the risk of death is very high.

AIDS can be spread through sexual contact. The main known avenues of transmission are blood and semen. In Western societies a primary avenue apparently has been male homosexual intercourse. In anal intercourse there are often very tiny cuts and abrasions through which semen-to-blood contact can be made, thus increasing the risk of exposure to the disease. Males can pass the disease to women through heterosexual intercourse, and transmission in the opposite direction also seems possible.

Since blood is a primary carrier, AIDS also can be acquired by recipients of blood transfusions and by intravenous drug takers who use dirty needles. But so far in Western countries, the majority of victims have been men who have sex with other men.

Researchers in France and the United States have discovered a virus which most scientists now accept is the sole agent for the spread of AIDS.

One point about AIDS is quite clear: it is not very infectious. Of the many people who have had intercourse with men who have contracted AIDS only a tiny minority have themselves overtly developed the disease. It would seem that many people who are exposed to the virus do not develop the full syndrome. No doctors, nurses, dentists or other health workers are known to have contracted AIDS through their thousands of routine contacts with AIDS patients. In addition, quite a large number of health workers have accidentally pricked themselves with needles used to inject patients; only one such worker has been reported to have caught AIDS this way.

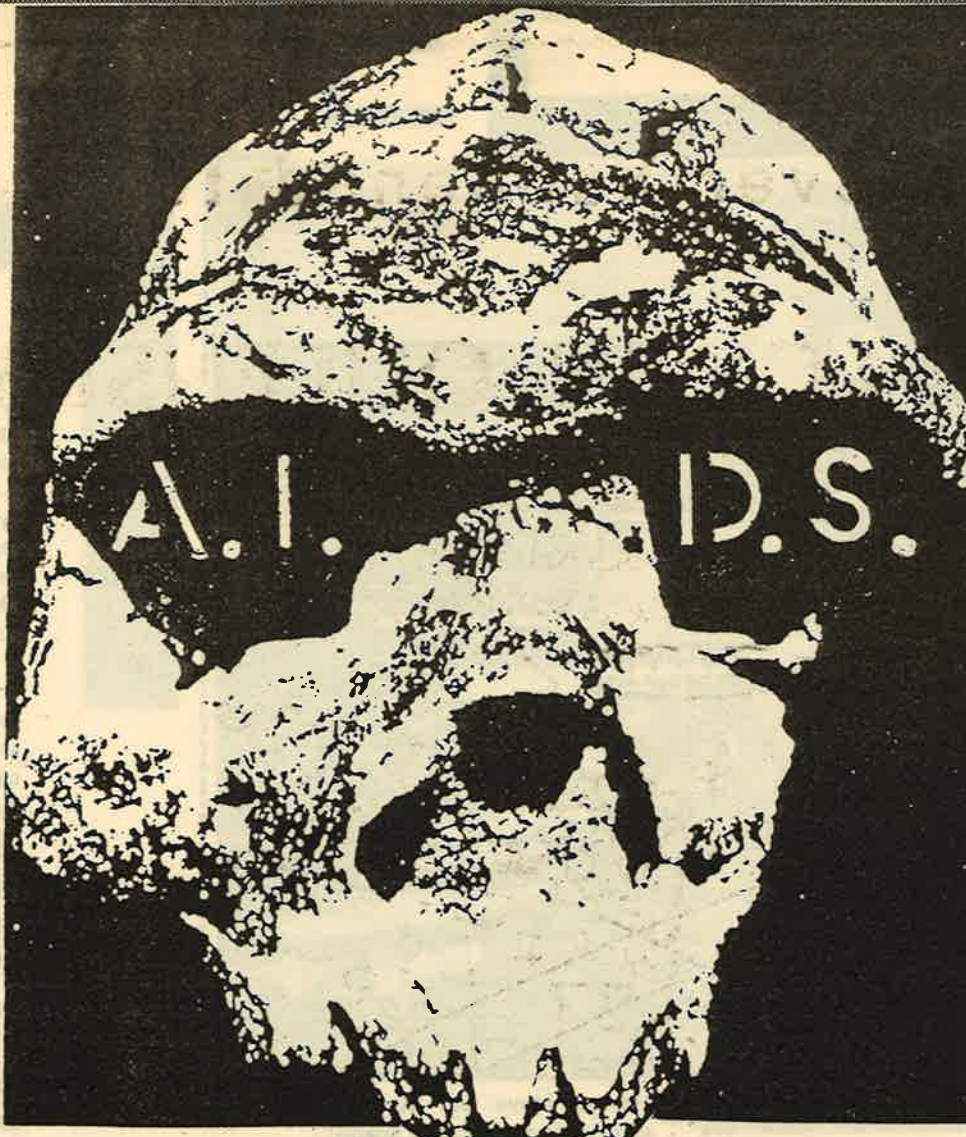
### PREJUDICE

The sensible response to AIDS is simply to treat it as another disease. But what has happened is that AIDS has been used to launch a social and political attack on gays.

The most blatant part of this attack comes from those who see homosexuality as a perversion which should be condemned and refused any public acceptability. This attack is usually associated with support for the 'traditional' male-dominated nuclear family and opposition to abortion, to the equality of women and even to any open expression of sexuality. This is because gays, through their non-standard sexuality, seem to pose a threat to the dominant social institutions of the family and male domination over women.

AIDS also has made many people, who have exaggerated ideas about how easily AIDS is spread, more afraid of gays. Gays are an especially frightening minority group because, unlike women or Aborigines, they cannot be recognised instantly.

The self-styled guardians of public morality claim that AIDS is God's punishment for being gay. Civil rights for gays — such as ending of job discrimination — are opposed. AIDS is evoked to justify anti-gay prejudice.



Certainly this is the way AIDS has been used politically. Gays have been dismissed from jobs, and physical bashing of gays is once again becoming more common. AIDS somehow has made it more acceptable to be openly contemptuous of gays.

A pervasive anti-gay prejudice is apparent in the way many people respond to deaths from AIDS. When gay men die, this is somehow seen as justified, as if somehow they brought it upon themselves. This lack of concern is suddenly transformed into outrage when a blood recipient contracts AIDS. Many people seem to feel that it doesn't matter if a gay person dies.

Even those who take a more reasoned view may reveal such attitudes. Alister Brass and Julian Gold in their otherwise informative and balanced book *AIDS and Australia* refer to recipients of AIDS-contaminated blood who contract the disease as "perhaps the most unfortunate of all AIDS victims". Yet there is no logic in the view that a gay man who unknowingly is exposed to AIDS is more responsible for his suffering than is a blood recipient.

Anti-gay prejudice is manifested in the political sphere in legislation, such as that passed by the Queensland government, imposing heavy fines and even imprisonment for those who give blood and who know they have AIDS. Criminal sanctions are not used for many other diseases which pose an equal or greater threat to public health. The usual procedure is to rely on information and individual responsibility to prevent diseases from spreading. The orientation to punishment reflects attitudes to gays, not a realistic attitude to a particular disease.

### DEATH AND BLAME

The incredible scaremongering about AIDS clearly owes a lot to its association with homosexuality. The existence of a disease — namely, what is claimed to be a fact of nature — is used to blame the people who get the disease. This distorted argument escapes scrutiny precisely because it is gays who are most at risk from AIDS in our society. The same sort of scapegoating is not used against many others who suffer and cause death.

Smoking. Medical evidence shows that non-smokers who live with smokers suffer an increased risk of death due to cancers and heart disease. Yet no one claims that deaths from smoking are due to the wrath of god. Governments have not imposed massive fines on those who smoke in households with non-smokers.

An even more clearcut case is smoking during pregnancy. This results in an increased risk of stillbirth and congenital defects. Yet there has been no public outcry greeting deaths and diseases resulting from women smoking during pregnancy such as the outcry which followed the deaths of babies from AIDS after blood transfusions. The double standard is quite overt considering that blood transfusions at least are providing some potential benefit, while parental smoking provides no benefit at all to babies.

\* Common colds, measles, etc. These diseases are spread by germs and viruses. A certain percentage of people who contract these diseases die. Those most vulnerable are children. Yet governments have not passed legislation which provides extreme penalties for people who knowingly make contact with others while suffering from the illnesses. Nor are punishments prescribed for parents who neglect or refuse to have their children vaccinated. Rather, the approach is the sensible one of warning people of the risks and relying on them to use their own judgement in reducing personal contact.

\* Genetic diseases. Certain diseases and disabilities are passed from parents to children genetically. Even when death of children occurs, this is seldom used as a reason to stigmatise the adults who know they have genetic defects. The usual approach is to seek a balance between the risks to children and the social benefit of allowing people to make their own choices concerning parenthood.

\* Lesbianism. The double standard of using AIDS as an excuse for attacking gays is most apparent in the silence about female homosexuality. AIDS is a significant risk to gay men and lesser risk to heterosexuals. Lesbians have almost no chance of contracting it.

Indeed, lesbian lifestyle provides lower risks for almost all sexually transmitted diseases than any other form of sexual interaction. Those who use the existence of AIDS to criticise male homosexuality must, to be logical, also extol the virtues of lesbianism.

### A SENSIBLE RESPONSE

AIDS is simply a disease, not that different from many other diseases. The sensible thing to do about it is to look for measures to prevent its spread and to cure it or limit its impact.

The most immediate step which can be taken by individuals likely to be exposed is to adopt 'safe sex'. For gay men, this includes massage and mutual masturbation. For anal intercourse, condoms are claimed to provide reasonable protection. It is not yet clear how easily AIDS can be transmitted through oral intercourse.

The priority then should be to inform gay men and others at risk (such as female partners of bisexual men) of the possible risks involved in sexual contact and the measures which can reduce it. People can then make their decisions.

Another prime avenue for transmission is via blood banks. There is a blood test which shows whether a person has antibodies to the AIDS virus. A positive result on the test presumably means exposure to AIDS in the past. But the test is not foolproof: some people carrying the virus can pass the test and be cleared for giving blood, while others who fail the test may not have the virus or the antibodies at all. Both blood donors and blood recipients need to know the uncertainties involved.

The medical system's response to AIDS has shown a number of biases. The vast majority of funds have gone into research into the causes of AIDS. But it can be argued that preventive measures should have a higher priority, especially since no effective cure may be found. Certainly in the cases of diseases such as German measles or lung cancer, much more can be done in terms of prevention than of cure.

In the United States, only about two percent of AIDS victims contract the disease through blood transfusions. Yet in Australia, much more money has been allocated towards screening of blood than towards promoting preventive measures in the two main groups at risk: men who have sex with other men and intravenous drug users. Gay groups have been crying out for support to distribute information about AIDS, but have received only derisory funds compared to the medical establishment and compared to mass advertising aimed at the general public.

AIDS, like any disease, is tragic for the victims and as well for their lovers and friends. But the problem for gays goes much deeper, because AIDS has become a lever for anti-gay prejudice. As the examples presented here illustrate, the existence of a disease cannot legitimately be used to condemn those who get it.

As well as encouraging efforts towards controlling or curing AIDS, there is a need to provide information about dangers and prevention to all at risk and to provide information to the community to dispel both complacency and exaggerated fears. It would be nice if this were all that were required. But the task for gays and for those who oppose social prejudice is the much wider one of countering a concerted attack on gays which uses the pretext of concern over AIDS. As is so common in history, it is difficult to separate death and prejudice.

\* Dr Brian Martin is a research associate in the Department of Mathematics, Faculty of Science, ANU.