Centre of the Storm

Martyn Goddard is the only Australian mass-media journalist specialising in AIDS. He is also a part time media consultant for the Australian National Council on AIDS (ANCA). His AIDS radio documentary, Centre of the Storm, was broadcast by ABC Radio JJJ late last year. He was interviewed for ALR by Jill Sergeant.

How long have you been writing about HIV and AIDS?

Let me go back to the beginning. I spent about 20 years as a journalist and documentary maker, mainly at the ABC. In 1987-88 I made a series of short films for the ABC which went under the title of “celebrations”; one of those was on the 1988 Mardi Gras. We followed three or four people through their experience of the whole Mardi Gras—one of whom was Dr Ralph Deacon, an AIDS doctor with AIDS who died about 18 months ago. After over 20 years of making pretty little films about things that didn’t really concern me or the people I was to some degree expert in, it was a very great release. About a year after that, in early 1989, I left the ABC to become editor of the gay community newspaper the Sydney Star Observer; it was then I found out I was HIV positive myself. From then on of course I have been writing about AIDS and have been fairly heavily involved in the gay and AIDS communities.

You’ve become quite a specialist in it.

I was able to break the nexus between income and work, which enabled me to do things without getting paid a living wage for them. For eighteen months after I left the Star in early 1990 I was freelancing. That involved a lot of stories for the Sydney Morning Herald and for the ABC. Freelancing doesn’t pay a living wage, but my lover had a job which kept us, and the house and car were paid for, so I was able to afford the luxury of doing what I wanted to do and what I felt I was best at—and what you’re best at isn’t necessarily what you’re going to be paid for.

I was writing about the gay community, and the two things I found myself writing about were violence and AIDS. They were the two really strong ongoing issues. As time went on, more and more I was writing about AIDS. Violence against gays has been around for a long long while, and even though there were five gay murders in Sydney in 1990, that is a very small number of deaths compared to the numbers of deaths there were from AIDS in that time. So clearly AIDS was the issue. I felt when I got involved in the Star that the gay community needed good journalism, probably more than any other community in the country, and if I’ve got any ability to help provide that, then I should.

Why did you feel journalism was so important?

Because I believe that journalism is useful. Without information one is powerless. Also, I believe that information is good as a builder of communities. When a community gets too big you can’t simply exchange all the information you need over the back fence, as the gay community traditionally has—you need journalism to find out what’s going on. If there’s a cure to this damned virus it’s not going to be found by a journalist, but I think journalism can help us through this crisis. It’s one of the things that we need.

And did you perceive a gap there when you started writing for the Star?

I’ve always seen a gap there. Trained, professional journalists who are gay or lesbian very seldom work for gay and lesbian publications. It’s not somewhere that we take our careers. I think that’s a pity.

How much has mainstream media coverage of HIV and AIDS changed over the years?

It’s changed immensely. If you look back at the homophobia and panic displayed in newspaper headlines between 1981-1985, such as the one which claimed mosquitoes could spread AIDS, and compare that with the headlines you see now, the difference is striking. That’s not to say there’s not still a problem. We’ve got a very different group of journalists writing on AIDS now—inasmuch as it’s written about at all. One of the problems in 1983-84 was that too much was written about AIDS; the temperature was too high. Now we’ve got to the point where I think we need to raise the temperature a bit. If we don’t continue to get stuff into the mainstream press we will lose our political will. And the AIDS education message is to a large degree dependent on AIDS remaining an issue right in front of people’s eyes all the time, so that it’s a bit harder to deny and ignore.

Of course, there are real problems with the mainstream press, even the quality press. I’ve found the editors and executives at the Sydney Morning Herald—and the journalists—to be very good in terms of AIDS; everything I wrote for them was run. But they haven’t got a medical reporter. When they did have a medical reporter, that person tended not to write very much about AIDS. So that newspaper tends not to write very much about AIDS, because they haven’t got any specialists.

Every time you see an article in the Herald about AIDS it seems to be by a different person.

Yes, and that’s a huge problem. This is an immensely complex subject. It’s complex medically, socially, scientifi-
cally, legally. Both in order to get the stories in the first place, and in order to get things right when you do, you've got to have somebody there with their ears to the ground—and the Sydney Morning Herald hasn't. The Age, on the other hand, is the best. It has a medical reporter who, like many women in their late twenties and early thirties, is very good on the subject, cares a lot about it, recognises that there are a lot of very significant stories in AIDS, and goes out and gets them. The turnover of medical reporters elsewhere, though, is quite rapid.

Late last year ABC radio JJJ broadcast your pathbreaking documentary on AIDS, 'Centre of the Storm'. Could you tell me a bit about how that program came to be?

I'd thought for a long while about going up to see the AIDS ward at Sydney's St Vincents Hospital, both as a journalist and as a visitor, and meeting some of the people up there. It seemed to me that was the central story in AIDS; that it was the centre of what was going on, and had been since the beginning. I had a lot of time for the people I knew there. The doctors and nurses are pretty good, and I noticed that there were a lot of people who chose to go to St Vincents, even though they were well aware of the physical difficulties of being there—the overcrowding and so on.

I thought it would be a terrific television documentary. But I also thought it would be impossible to shoot for television, not least because of the intrusiveness of having a television crew in a physically fairly small area. The problem of identification and confidentiality was a big one. I was thinking aloud to the news editor for JJJ about this, and she said, if you can get it up, I'll commission it. I ended up recording at St Vincents for about a month. I spent a week without a recorder, hanging around, and then I spent three weeks with a recorder in the ward and in the outpatients areas and sat in on the clinic.

How did you feel, as an HIV positive person, working on that program, and writing on AIDS in general?

I think being HIV positive has helped me, in fact. I am acutely aware of the exploitative nature of journalism, and particularly of documentary making. There is an element of voyeurism involved: the 'look at what I've found here, look at all the suffering I've found' approach. And I've always been unhappy about that. I'd find it much harder to create a documentary about AIDS if I wasn't HIV positive myself. Being HIV positive helps reassure me about my own motives. And of course you know something about what people are feeling, when you've gone through part of that process yourself.

At the same time, my immune system has not declined. The most likely outcome for me, taking only a moderately optimistic view of treatment development, is that I'm going to survive. A lot of the people I know, and whom I write about and interview, are not going to survive, and don't have that expectation. So I'm not immune from feelings of survivor guilt that people who are HIV negative often feel in this field. In fact, it's quite strong sometimes.

What is the impact on the gay community of having to deal with death all the time—something which is not a normal thing for most people in this country at this point in history?

I don't have any great insights on that. I'm not sure there are too many. I made a list the other day of the number of people I've known who've died—and there were 26. Let me tell you that the twenty-sixth death is not as shocking as the first. You do get used to losing people. The human organism gets used to things, it adapts to any way of life. The people who were in the Nazi
concentration camps adapted to some degree to what they were going through. They didn’t, by and large, go crazy. And that’s what we’re all doing.

The first death of a friend—a guy called David, who was 25, in 1988—was profoundly shocking for me. That was a major motivation for me to start doing something that mattered, and I think that’s why I’m doing what I’m doing, because I need to do something that matters. I’m at that time of my life where I need to be of use, I think. But the second, third, fourth, fifth, twentieth deaths—unless you’re very closely involved with somebody—are not the same as that. They’re just not.

The question of survivor guilt is something we all have to deal with, whether we’re HIV positive or negative: why is that person dying and not me? Why is that person sicker than I am, when that person is just as good a person as me, maybe better—or is younger, or whatever. You can’t rationalise yourself away from those feelings very much. I think everybody feels them.

I worry about the ability of the gay community to continue to cope with this epidemic when key people in our community get sick and die. Not only do I not want to lose those people because I like them, it worries me that I don’t think those people are going to be very easily replaced. It also concerns me that the epidemic is no longer an emergency for most people. It is if you’re sick; it’s a personal emergency then. But in terms of the broad social community, it’s not an emergency. It’s something we’re living with. We had to get to that stage, certainly, but it means that perhaps some of our motivation’s gone, and our sense of urgency, of doing things now, because otherwise people are going to die.

When you have to go through the bureaucracy and get the right sorts of research done, it sometimes takes two or three years before you can respond to immediate problems. In the meantime, people are still getting infected and dying. In the early days we had a great sense of urgency; now we’ve lost it. But nothing else has much changed, except that we’ve got more people around with the virus. We’re still a long way from making this a chronic but manageable disease. I don’t think we’re close to it. Sometime this decade, certainly; maybe in five years’ time; but I don’t think it’s going to be within five years. We really do need a sense of urgency.

**How can you recreate that?**

I don’t think you can. I think all you can do is identify what you’ve lost. Inevitably, a phenomenon like this becomes bureaucratised. If it takes you two or three years to get something important done, then you know that process is wrong.

If we know that St Vincents’s Hospital is going to have the bulk of the pressure of AIDS patients in this country, why do the patients still have to spend days in hospital lying on trolleys? It’s a scandal. The people who plan these things have not accepted that at some point the people who sero-converted between 1983 and 1985 are going to get sick. It’s going to take them on average ten or twelve years to get sick, and unless there’s more advance in anti-viral therapy than anybody thinks there’s going to be, those people are going to start getting sick between 1993 and 1996. I just don’t see where the planning is to handle it. I don’t see where the money’s being put aside, or the training of people—and this needs to start happening now.

Already, there’s good evidence to show that AIDS-related illnesses are under-resourced compared to other diseases. If you’re an AIDS patient going to St Vincents, you’ll be sitting there in casualty, unless you’re very lucky, watching all kinds of people, with all sorts of other things wrong with them, come in, and go out, and come in, and go out again. Space is found for them. But you’ll outstay them, because you’ve got AIDS. I’m not accusing St Vincents of doing that deliberately to people with AIDS; it’s just what’s happening. To have 37 beds in inner Sydney, and 18 at St Vincents, to deal with more than two-thirds of the Australians with AIDS, is ludicrous. It just isn’t enough.

JILL SERGEANT is the co-ordinator of Talkabout, the newsletter for People Living With AIDS.