Power, Prestige, Profit: AIDS and the Oppression of Homosexual People

Marit Grönfors and Olli Stålström
Department of Sociology of Law, University of Helsinki

Scientific discussion about homosexuality is often a mixture of science, myth, religion, politics and emotion. Homosexual behaviour has been variously defined as sick, criminally deviant and heathen, its participants in need of punishment, cure and control. In the 1980s, with the appearance of the deadly AIDS virus, this overt and covert hostility has gained new impetus. Not only are gays a threat to a multitude of 'decent' values in society, they are also a threat to the 'decent' members of society. Alongside control-talk, the new virus has provided a challenge to the medical profession. Careers and monetary gain can be made out of AIDS. The news media received its cut by exploiting public curiosity and fear and by satisfying the need for villains and heros, entering and feeding the general rush for emotion, using and being used, all for profit. Struggle for expertise means defining out the perceived competition and alternative viewpoints. An attempt by the medical profession to define the AIDS issue as a medical problem has, above all, to do with power, prestige and especially profit. In the middle of all these secondary issues, those suffering from AIDS or fearing it, tend to be forgotten.

Until the 1960s there was a blanket of silence over homosexuality. The topic became acceptable in public discussion in the general climate of the liberal ideas of the 1960s. Coming to the 1970s homosexual people had acquired a certain optimism about their acceptance in society. These hopes were quickly shattered in the early 1980s, however, when AIDS drowned the budding optimism. Once again homosexuality and homosexual people were being thought of primarily in negative terms, control policies again dominating the discussion in such volume and ferocity as never before. Homosexual people were now not only deviant in their sexual habits, but a threat to the whole humankind. Homosexual behaviour is as old as human history, so is its control. Only the rationale and the source of control appear to change according to the perception of gains it offers to various interest groups at any particular moment of time.

The relativity of sex roles and attitudes toward sexual preferences have been pointed out by, among others, Edward Westermarck and Margaret Mead. Even today, within contemporary Scandinavia, there are subcultures whose views on sex roles differ remarkably from those of the dominant cultures. Among Finnish gypsies

53

35
it is the men who are expected to be emotional – even irrationally so. It is the women who, in the end, are supposed to carry the responsibilities of livelihood, including that of their men, while the men legitimately use their resources for their own, often secondary and even frivolous, purposes (Grönfors 1977 and 1979).

Among many African peoples homosexual activity is both generally condoned and has a specific role in social relations between men. It has been observed that homosexual activity is especially common among the Dahomey, Ila, Lango, Siwa, Thonga, Wolof and Zande. Homosexuality is obligatory in the Siwa Oasis, where persons of social distinction exchange their sons. A man who is not a dedicated homosexual is considered odd (Rachewiltz 1964:63 and 280).

According to a review of available data on cultures outside our Western culture, homosexual relationships are considered normal or socially acceptable for either some or all members of society (Ford & Beach 1952). It is quite evident that the various definitions and prescriptions of sexuality are cultural, as are those of procreation and parenthood, all of which can be and, indeed, have also in practice been defined independently of one another. The entire concept of sexuality and issues related to it should be viewed not as static, but in relative terms of time, place, culture and history (see Foucault 1979). The fascination of sexuality as an object of scientific inquiry as well as an ideological issue rests in this.

Our society’s attitudes, social and legal prescriptions and proscriptions, as they are today, have not always been the same; nor are they ‘god-given’ and immutable. They evolve as the other cultural spheres evolve and, above all, change to meet the ideals of equality, democracy and social justice.

All available research shows clearly that homosexual persons do not constitute a uniform cultural or social minority with a common culture or lifestyle, not even within one country (see Weinberg & Williams 1974; Bell & Weinberg 1978; Hart & Richardson 1981). Sexual preference in itself – whether heterosexual or homosexual – does not entail common group characteristics. Individuals choose their frame of reference on an entirely different basis, whether it be political belief, religious conviction, social background or whatever. However, homosexuality, which is often feared, hated and felt to be wickedly attractive, induces stereotypes which disguise reality. These stereotypes are of paramount importance for the legitimation of social control.

Social control of sexuality

Manipulation of the means and resources for satisfying the basic needs of human beings is a particularly powerful tool in social control. Direct control of food and shelter have a direct impact on people’s welfare. Control of sexuality and sexual behaviour, while also having a more or less direct impact, is more often hidden behind other issues, given other names, etc., until it is difficult sometimes even to discover that what is being controlled is sexual behaviour. Wilhelm Reich, for example, says that when society limits access to the satisfaction of basic needs, it is done on purpose. Monogamy and the patriarchal family reflect authoritarian and unegalitarian society, where those who have power govern those who do not. In such a society, rigid sexual norms are necessary for this hierarchical system to be upheld (Reich 1972:145–161).
In other words, examination of a society's sexual norms and attitudes towards sex-related issues effectively reveals something essential about that society, its structures and power relationships. When attitudes towards and attempts to control homosexuality are examined, these general points about social control via sexuality become apparent.

One main branch in Western attitudes towards homosexuality is the Judeo-Christian heritage of our culture. The patriarchalism of the traditional Jewish culture which became sanctified in the Old Testament has affected the laws, general culture and attitudes of Western peoples. In contrasting the Jewish and Jewish-based legal system with that of the Japanese, Ben-Dasan puts the difference very succinctly:

The Jews... regard obedience to divine law as the inevitable outcome of the God-men relation; the Japanese, on the other hand, believe in a law that transcends all codified law, and one that demands flexibility of attitude and adaptability to the human circumstances of the moment rather than unquestioning obedience to some abstract principle (Ben-Dasan 1976:292).

In countries such as Finland, where the Judeo-Christian belief system has reigned for a long time, laws have a rationale of their own, separate from people's everyday lives. In Japan, the people and their relationships form the dynamics of the law, so it is not surprising that, for example, homosexual activity has never been against the law there.

The development of laws even in the West has not, however, been quite linear. When, for example, the power of the Church declined, as it did during the so-called Enlightenment in the eighteenth century in France, the attitude towards homosexuality also changed, and for a period it was decriminalized in the Napoleonic Code. Similarly, the overwhelmingly secular Russian Revolution in the early 1900s initially decriminalized homosexuality, together with many other so-called moral offences.

It appears to be a recurrent characteristic that when social control of sexuality and sexual morality as a tool for furthering the interests of the prevailing power groups is reduced or removed, attitudes towards matters related to sexual behaviour relax for a time, only until a new interest group discovers the potential for its own power-pursuits. This aspect can be highlighted in examining attitudes towards homosexuality.

The period of Enlightenment with respect to homosexuality continued in several European countries from the early 1800s until the advent of industrialization in the mid- and late 1800s, when capitalism saw the control of sexuality as one tool for supporting its needs (see e.g. Weeks 1977:23). Labour-intensive production, characteristic of capitalism, required a ready and continual supply of reasonably amenable and cheap labour. Not only did it require large numbers of people moving from the countryside into industrial towns, but at the same time it was necessary that the conglomerations of people in these towns become productive units in providing a continuous supply of new workers.

An ideology and a system to support and legitimate this was necessary. Men were expected to put all their energies to the service of industry, and were enabled to do so by the unpaid labour of women in the home, who serviced the men while at the same time producing and raising the next generation of labour. In this system,
male supremacy was ensured, and a sharp distinction between the workplace and the home was made. Anything which was thought to undermine this structure or to be a hindrance to the system of capitalistic production was proscribed.

Against this background it is easy to see why homosexuality fitted rather poorly into the early labour-intensive capitalistic scheme of things. Homosexual relations were naturally considered non-productive, standing in sharp contrast to the idea of sexual production; hence they had to be controlled. In the Soviet Union, the rise of general authoritarianism during the Stalinist period in the 1930s saw the re-introduction of most of the repressive sexual laws, including a law in 1934 recriminalizing homosexuality. Freedom in the sexual sphere, while considered a threat to the basis of production under capitalism, is seen as anti-authoritarianism under socialism. The rationale is remarkably similar in both (see Reich 1972 passim; Weeks 1977:141).

In early Scandinavian laws there were references to ‘sodomitic activity’, which was extended to various types of unacceptable sexual practices and not just to homosexual relations. The latter were not specifically mentioned or defined – sometimes for fear that describing them in the law might encourage them (as was argued in the preparatory work for the 1734 law in Sweden–Finland). The prevailing attitude towards sexuality in the mid-1800s was the so-called ‘absolute sexual morality’, which condemned all sexual activity outside marriage. The laws enacted in this period (Norway 1842, Sweden 1864, Denmark 1866, Finland 1889) – while using terms such as ‘unnatural behaviour’ or ‘indecent behaviour’ – were now for the first time being applied only to homosexual acts and for the first time the laws specifically defined sexual acts between members of the same sex (see Månsson 1984).

Homosexual activity between consenting adults in private has, in the main, been decriminalized in Western countries (e.g. Denmark 1930, Sweden 1940, Britain 1967, Finland 1971 and Norway 1972). It might be of interest to mention that although Norway was relatively late in decriminalization, it put homosexuality on a par with heterosexuality at the same time (unlike most other countries) by making the age of consent the same for both. In 1981 Norway also passed the first law which actively prohibits discrimination on the basis of sexual preference.

A thorough analysis remains to be done of the reasons why the decriminalization of homosexuality took place when it did in the West. On the basis of what is known about earlier criminalization and decriminalization, certain assumptions can be made. Firstly, it would be logical that some basic changes occurred in the structure of societies, which then affected attitudes towards sexual behaviour as well. It may not be too far-fetched to imagine that the state of industrialization in the Western world had progressed to a stage where reliance on labour was no longer paramount. Hence, the ground was more ready than earlier for the relaxation of certain laws connected with sexuality, including homosexuality. In the same way, attitudes towards birth control became much more liberal than earlier, and the reasons were probably very much the same. It is interesting that attitudes towards the control of women through birth control and abortion have always closely followed the attitude towards homosexuality.

However, the control of homosexuality was vacated for those interest groups who found it useful for gaining and maintaining power. One such group was the
medical profession, which needed 'pathological' individuals to be 'treated'. Thus the medical model changed the conceptualization of homosexuality from specific acts to specific people committing these acts. The effect was the creation of a special category of people – 'homosexuals', as the term which was coined by psychiatrists as late as in the 1860s.

It is quite evident that certain professions, in this age of professionalism, have discovered now more than perhaps ever before the power of sexuality in promoting their own concerns. This applies in particular to sections of the medical profession which have been the guardians of ideologies on sexual normality, such as psycho-analysts in earlier years and venereologists more recently.

As a concrete example of this, we shall take a look at the way in which some of the medical profession are currently attempting to control the definitions of sexual norms, making value judgments not traditionally belonging within their competence and attempting to subordinate other interest groups in the discussion and decision-making. This is most evident in the issues surrounding the AIDS panic.

**History of the AIDS panic**

During 1983, the acquired immunodeficiency syndrome (AIDS) caused an unprecedented wave of panic and a sharp increase in discrimination and violence against gay men in some Western countries, most notably in the US (and also in Finland). The panic took such dangerous forms in the US that a congressional committee was set up to study the causes of the situation. The committee's report, issued at the end of 1983, provides startling insights into how the US Federal Government conducted – and did not conduct – its campaign against the outbreak of AIDS (Federal Response to AIDS 1983).

An unusual outbreak of Kaposi's sarcoma and *Pneumocystis carinii* pneumonia was first reported to the Centers for Disease Control (CDC) in the spring of 1981. Within a few months, physicians and scientists realized – according to the congressional report – that the nation was facing a frightening and deadly disorder of epidemic proportions. Although the medical experts at the CDC sounded the alarm and demanded immediate resources, the US Department of Health and Human Services (HHS) and other Federal agencies refused to give any funds for the research. Although, as the report points out, the funding system for health research is slow and complicated in the States, it is clear that the Federal resistance was active and deliberate. An appropriation for research funds was vetoed by President Reagan himself. The report also points out that government officials told untruths to the public. The HHS Secretary told the press that she 'would leave no stone unturned to pursue an answer to AIDS' at the very time that the existing small funds were actually being reduced.

As a result, according to the congressional report, the medical experts of the CDC had funds to conduct nothing more than 'passive surveillance' for 18 months from the first alarm. Up to the beginning of 1983, all they could really do was to count bodies. When the CDC finally got sufficient funds to start research in the summer of 1983, the number of reported AIDS cases was over 2000, with around 800 deaths.

According to the congressional report, the Public Health Department did not
design, plan or coordinate a strategy for systematic dissemination of information until June 1983, at which point the growing myths and misconceptions about the disease had caused an ‘epidemic of fear’. The chairperson of the Committee concluded that the congressional findings ‘document inexcusable and unconscionable gaps in the Federal effort to resolve this crisis’ (Federal Response to AIDS, 1983).

The initial response of the state bureaucracy and the medical experts is poignantly illustrated e.g. by Cahill (1984:2):

But even as the disaster escalated, the organized medical community was strangely absent. When a fatal infection had struck down veterans attending an American Legion convention, health professionals across the country joined in the search for a solution. When women using tampons became ill with toxic shock syndrome, medical societies and research centers immediately focused their enormous talents on that problem. But when the victims were drug addicts and poor Haitian refugees and homosexual men, their plight did not, somehow, seem as significant to those expected to speak for the health professions. No major research programs were announced, and until it became clear that the disease could spread to the general population through blood transfusions, organized medicine seemed part of the curious conspiracy of silence.

The disease appeared at the right time for the Moral Majority, Reaganism and the present conservative atmosphere in the US. The committee report also indicates that part of the panic had to be created by the gay liberation movement itself in a desperate effort to make the Federal Government do something to stop the rapidly mounting death figures. American public opinion was electrified when the distorted face of a young man dying of AIDS was shown in the news media. This unleashed a feverish panic in the States—but also brought pressure on the Federal Government.

The history of AIDS has shown that there is a strong view that some people are worthier of being kept alive than others. Although the main resistance has come from the US State bureaucracy, some medical researchers do not hide their racist or otherwise prejudiced views. In an interview in Finland in 1984, Dr. Robert Gallo, who claims to have discovered the virus causing AIDS, stated that the virus had been present ‘heaven knows how long’ in Central Africa and in homosexual men for a number of years. He commented that ‘it is most disturbing now that the disease has been discovered in new population groups, such as women and children’ (emphasis added) (Gallo 1984). Similar attitudes have been expressed by several medical experts in Finland.

A Finnish professor of virology recently suggested (in the Finnish Journal of Medicine) police action against suspected HIV carriers and their internment in an old leper hospital on a remote island. He compared the sexual equality movement with a hypothetical ‘equality movement for syphilis’ and added that when AIDS was thought to be only a homosexual disease, it had only ‘limited curiosity value among physicians’, but when it was found in heterosexuals, it became ‘a problem touching every physician’ (Halonen 1985).

It should be kept in mind that AIDS is not a mystical ‘gay disease’. It is transmitted via sperm or blood (not through social contact) by a virus. Any research on AIDS will therefore produce important information on the immunological system of the body. Had AIDS been taken seriously right from the beginning and not been dismissed as merely a ‘gay plague’, the virus could have been identified earlier.
As research into such a taboo-laden area can be done more or less responsibly, we shall compare the methodological and ethical aspects of the Dutch AIDS research programme and the Academy of Finland AIDS research programme.

AIDS research strategies in the Netherlands

In the Netherlands there were few problems of funding and attitudes were not as negative. In part this reflects the difference between the health policies of the US and continental Europe, and in part the more enlightened attitudes of Dutch medical and government personnel. From the beginning, the AIDS problem was perceived as something wider than just a medical or panic issue. A national AIDS research team was set up, consisting of representatives of medicine, sociology, health administration and the gay liberation movement (COC). In 1984 a comprehensive study began of 3 000 gay men with various lifestyles, the Dutch government footing the bill of over four million Dutch guilders.

Extreme care is being taken to prevent premature or false information being given to the media, to prevent the use of any information being used in a sensational manner and to coordinate the dissemination of information with all groups involved. A research contract setting forth ethical principles was signed between the state and members of the research team. There is also a research contract between the research team and each individual person to be studied, guaranteeing total anonymity, among other things (see e.g. Tielman 1985a and 1985b).

Most importantly, the project has a special person responsible for publicity preparing information bulletins in cooperation with all parties involved in the research. These bulletins are circulated among selected representatives of the mainstream news media. The researchers have not appeared in or provided information to the sensational, pornographic or tabloid press. Individual events, such as new cases or deaths, are generally not reported as sensational news; only the general situation is given, in a statistical form. A special project ombudsman has been appointed for the efficient handling of any complaints concerning violations of medical ethics.

The research programme consists of a thorough blood analysis coupled with a sociological in-depth interview of the subjects, covering their medical, social, mental and practical circumstances. Special emphasis is placed on emotional support, as it has been suggested that the severity and course of the disease may be connected with the mental and physical condition and anxiety felt by the virus carriers about the negative publicity given to AIDS and people affected by it.

In addition to being multidisciplinary and representing all parties whose interests are involved, the research team includes both gay and straight people, guaranteeing a more accurate understanding of different lifestyles. As a result, no great panic ever occurred in the Netherlands.

AIDS research in Finland

In 1982 the Finnish Gay Liberation Movement (SETA) started asking the Helsinki
City VD clinic to prepare for a potential AIDS crisis, even though no case had been found at that time in Finland. One reason for this was the sensational overseas news items about the 'gay plague' that were spreading in the Finnish news media. No serious attention was paid to the requests. On the contrary, leading venerologists fuelled the panic with press comments such as 'the spread of the disease is connected to homosexual rituals' and 'homosexuals have a terrible number of different infections'. Delegations from SETA continued pleading with the venerologists up to the end of April 1983. The approaches were met with aggressive responses that taking care of press coverage and considering the rights of gay people were of 'secondary importance'.

In April 1983 a venerologist from another clinic began collecting data on the clinical side of AIDS for an M.D. thesis. The potential medical points to be scored from AIDS had now been discovered in Finland. In contrast to the situation in the Netherlands, ethical principles were not adequately safeguarded in the Finnish research project, not even those usually associated with research practices in Finland. Participation by sociologist and gay liberation representatives was strongly opposed. The anonymity of the subjects, which was guaranteed in writing to the Academy of Finland, was violated from the beginning. In reply to complaints to the Ethics Committee of the Academy of Finland, the Committee urged stricter adherence to the stated ethical principles. However, full anonymity was never maintained in spite of the promises made to the Academy and to SETA, who recruited the subjects for the study.

The news media, especially the tabloid press, managed to get detailed information about individual cases and events. Thus the research programme in fact fuelled the panic in Finland in the summer of 1983 when the first AIDS cases were found.

In spite of the promise made by the Minister of Social Affairs in 1983 to establish a broad-based committee, the matter dragged on for about a year until the first working group — consisting solely of medical experts — was set up in 1984. Its brief was formally to study the incidence and prevention of AIDS, but in reality the work of the group was limited to planning treatment for those individuals who had been discovered to have HIV antibodies.

By delineating the problem as purely a medical one, the medical profession enhances its own status. Examining other problems created by AIDS would have meant sharing responsibility and hence sharing status and expertise. Thus sociologists, psychologists, gay liberationists and especially gay people themselves, had to be kept out of the proceedings.

The powerful position of medical doctors in society meant that the interests of the medical profession were given priority over ethical considerations in information production and dissemination on AIDS. What would have happened had they taken into account right from the beginning the societal and emotional aspects of AIDS and had included in the working groups representatives of all concerned parties? Instead of limiting the issue to individual medical problems, the working group would have been forced to look at the situation of gays in the wider societal context as a discriminated and stigmatized minority, a subject which would have been rather more complicated and uncomfortable for the state and the medical profession. It was more expedient to keep the matter a purely clinical problem. This is not to say that all medical people involved shared that view, but no alternative medical voices
were given publicity.
Persistent pressure from SETA finally resulted in the formation of a multi-
disciplinary AIDS committee in March 1985. The committee consists of, among
others, representatives of clinical AIDS research, medical ethics, the Institute of
Public Health, the Finnish Red Cross and SETA. The brief of the committee is to
coordinate treatment and testing and preventive information (Krohn et al. 1985).

Tactics in status pursuit
Subterranean conscious or semi-conscious tactics to maintain and increase the
power and influence of an interest group, such as the medical profession in the
AIDS case, can include the following: secrecy, telling half-truths or outright lies,
telling truths out of context or without context, withdrawal or release of information
especially at strategic moments, giving false hopes, taking away hope, demeaning
and attacking the opposition, excluding the subjects involved, appealing to expert-
ise, mystifying the role of the experts, and appealing to even higher authorities
(religion, morality, etc.).

Examination of the details of the developments around AIDS in Finland supports
the interest-base analysis. Secrecy has surrounded the methodology of the research
project. Publicity used instrumentally with selected information, and tactically
selected AIDS-patients, has resulted in a new stereotype that all or most homo-
sexuals are infested with huge numbers of sexually transmitted diseases and have
hundreds of partners. Tactically, the most promiscuous subjects are presented to
the news media as examples of homosexuals. The researchers, however, have
steadfastly refused to make sufficiently clear that their speculations are made from
clinical samples heavily based towards self-selected high-risk groups of men whose
lifestyle incorporates a multi-partner, special-sexual-practices identity. The bias is
further increased by the fact that participation in the Academy of Finland project
was for a long time the only way of getting a medical test for those who had, or
who suspected, symptoms, of the disease.

The death of the first Finnish AIDS patient was reported in the press in July
1984. Because of the lack of controls on publicity, the wrong man was described as
dead! In the same articles, clinicians bemoaned the fact that there were no finances
left for AIDS research to continue. This was strategically good timing to complain
about the lack of money for research. What was not told, however, was that finance
had been temporarily suspended because of the complaint lodged with the Academy
of Finland concerning violations of research ethics, anonymity, publicity, etc.

Many ‘cures’ for AIDS have appeared in the news media, in spite of the knowledge
that they are either pure speculation or at most experimental symptomatic treat-
ment. These are initiated by speculations and hypotheses by clinicians in various
countries. Many causes of AIDS have been suggested in the press, ranging from
swine flu and fungi to viruses, supported by comments from medical experts, each
promoting their pet theories. Speculative ‘causes’ mean speculative ‘cures’ and false
hopes for patients. Other reports emphasize the highly contagious nature of AIDS
(which is not supported by empirical facts). Frequent speculations appear as to how
many people are at risk, ultimately the majority of humankind.

It has been suggested that the patient’s level of anxiety might be related to the
progress of the disease. All unfounded speculations and devaluation of the life of gays only serve to increase the anxiety of those affected, those at risk – and those not at risk.

The gay liberation movement has been the main target of attacks from some clinicians. This has happened in a variety of ways: initial efforts aimed at influencing the manner in which the research was conducted were systematically dismissed, as were attempts to make the researchers adhere to basic ethical and methodological principles. Some subjects in the Academy of Finland AIDS project report having received long lectures against the gay liberation movement. One example of this adverse propaganda appeared in a Finnish popular scientific journal in January 1984, where AIDS was linked to the gay liberation movement, which was blamed for promoting conditions helping its development and spread (Valle 1984). This is a very common tactic used against groups fighting for minority rights, an attempt to discredit them by appealing to common prejudice and making the victim the guilty party.

When the clinicians responsible for the AIDS research were initially approached about the violations of ethical principles, the usual retort was that such pleas were attempts to hide the truth for political aims. This is another common experience of those defending minority rights. The ‘experts’ may say that the two sides are talking in different languages, the clinicians with a ‘scientific’ one and their critics with an ‘emotional’ one.

Apart from attempts to silence the critical voice, there was a systematic refusal to cooperate with the subjects and their representatives. It was openly stated that the concerns the subjects had about the research only confused it. Written promises about research ethics made at the outset were not honoured. For example, details about subjects participating in the research, including their real names, were passed on to numerous clinics, and a person giving a sample in any of the clinics which take samples for the research is immediately identified as an AIDS research subject. All this has caused embarrassment to those who volunteered in the research, shows disregard for their personal dignity and is a violation of the ethical promise the researchers gave in order to secure the subjects' cooperation.

The entrenched authority of the clinicians carrying out the Finnish AIDS research has meant that few arguments which contradict or counter those put forward by the medical experts are heard. The status of a medical doctor gives the required justification. The mystification of the profession supports the maintenance of this power. Christian-based morality, which favours heterosexual chastity, and where ‘immoral’ – homosexual – encounters are punished by dreadful diseases, such as AIDS, is reflected in doctors' statements. One of the AIDS researchers said explicitly in a radio interview that neomoralism is the recommended prevention. It would be hard to imagine many other ‘scientific’ studies which conclude that Old Testament prohibitions against homosexuality may have been medically justified (Vaheri 1985).

News media in information manipulation

In the commercial news media, the selection of material takes place not on the basis of its inherent value as discoveries, events or analyses, but on its ability to
Attract an audience or sell more copies. This offers a great tool to those groups or individuals who want to further their particular interests or positions of power. Here the interests of power-wielding groups and the news media coincide. Both get what they want.

AIDS is a fruitful topic for the news media, in that it combines some basic elements of human drama: sexuality, immorality, terminal disease and death. Billions are made annually on those topics, and recently a goodly proportion via AIDS. So many taboos culminate in AIDS that almost any story which can include AIDS becomes profitable. Even a piece of non-news, when linked with the disease, sells. Several local papers in small Finnish towns reported with large headlines that AIDS had not reached the town yet. Any new 'discovery' is reported, similarly its correction.

Although the media are keen to tackle anything to do with AIDS, there are issues which are not handled despite being very relevant to the topic. The reason for the silence on these is that they remove the drama, making AIDS an 'ordinary' disease, and therefore reducing its market value. Facts such as that the majority of gay men are as healthy as anybody else, and in no danger of contracting AIDS, are not as interesting as telling the readers about the 'homo virus'. It is financially more rewarding to write that homosexuals contract AIDS. It is 'horrifying' to report that the HIV virus spreads through the air, but 'comforting' to report that the airborne spread is limited to homosexuals only. Normal people are safe.

Much of the onus of distorted reporting falls on Finland's afternoon tabloids and soft-porn men's magazines. Their sales figures rest heavily on captivating headlines and billboards. When a page is decorated with a skull and crossbones, the story to which it refers is almost irrelevant. When the front page promises 'good stuff', one has to buy the paper in order to get the story inside; never mind if that story bears little resemblance to the enticing headlines.

To tell readers that a despised group of people are having it rough entertains some, disgusts others, creates pity in a few, but interests most. To speculate that thousands might die titillates people's sense of morbidity, and to suggest that thousands of gays may die might satisfy those who think that to be gay is worse than to be dead anyway. To report the 'discovery' of a vaccine for AIDS extols human ingenuity and inventiveness, be it true or not. To give space for medical experts to air their theories about the 'causes' and 'cures' for AIDS satisfies the human desire for heroes. To hint at the 'lurid sexual practices' of gay men allows ordinary people into bedrooms which they would never otherwise have entered.

In short, the news media know their readers, make use of them and create the news which is wanted. In so doing, and in addition to making money on AIDS, the media also act in collaboration with other interest groups, such as the medical profession. Each needs the other, one for money, the other for power and publicity. This closed-circuit relationship is so tight that it is almost impossible for anything which does not support either group or their interests to penetrate it. In the web of this vicious relationship are caught those people who form the subject matter, in this case homosexual people.

The medical profession and the press in close cooperation generated close to 1 000 articles on the first two cases of AIDS in Finland (at the time of writing, a total of 17 cases have been found). Many of the articles have been distorted,
negative or hostile. As a result of the panic created by the press, the Finnish gay liberation movement (SETA), for example, lost the disco which was the source of 90% of its income, resulting in the loss of most of its paid social workers and a state of de facto bankruptcy, now that the need for support and information is at its greatest. The near destruction of the gay liberation movement and the remedicalization of homosexuality in the public mind shows the tremendous potential and real power of the medical profession.

Who next?

If our analysis is correct, then it should be reasonable to assume that the vehemently negative attitudes towards homosexuality which were produced by religious interests and the interests of capitalist industrial production may diminish in the future, after the AIDS crisis is over. Some signs already in sight of a new interest group, the importance of which might be most significant in the future, include the 'gay lifestyle' as commodity. In some American cities with visible 'gay ghettos', commercial interests in gay life are already quite apparent. The entertainment industry is now freer to make gay topics more respectable, even desirable. The lack of information and an acceptable social milieu, caused by decades of repression, is rapidly being met by private business interests which thus, in fact, are acquiring control of the public image of homosexuality by promoting a particular gay lifestyle. However trend-setting the new visible gay subculture may be, the underlying problem is that most of it is motivated by private commercial interests rather than by genuine emancipatory ideals.

In a historical perspective we may perceive a progression of changing sources of control: the oppression of gays by the Church in pursuit of worldly power was replaced by the exploitation of gays by the medical profession in pursuit of prestige and social control, and that is being replaced by the exploitation of gays by private commercial interests in the pursuit of profit.

The future will become even bleaker if some newly-suggested forms of control take effect. For example, there have been suggestions in the Swedish press that it be made a criminal offence for anyone with HIV antibodies to have sex. A law has been enacted in Australia to criminalize gay blood donors if they do not reveal their sexual preference. The Finnish National Board of Health has started to register everybody with HTLV-III antibodies. The Helsinki University VD clinic has been marking the patient cards of all known homosexual clients since 1984 with a yellow triangle (why not pink, as the Nazis did?). There is recent evidence that suspected homosexuals are being tested for HIV without their knowledge or consent.

Quite apart from the discriminatory nature of such proposals, a more serious problem would be the effect of such forms of control on the health and civil rights of gay people. Repressive measures, criminalization and threat of internment would only drive homosexuality underground. The increase in secrecy and fear of medical treatment would most probably actually increase the risk of all sexually transmitted diseases. This situation would violate the basic principles of medical ethics and public health.

AIDS is a very serious medical problem. However, it is more than merely a medical problem, it is first and foremost a social and psychological one which has
serious consequences both at the level of individual suffering and at the wider societal level of human rights, equality as well as the quality and value of human life, all of which are under threat at present. Consequently, any action to combat the spread of the disease and helping those affected by it must include more than medical considerations alone. In every public health campaign (e.g. anti-smoking) it is discovered that scare-tactics are not generally affective. What does work, seems to be related to the availability of factual and balanced information, and to the credibility and familiarity of the source of the information. For example, the Dutch National Board of Health has explicitly stated that the basic condition for the effective prevention of the spread of AIDS is complete trust between the medical profession and homosexual people. Non-moralizing preventive information in the long run will be a cheaper and more effective way of curbing the spread of AIDS than testing and treatment.

This grave human, social and medical crisis, threatening the well-being and human rights of many more people than are at a risk of contracting AIDS, requiring urgent, open, honest and trusting co-operation between all those parties who have the capacities, resources and responsibility to contain the crisis and reduce suffering.

Notes
1 A reading of feminist material raises queries as to whether it is true that toxic shock syndrome received immediate and massive medical attention.
2 Information on the Dutch programme is based on personal interviews with Dr. Rob Tielman (Utrecht University), Dr. Jan van Wijngaarden (Academic Medical Centre, Amsterdam) and Dr. Hans Moerkerk (Amsterdam City Bureau of Health Information and Education), January, April and August 1984 and January and July 1985 as well as De AIDS factor. Amsterdam: Radio STAT/COC, 1984. See also Tielman 1985a and 1985b.
3 Information on the Finnish programme is based on Finnish press analyses and the participant observation by Olli Stålström of the production and dissemination of information on AIDS and the negotiations between the gay liberation movement (SETA) and the Finnish AIDS researchers from December 1982 to August 1985.

References
Gallo 1984: Nain löytyi AIDS-virus (This is how the AIDS virus was found; an interview with Dr. David Gallo). Suomen Kuvalehti, 1984, 23, 28–29.


