The dominant radical rhetoric on AIDS holds that the interests of the gay community are opposed to those of the state. MICHAEL BARTOS thinks such romanticism misplaced. He argues that AIDS policy in Australia is a classic example of good government and its relation to communities.

If you don't much care what your target is, oppositional politics is easy. You can always cover up for an embarrassing lack of a realistic agenda for change by grappling with forces as vast as they are chimeric: the system, imperialism, patriarchy, capitalism. In fact, by overstating the coherence of the power you oppose and avoiding any specification of its effects, the warm inner glow of progressivism can be protected forever from the unsettling currents of tactical engagement with actual social and political circumstances.

The immense tragedy of HIV/AIDS has created new political fields, together with some familiar and well-rehearsed political positions. There have been reactionary responses: taking the epidemiology of HIV as evidence that homosexual sex is unnatural or sinful, or as evidence of the racial inferiority of Africans (or, in the US, all people of colour). There have also been various extreme Left oppositional responses, like the claim that AIDS in Africa is a colonialist myth, or that HIV was developed by the CIA to selectively eliminate undesirable sectors of the population.

More subtle, and more pervasive, is a less extreme oppositionalist argument from the Left: the idea that the politics of HIV/AIDS has been fought out through an essential opposition between the interests of the communities most affected and the power of the state. On one side in this argument are the Third World, gay men, injecting drug users, sex workers, ethnic minorities, and women; on the other side are heterosexual men, scientific medicine, drug companies and mainstream politics. There are just enough grains of truth in this picture for it to maintain its currency, but in important ways it obscures more than it reveals. In particular, it promotes the glib assignment of roles of goodies and baddies in the struggle against HIV/AIDS, making it useless as a means of distinguishing between strategic compromise and co-option.

This distinction is crucial, especially given that the oppositional politics of HIV/AIDS in Australia is currently in crisis. This crisis is marked by the fragmentation of ACTUP, which has largely lost the credibility it had a few years ago. The AIDS Coalition to Unleash Power was formed in New York in March 1987, motivated by a perceived lack of urgency in the response of both governments and AIDS service organisations to the AIDS crisis. The hallmarks of ACTUP were confrontationalist direct action, loose non-hierarchical organisational structures, and a sophisticated engagement with the media. ACTUP was able to make political irruptions of extraordinary symbolic power, exemplified by the slogan ‘Silence = death’.
I refer to ACTUP’s strengths in the past tense because the movement became very fractured very quickly. In Britain, ACTUP became a target for Trotskyist entrism almost as soon as it was formed. In the US ACTUP appears to have become consumed by issues of race and gender. In Australia, the high point of ACTUP probably came at the National AIDS Conference in 1990, where ACTUP intervened at a number of points in the Conference, focusing attention on the availability of drug treatments. At the time, the government’s commitment to reforming Australia’s drug approval procedures was in the balance; rearguard actions on the part of the Therapeutic Drugs Administration threatened Australia’s drug approval procedures was in the balance; rearguard actions on the part of the Therapeutic Drugs Administration threatened to negate proposed reforms.

But at the subsequent conference in November 1992 ACTUP’s presence was less productive. After the Conference’s opening session, ACTUP’s lack of a clear agenda was painfully obvious. The debate about drug availability in Australia is more complicated now than it was in 1990. The drug approval process is now working as well as could be hoped, but there are problems with the placement of approved drugs in the various funding schemes. Commonwealth/state relations are at stake here, as costs are shifted between hospital pharmacies, the Medicare agreement, and the Pharmaceutical Benefits Scheme. ACTUP failed to define any coherent demands in the face of these or any of the other issues facing people with HIV/AIDS. ACTUP’s speaker at the conference’s final plenary resorted to the accusation that each and every member of the audience was not doing enough to fight HIV/AIDS.

ACTUP’s strength had always been the specificity of its interventions, and resorting to generalised anger marked its loss of direction. In response to criticisms from journalist Martyn Goddard, a correspondent of the Melbourne gay newspaper Brother Sister asserted the continuing relevance of ACTUP’s attack on ‘the system’, and in particular ‘the system’s’ valuation of science over community. But in fact it is precisely the breaking down of simplistic oppositions such as ‘people with HIV vs the system’, or ‘science vs the community’ which has been characteristic of the politics of HIV/AIDS in Australia.

A number of distinct phases can be seen in Australia’s policy response to HIV/AIDS. Australia had its first AIDS diagnosis in November 1982. During 1983 gay community-based AIDS Action Committees were formed in NSW and Victoria; the National Health and Medical Research Council established a working party on AIDS; and in NSW a government consultative committee was formed with AIDS Action Council representation. Over the next five years policy developed rapidly, culminating in the development in 1989 of a comprehensive National HIV/AIDS Strategy.

The third and most recent period in HIV/AIDS policy in Australia has seen the increasing institutionalisation of the various elements of the strategy. Among other things this has meant the extension of dedicated HIV/AIDS research funding into social research from its initial focus on virology and subsequently clinical and epidemiological research; the continued development of community-based organisations as an important site for HIV/AIDS education, care and support; and the formal recognition of a partnership between federal and state governments, community-based organisations and affected communities as the basis for policy-making. The main area of new policy since 1989 has been treatment, and especially drug approval processes.

The history of HIV/AIDS in Australia shows that community-based organisations have been active participants in the policy process from the outset. The two groups in Australia which are vastly disproportionately affected by AIDS are gay men and haemophiliacs. From the time that it became clear that HIV could be present in blood products, haemophilia associations have been involved with AIDS issues, although that involvement changed somewhat once the safety of the blood supply could be ensured. Gay men and organisations based in the gay community were involved even before the medical and bureaucratic engagement with HIV began, and continue to be key players in HIV/AIDS policymaking.

Given this policy history, how are we best able to understand HIV/AIDS in Australia? Some of the answers to this question have placed HIV/AIDS at the centre of the ‘legitimation’ problems of the modern state, or as the most revealing example of the postmodern focus on people’s identity as ‘subjects’. One frequent refrain has taken the connection between AIDS and sexuality, and homosexuality in particular, as the starting point for arguing an essential opposition between a non-repressed sexuality (‘the other’, or the ‘abject’, or the ‘queer’) and the state. In this account, advances in ameliorating the effects of HIV/AIDS are due to the triumph of the gay community against the entrenched homophobia of the state. Attached to this triumph, however, there lurks the anxiety that gay men have been co-opted, and are unwitting collaborators with the state in increasing the surveillance and regulation of gay sexuality.

For example, Thomas Yingling gives an account of AIDS in America drawing on French postmodernist Jean-Francois Lyotard’s description in The Postmodern Condition of the dissolution of ‘grand narratives’ like ‘modernity’ and ‘socialism’ into multiple, incommensurable discourses. He translates Lyotard to AIDS to find:
The account of AIDS/HIV which sees responses to it principally in terms of homophobia, leaves out far too much of the story.

A true incommensurability of discursive universes: as disciplines, medical and scientific research have indeed become separate, autonomous realms of knowledge and power unprepared to meet the emergency social conditions of the AIDS epidemic. Perhaps more sharply, the discursive universe in which gay men move and operate...seems completely foreign if not still perverse to the medical community, the media, and the "mainstream" American community.

Whatever its accuracy in the US, this picture of 'incommensurable discourses' is belied by the Australian experience of HIV/AIDS—an experience which has seen a deepening of the relationships between medical researchers, social researchers, clinicians, and patients conceiving of themselves, individually and collectively, as active partners in the management of the disease. While some sections of the medical establishment and the media seem to consider gay male culture perverse, a considerable amount of public funding and research interest has nevertheless gone into even the most arcane aspects of gay men's behaviour—for example, the programs directed towards men who have sex with men at beats.

But the romantic-oppositionist trend also has its Australian exponents. For example, Deborah Lupton in the Australian Journal of Public Health argues that critical social and political analyses are a point of resistance to official discourses on AIDS, and that many of those who have sought such a position are from the ranks of homosexual men who have seen their friends and lovers die, and who are angry about the continued discrimination, stigma, ignorance and sheer apathy to which homosexual men with AIDS have been subjected on the part of government officials, political partners in the management of the disease. While some sections of the medical establishment and the media seem to consider gay male culture perverse, a considerable amount of public funding and research interest has nevertheless gone into even the most arcane aspects of gay men's behaviour—for example, the programs directed towards men who have sex with men at beats.

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uncomfortable implications for humane government.

The mark of good government implicit in the National HIV/AIDS Strategy is the extent to which individual needs and desires can be administered in conformity with the goal of the common good. The exercise of various techniques of calculation over the field of population is characteristic of Australian HIV/AIDS policy, with the result that one of the main issues for its politics is how particular populations are conceived of and deployed. The idea of population is a relatively recent one in Western political thought, but it has become central to the practices of modern government.

HIV/AIDS policies in Australia have in part been directed towards the conventional array of populations. Specific education and support initiatives have targeted women, people of non-English speaking background, and Aboriginal and Torres Strait Islanders. The selection of these populations is not the result of a particular epidemiological warrant; rather, it is because these are always the populations to which public health and welfare initiatives are directed. Equally, the perceived need for programs for prisoners and sex workers derives more from the long association between the criminal classes and prostitutes and public health controls (especially in the case of sexually transmitted diseases) than it does from the actual prevalence of HIV.

The population which has been relatively novel as a target of governmental health and welfare intervention is gay men. Gay men have been targeted because in industrialised countries that is where HIV infection has been concentrated (and to a greater extent in Australia than anywhere else). As a governmental strategy, targeting has depended on the concept of risk. The initial identification of AIDS depended upon statistical assessments of risk of disease, and the concept of risk group continues to underpin programs aimed at prevention of further transmission. The focus on ‘risk groups’ rather than ‘risk activities’ has been criticised for tending to marginalise risk group members and condemn them to their fate. But it has proved impossible to do without the idea of the ‘risk group’, and more recently even its critics have acknowledged the need for the concept to counter any reduction in the emphasis on gay men as a policy target and as funding recipients.

The idea of targeting programs to risk groups has been combined with another powerful governmental dynamic: the progressive replacement of external regulation by self-regulation. As British sociologists Peter Miller and Nikolas Rose have noted, the various kinds of expertise involved in the government of social and personal life shape conduct ‘not through compulsion but through the power of truth, the potency of rationality and the alluring promises of effectivity’. The shaping of conduct through the power of norms and self-regulation has become the orthodoxy of the new public health and the World Health Organisation. Community development has thus been seen as a key strategy for achieving improved health outcomes. This is the rationale behind the support for gay community-based organisations as leaders in the fight against further HIV transmission, and as leaders in the provision of community-based care.

Community-based strategies for health intervention are a response both to modern government’s focus on the administration of populations and to the tendency for internalised self-regulation to displace external control. But there is some tension between these two dynamics. To date in Australia the gay community and the gay population have coincided for the purposes of policy, but that situation will not necessarily persist.

When HIV/AIDS emerged in Australia the gay community constituted the only possible route of access to the gay male population as a whole. The administrative or conceptual structures which might have allowed some other access to this population did not exist. At present, federal government researchers (including the National Centre in HIV Social Research), the Australian National Council on AIDS, health bureaucrats, and community based organisations are all engaged in the ‘invention’ of a new population—the population of men who have sex with men. This population has been invented because of doubts whether the idea of the ‘gay community’ is robust enough to bear the full weight of public health policy in relation to HIV/AIDS.

It is still an open question whether the invention of this new population will result in a divergence of strategies between those directed at the community of gay men and those directed at the population. If there is such a divergence, then it is arguable that the effectiveness of HIV/AIDS policies will be reduced. The most reasonable conclusion seems to be that government seems to work better when the focus on population works hand in hand with moves to greater self-regulation—in other words, when the techniques of government are combined with increasing support for community activism.

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