AIDS and the New Puritanism, by Dennis Altman (Pluto Press, 1986). Reviewed by DEREK PAYNE.

In Australia, as of 29 April, a total of 203 cases of category A AIDS had been notified and, of these, ninety-nine had resulted in death. Most of the cases occurred in gay or bisexual men, the rest of the cases being intravenous drug users, haemophiliacs, people receiving blood transfusions, heterosexual men; one case was reported of a person from a country where AIDS is epidemic, and eight of the cases were women.

A precondition for contracting AIDS is infection by the HTLV3 virus which travels in blood and semen. Hence, the sharing of needles, transfusion of contaminated blood, transmission from mother to foetus through sharing blood, and some sexual practices (not just homosexual) can transmit the virus. It cannot be transmitted through social contact, nor is there any evidence of effective saliva transmission of the virus which is easily killed outside the bloodstream. It appears that only ten percent of people infected by the HTLV virus develop AIDS, while others develop less severe illness, or show no ill effects.

The risks of transmission can be reduced significantly through using HTLV3 anti-body testing to screen blood transfusions and products, provision of needles to intravenous drug users, the use of condoms, and education campaigns. Unfortunately, though, more cases can be expected. The virus can have an incubation period of up to five years, so most cases transmitted in the early 'eighties won't have surfaced yet.

It is not a "gay plague", nor is it a widely contagious epidemic. Comparison with the bubonic plague or the 'flu epidemic after World War I shows clearly that disease has social and political, as well as medical dimensions and, furthermore, the medical dimension is affected by the other two dimensions. The historical accident of AIDS being discovered in the West in American gay men first, rather than in haemophiliacs first, or in Africa, has had major consequences for the way that AIDS has been seen and has had a social/political effect on the medical research establishment, governments, and the health care system.

Denis Altman's book, AIDS and the New Puritanism, is a personal and political exploration of all three dimensions of the syndrome. Altman begins his book by detailing some personal experiences of AIDS, commenting that "the high concentration of cases among certain groups and localities in a few urban areas (in America) means that a few people have felt a disproportionate amount of personal loss." For those in the high risk groups, the lengthy incubation period brings us face to face with questions of our morality and our fears. Altman also reports the courage of people with AIDS, determined not to be labelled as victims who live one day at a time.

Altman outlines the particulars that make AIDS such a political syndrome. The first is its occurrence at a time when modern medicine is supposed to be able to cure and control most diseases, while AIDS is incurable and affects otherwise young and healthy people. Secondly, it was first found in the West, mainly in stigmatised groups — gay men, intravenous drug users and Haitians. Thirdly, it was linked with sex — challenging public sexual morality.

He sees AIDS as politicising gay men around the issue of health care in a similar manner to that of the feminist critique of health developed in the early '70s. However, he argues the need for immediate practical responses and the major role played by health professionals which will limit the growth of this analysis.

In Australia, the gay movement, through the community-based AIDS councils, has struggled to make the medical profession and health departments accountable on the question of AIDS treatment as has been evident at public meetings where medical specialists have spoken.

Another example of this political struggle has been the debate around anti-body testing. The presence of the HTLV3 virus is difficult to test for, so the main test in use is for the presence of HTLV3 anti-bodies. Anti-bodies are produced by the immune system in an attempt to neutralise a virus. A positive anti-body test means that the person has come into contact with the virus; it doesn't tell us whether the virus is still present, nor is it any indication that the person will develop AIDS. In view of the danger of people who are anti-body positive being discriminated against, the community-controlled AIDS councils have
recommended against anti-body testing unless as a diagnostic aid during illness, as part of a properly-planned research project endorsed by the AIDS councils, or as part of blood, tissue or organ donation procedures. They also recommend that any healthy person who chooses to have the test be provided with information on the significance of the test, and that proper counselling and follow-up procedures be provided. This policy is in conflict with that of Professor David Pennington, chair of the government’s National AIDS Task Force, who has called for all people in high risk groups to be anti-body tested.

Altman spends a chapter on the apparent conflicts between community health and civil liberties, in particular focussing on the debates in America over whether gay male bath houses or saunas should be closed. I say apparent because, in my view, such solutions are, in most cases, not only a threat to civil liberties, they also don’t work, medically speaking. The evidence of past control syphilis effectively through the closing of brothels and increased criminalisation of prostitution supports this argument.

In Australia, although the Festival of Light has picketed a gay sauna, and the Victorian police have raided a few saunas in Melbourne (claiming that they were brothels, and confiscating the free condoms), on the whole the gay community and the AIDS councils and saunas have been able to co-operate in safe sex education and fund-raising for the AIDS councils.

It will come as no surprise to ALR readers that the level of government co-operation and support for the grassroots AIDS councils varies from state to state. Victoria leads the way, with the Cain government providing government funding for a gay-controlled Gay Community Health Centre similar to neighbourhood-based community health centres. On the other hand, the situation in Queensland leaves a lot to be desired, and the NSW Labor government, while better than its Queensland counterpart, has also gone in for homophobic publicity stunts.

In America, the situation varies from city to city. Health care activists and those interested in the political economy of health will find Altman’s account of the American health care system informative. The American government has failed to provide proper health care for people with AIDS or fund adequate research. This led to a world-wide International Mobilisation Against AIDS on 26 May to register the anger and distress of the gay community at this unforgivable failure.

The fact that AIDS can be transmitted sexually has led to much soul-searching by gay men about gay male sexuality. Questions of sexual morality, and what should be the emotional meaning of sexuality are being discussed. Altman’s book provides an overview of these discussions. One response, typified by the gay writer, Larry Kramer, is that the party is over. Gay men must stop sleeping around and should have, in the past, fought more strongly for the right to get married. Another response, voiced by Cindy Patton, calls for the need to reaffirm the vision of lesbian and gay liberation, arguing that “we were not wrong to attack the anti-sex morality of our society”.

Altman himself writes that “to simply assume that a return to conventional mores is either possible or desirable is a mistake and ignores the effects of old-style repression”.

There are several problems with these discussions, the first being that they often presume certain individualistic assumptions about sexuality. Homosexuality is not confined to the “gay community”, and the community itself is a social/political formation whose historical evolution helped to create certain individual identities in the first place.

The second danger which Altman points to is that of lapsing into metaphor. The problems of emotional fulfilment from this or that lifestyle are, in a sense, separate from those of the transmission of the virus. The danger of infection by the HTLV3 virus lies not in a particular gay lifestyle, nor in sex itself, but in particular sexual acts performed without proper protection.

Whether the gay movement will be able to communicate this to the wider society in a situation of mounting seriousness and possible panic, we have yet to see. Denis Altman’s very readable book is a contribution to this process.

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THE CHILD CARE CRISIS

Caring for Australia’s Children: Political and Industrial Issues in Child Care, by Deborah Brennan and Carol O’Donnell (Allen and Unwin, 1986). Reviewed by JUDY HILL.

Considering the child care crisis in Australia, it has traditionally been regarded as a family affair, where the child’s well-being depended on the social and economic status of its parents, untrammeled by government intervention. Only in cases of extreme need or irretrievable family breakdown could state or community support and regulation be accepted.

In a timely and comprehensive survey of political and industrial issues moulding public policy attitudes to children’s services, Deb Brennan and Carol O'Donnell argue strongly that child care is an essential community service which is required by all families with young children. They assert that child care is a profoundly political issue. It concerns the distribution of power, resources and opportunities within families and within society at large. The amount of funds allocated to services for children, the level of service provision throughout the community and the wages and industrial conditions of child care workers are all measures of the extent