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**SPEAKING OF AIDS IN CANADA:
THE TEXTS AND CONTEXTS OF OFFICIAL, COUNTER-CULTURAL
AND MASS MEDIA DISCOURSES SURROUNDING AIDS**

by

Ivan Emke

A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfilment of
the requirements for the degree of
Doctor of Philosophy
Department of Sociology and Anthropology

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1 February 1991
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AND MASS MEDIA DISCOURSES SURROUNDING AIDS"
submitted by
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in partial fulfilment of the requirements
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ABSTRACT

The aim of this study is to analyse the social construction of AIDS in Canada. As it is set into discourse, AIDS (the physical condition) becomes a site around which various anxieties and moral tales are proclaimed. These interpretations then have material effects, in terms of policy formations, public attitudes and personal politics.

The research considers Canadian texts from three discursive fields: the official discourse (statements from governing bodies and policy-making groups); the mainstream media discourse (articles appearing in newsmagazines and major daily newspapers); and the counter-cultural discourse (articles from the gay/lesbian and radical press).

The methodology draws inspiration from British cultural studies (especially Stuart Hall's work), critical linguistics and Michel Foucault's approach to the study of social sites. The analysis of the texts focusses on three major questions: How is the virus presented? How are people with AIDS (PWAs) characterized? What is the nature of the solutions which are proposed?

The project also incorporates an analysis of three important contexts, each of which help to clarify why certain authorizations and legitimations appear in the texts. The contexts include: medicine (the role of science and the devalued position of the patient); sexuality (the panic over certain forms of sexual expression and the stigmatization of specific sexual "identities"); and the media (the structuring effects of newswork practices).

The study finds that, since there is some variability within the discourses, the contexts do not directly determine the texts, even though they do limit what can be spoken. The

differences among the discourses were most notable in terms of the presentation of PWAs and the nature of the solutions put forward. The mainstream media and official discourses tended to ignore or sometimes fear PWAs, and supported solutions which were interventionist and regulative. The counter-cultural discourse validated the experiences of PWAs and constructed solutions as requiring both individual and structural changes. The virus, however, was more uniformly presented, showing the power of science to provide legitimated knowledge for a variety of ideological positions.

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For emotional support, I thank countless friends, for feigning interest in my topic even after their polite enquiries regarding my research were answered by a copious and rambling discourse on the three discourses...

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INTRODUCTION Chapter One

To approach disease sociologically, we have to combine the notions that (1) disease is a language, (2) the body is a representation and (3) medicine is a political practice (Turner, 1984: 209).

Disease is an analytic prism for cultural understanding. Entire mythologies build up, not only about a disease itself, but about the individuals bearing the disease. Social images, stereotypes, and official fictions come to be perpetuated by the media as the facts of the disease.... Diseases of no known cause or cure, especially, strike at the very depths of our fears (Payne and Risch, 1984: 17).

All illnesses are metaphors. They absorb and radiate the personalities and social conditions of those who experience symptoms and treatments. Only a few illnesses, however, carry such cultural salience that they become icons of the times. Like tuberculosis in fin de siècle Europe, like cancer in the first half of the American century, and like leprosy from Leviticus to the present, AIDS speaks of the menace and losses of the times (Farmer and Kleinman, 1989: 137).

In less than a decade, AIDS (Acquired Immune Deficiency Syndrome) has come to stand in for many things. It is used by some as a moral tale; others are strictly concerned with its physiological processes; some see it as a metaphor for the age;¹ some decry its use as a metaphor;² some see it as a central source of panic. It is, for certain, a site

¹ See the above quote from Farmer and Kleinman. Also, Alcorn (borrowing from Foucault) argued that each age had a typical disease which reflected "central preoccupations with the social order and the place of the body within it" (Alcorn, 1988: 66).

² One of the most vocal critics of using illness as metaphor is Susan Sontag. In the case of AIDS, she argued that the separation of the illness from the metaphors surrounding it was especially liberating: "But the metaphors cannot be distanced just by abstaining from them. They have to be exposed, criticized, belabored, used up" (Sontag, 1988: 94). However, Brandt (among others) argued that illness cannot be separated from metaphor -- as that is one method by which disease is made to mean: "Rather than decrying the metaphorization of disease, it seems more appropriate to analyze the process by which disease is given meaning" (Brandt, 1988: 418).

where medicine, politics, economics, ideology, communication, ethics and sexual praxis struggle and interweave. In that way alone, it may stand as a symbol of our complex times.

The aim of this study is to analyse the construction of AIDS in Canada -- to evaluate the ways in which it is set into discourse. AIDS becomes more than a physiological phenomenon, but is "made to mean" (or "stand for") something beyond the neutral visitation of a virus.³ These layers of interpretation then have material effects, in terms of policy formations, public attitudes and personal politics. Texts are embodiments of social reality and social practices. Thus, they are a means to study cultural and discursive formations. A study of the texts on AIDS, then, is also a study of social and cultural constructions and responses to the disease and to those it has affected.

The core site of this study is the articulation between everyday lived culture and communication (the construction and maintenance of a society through time). Contexts, texts and discourses are instrumental in this creation and continuation of social culture. A discourse, as a system of interpreting the world, provides assumptions about knowledge, authority, normative contours and the efficacy of certain practical actions. In addition, discourses are linked to (and tend to legitimate) specific institutional sites. The analysis focusses on three major questions: How is the virus presented? How are

³ In addition, AIDS and HIV are themselves used as condensations of meaning. Acid rain and air pollution are referred to as "AIDS of the trees," and an American computer "virus" was named "PC AIDS." Also, a representative of the Alliance for the Preservation of English in Canada once stated: "English speaking Canada needs French speaking Canada about as much as anyone needs the AIDS virus. Think about it. They are both being transmitted the same way and the end result is just about equal" (cited in Pepper, 1990). This showed a remarkable lack of both tact and knowledge of AIDS. (Is French transmitted via unprotected sexual intercourse? If only it were that easy...!)

PWAs characterized?⁴ What solutions are legitimized?

The study consists of an analysis of texts from three discursive fields: the official discourse -- statements from governing bodies and policy-making groups; the mainstream media discourse -- articles appearing in newsmagazines and major daily newspapers; and the counter-cultural discourse -- articles from the gay/lesbian and radical press. All of these discourses are "naturally-occurring" in Canadian society. The researcher has not been involved in generating them, only in choosing them from the variety of voices which are extant.

Intellectual Heritage of the Study

This project is a part of the expanding (and somewhat ambiguous) field of inquiry generally referred to as "cultural studies." Cultural studies has been broadly defined as one of a group of approaches that "critically examine cultural production as material practice" (Sholle, 1988: 38). While the problematics of cultural studies centre around culture, ideology, representation and signification (thus belonging to the Marxist category of the superstructure), the approach is always conscious of the links with material practices. There is an attempt to problematize the relation between expressive forms and the social order. The culture studied is seen to be rooted in the everyday lived (and mediated) experiences of individuals.

⁴ Throughout the study, "PWA" is used to refer to "people with AIDS." Also, "HIV" refers to "Human Immunodeficiency Virus," the virus widely held to be the cause of AIDS.

Generally, cultural studies rejects the position that relations at the political-economic level of society determine culture and signification. Rather, there is an articulation between the levels, resulting in a structured (but mutable) whole which is social life.

Studies done in this tradition loosely fit into three categories: production-based, text-based and ethnographic (Johnson, 1986/87). Production studies emphasize the material relations of media production practices and the ways in which they are reflected in content. Text-based studies privilege the texts which are produced, the readings which they contain and the ideological effects which may result. Ethnographies are most interested in the moment of cultural consumption and the ways in which variables such as class, gender and race influence the interpretations of texts. Obviously, these should not be seen as distinct approaches, but as studies which focus on different stages of the production-consumption-interpretation spiral. The present study fits mainly with the second model of research -- the text-based studies. At the same time, the consideration of the contexts of text production (including the pre-existing discourses of knowledge which are used) includes some of the concerns of the first approach.

The Contexts

In understanding texts, it is also important to consider their contexts. Hodge and Kress, in developing their theory of a "social semiotics," wrote:

texts and contexts, agents and objects of meaning, social structures and forces and their complex interrelationships together constitute the minimal and irreducible object of

semiotic analysis (Hodge and Kress, 1988: viii).⁵

Thus, context is a part of the object of analysis.

This research includes a discussion of the social terrain, in an effort to illustrate the context out of which the texts emanate and into which the discourse about AIDS is set. This provides a layer of explanation for why certain authorizations and legitimations appear in the texts. While contexts do not directly determine texts, the articulation between the two is intimate, significant and of consequence. As these chapters argue, a disease has social "meaning" which goes far beyond the physiology of bodies. Three broad contexts will be discussed -- medicine, media and sexuality.⁶

Medical context: One cannot understand disease without also taking into account the social meanings surrounding it -- the non-physiological, non-medical, non-scientific constructions which have been layered onto a physical phenomenon. As soon as something is defined as a disease, there are a variety of discourses already set in place, waiting, to act upon it. While a disease may be "new," the context which affects the responses may be old. For example, in the case of AIDS, authorized experts began to pronounce on the new disease, economists began to shudder at the increased medical expenses, politicians weighed the advantages or disadvantages of calling for increased

⁵ This represented a corrective to traditional semiotics which did not consider the context to be a part of the "irreducible" unit of analysis.

⁶ There are other elements in a wider social context which also affected the construction of AIDS. For example, the emergence of the gay pride movement in the last two decades, at the same time as a rise in the "New Right" and a new conservatism which was strident and openly aggressive in its fundamentalist "will to punish." In addition, economic stagnation was accompanied by a concern over the perception that medical costs were increasing and service was decreasing (at the same time as the population was ageing). As a result, a prevalent perspective on disease revolved around the economic costs of illness, rather than the personal suffering of illness.

action, moral entrepreneurs looked within the disease for justifications of their position, the disease became a signifier of "sin,"⁷ and the patient as a subject disappeared. The locus of activity became the disease (and virus) and the interaction was between medicine and the disease, not doctor and patient, or advisor and client.

The medical context includes a privileging of scientific interventionist medicine with the doctor/ researcher as the dominant power figure. The patient's role is devalued, but at the same time there is an emphasis on promoting individual lifestyle adjustments as preventive activity, rather than seeing larger social forces as the cause of some disease.

Sexuality Context: General socio-cultural attitudes have affected the media presentation of AIDS. One of the most important of these is the dominant approach to sexuality, which includes a panic over certain forms of sexual expression, and a prevailing tendency to place blame on those who contract sexually-transmitted disease. Sexuality, and the body in general, has been the site of a variety of repressive and regulative mechanisms which illustrate social control at work.⁸ For example, Foucault's work showed that, by the end of the eighteenth century, the body had become the focus of technologies of

⁷ During some earlier "plagues," when the church was more powerful, those who contracted disease were seen as having committed some "sin." In general, such explanations are no longer used, but the notion of "guilt" may have replaced "sin." Sontag maintained that we "have a sense of evil but no longer the religious or philosophical language to talk intelligently about evil" (Sontag, 1977: 85). The tendency toward individualizing diseases and seeing lifestyle decisions as wholly responsible for one's health or illness contributes to this practice of "blaming" the sick (c.f., Hunt, 1988).

⁸ It is habitually assumed, in many discourses, that AIDS involves some moral content. The Times, of London, provided a "Freudian slip" which illustrated this on 4 May 1984, when it referred to "Acquired Immoral Deficiency Syndrome" (cited in Wellings, 1988: 95).

power (Freund, 1988: 845).⁹ Also, the social position of gays has affected the response to HIV and the way in which people with AIDS have been treated. In fact, until 1985, articles on AIDS were indexed in the Canadian News Index under "homosexuality."

Media Context: For a disease like AIDS, the "meaning" of it for most people is a mediated understanding.¹⁰ For those without direct connection to the disease, the media is their major source of information. As C. Wright Mills once wrote:

Between consciousness and existence stand communications, which influence such consciousness as men have of their existence.... In so far as people live beyond their immediate range of contacts, it is in this world [media] they must live (Mills, 1951: 332-334).

This is an important area, as the media come under more intense scrutiny than the other contexts of the study. The media context (including news work practices) tends to reproduce certain types of information and structures events in particular ways. Media content contains re-presentations, which are very different from neutral reflections.

Preliminary hypotheses about the mainstream media's role include: a tendency toward reproducing fear rather than critiquing it; minimizing the efficacy of personal agency; reproducing the confusion of the medical and scientific community rather than interpreting

⁹ This concern over bodies even extends to the deceased body of PWAs. Funeral directors have expressed worries over providing services for people who die from AIDS-related infections. Often there is an insistence that the body be cremated, and cemetery wardens are said to keep records of where these remains are buried "for fear of ground contamination" (Nikiforuk, 1988: 112). (The six-foot grave was itself an artifact of the London plague of 1665. There was a concern at that time that graves had previously been too shallow.)

¹⁰ John Greyson, a Toronto-based video artist and AIDS activist, stated that "AIDS has become a paradigm for analyzing media... for testing media response" (cited in Canadian Broadcasting Corporation, 1989: 1).

it; a lack of an historical perspective;¹¹ and implicit judgements about the perceived "deviance" of people with AIDS.

The Texts and the Choice of Discourses

The choice of the discourses relates to the objectives of the project -- to come to an understanding of the ways in which AIDS is constructed as a social issue. In studying a moral panic (such as AIDS), it is helpful to take account of the variety of discourses which contribute to its definition, rather than just limiting the analysis to mainstream media constructions.

The official discourse is included as it represents the sources that produce much of the authorized information about AIDS and it also sets the policy agenda for responses to the disease. The mainstream media discourse is included as it represents the major disseminator of information about AIDS. For most people in Canada, their everyday lived experience with AIDS is limited, but their everyday mediated experience with AIDS is significant. And, the inclusion of the counter-cultural discourse offers examples of resistance to the dominant characterizations. In addition, what cannot be spoken in the official and mainstream media discourses is sometimes made explicit in the counter-cultural discourse.

The texts of the official discourses are from state organizations and associated "expert"

¹¹ The media coverage does make use of past plagues, such as the "Black Death," as a metaphor for AIDS. While this may be an attempt to historicize AIDS, it adds little real understanding and is more likely to contribute to the fear surrounding the disease.

bodies. The mainstream media sources include newspapers (Ottawa Citizen, Toronto Star, Globe and Mail and Le Devoir), newsmagazines (Maclean's and Alberta Report) and monthly periodicals (for example, Reader's Digest, Verve, Canadian Living and Teen Generation). The sample design for the choice of specific texts is explained in the chapter on methodology.

The counter-cultural texts come from the gay and lesbian press (Rites, The Body Politic), as well as a number of Canadian left and radical publications (for example, Herizons, This Magazine, Canadian Dimension and Healthsharing). Again, a sample design will be used to choose specific articles. However, in the case of publications which only sporadically printed stories on AIDS, all of the coverage is considered.

Outline of Chapters

The project begins with a treatment of methodological issues. This involves a discussion of strategies of textual analysis, including some elaboration on concepts such as language, texts, discourse and the constitution of the subject/reader. The methodological strategies include discourse analysis, myth analysis and critical linguistics. The second function of the chapter is to outline the strategy used in selecting the discourses, the media outlets and the specific media texts which were analyzed in this research project.

This is followed by two chapters on the social terrain: the construction of medicine and the devalued position of the medical subject; and the fears of alternate sexuality. While

the major emphasis of this research project is on what is spoken about AIDS -- what is set into discourse, and what that implies -- it is also important to ask whether there are material reasons why some constructions are privileged. Are they the sediment of pre-existing constructions? The result of particular institutional practices? Do they dovetail with other common assumptions?

Within the discourses on AIDS, there are particular positions that are maintained, despite evidence to the contrary. For example, the "polluting prostitute" is feared, even though she is an artifact of the discourse. This "folk devil" becomes a repository for a variety of cultural fears -- of "others," of alternate sexualities, of infection, of disease. When there is such a displacement between perception and actual risk, there is good evidence to suspect that contextual factors, unrelated to HIV, are influencing the coverage of AIDS.

Chapter three deals with the medical context. It discusses some of the major components of current Western medical ideology, thus providing an indication of the pre-existing assumptions into which AIDS was set. Throughout, the chapter returns to the basic argument that social structure and health are linked. Thus, not only do social arrangements have effects on health, but health and illness issues are also used to legitimate the social structure.

The social context within which sexuality is constructed has influenced the coverage of AIDS. The coverage is, in part, a reproduction of this discourse on sexuality. And, the social position of people who contracted HIV affected the construction of the "message" of the virus. Chapter four addresses these questions in a discussion of the context of

sexuality. Briefly summarized, to know the construction of sexuality (and especially homosexuality) assists in understanding the origins of some of the panics surrounding AIDS: the fear of homosexuality, prostitutes, PWAs and explicit educational information. The "prevention" advice to be either chaste or monogamous became nothing short of a litany in AIDS discourse.

The chapter also discusses the historic position of the gay community as counter (and subservient) to mainstream or dominant discourse. The policing and attempts at sexual regulation aimed at the gay community have involved physical measures, social stigma and moral condemnation. As a result, the prevalent view of the homosexual in current society is still modified by such adjectives as "sick," "sinful," "abnormal" and "diseased."

One recurring theme in this chapter is the link between sexuality and deviance/disease which intensifies the panic around sex. This is especially evident around alternate sexual practices, making monogamous heterosexuality into both a norm and a prescription for health. With a disease such as AIDS, one cannot ignore the moral discourse which interweaves with the construction of the disease.

Having discussed two underlying contexts of AIDS, the project then turns to substantive material on the construction of AIDS in the discourses under study. Chapters five and six deal with the official discourse. Chapter five focusses on governmental bodies, including the Department of National Health and Welfare, the Federal Centre for AIDS, the Ontario Ministry of Health and the House of Commons. Chapter six deals with non-governmental sources, such as the Canadian Public Health Association, the Royal Society of Canada and the Canadian AIDS Society.

Before analyzing the mainstream and counter-cultural media discourses, the media context is discussed in chapter seven. In this way, the links between the context and the texts can be seen more clearly. This chapter argues that the media is a site for the discussion and debate of social issues. But the discussion is limited by the interests and commitments of the media system itself, by the socialization of journalists, by the structural constraints of newsgathering and by the reliance on official sources and information subsidies.

Thus, the consideration of the context of text production helps to situate why and how certain messages may be reproduced. At the same time, the emphasis is placed on the effects of production practices and the mechanics of the process. The goal is to understand the media as a social process -- a set of procedures and relationships which are socially constructed and reproduced -- rather than the naive view of the media as the chattels of a dominating class. In specific terms, the media is the site, and AIDS is the subject. AIDS as a disease, but also as a signifier and condensor around which a range of authorities speak and social, sexual and psychic anxieties are spoken.

Chapters eight and nine include material from the mainstream print media. These texts represented some of the major sources of information on HIV and AIDS for the Canadian public. The chapters discuss the general cultivation of HIV as both extremely dangerous and incomprehensibly mysterious, the stigmatization of gay PWAs at the same time as there was an increasing fascination with the homosexual body and the homosexual "lifestyle," and the tendency to legitimate solutions which involved science or medicine rather than public health or education. Chapter eight analyzes texts from four daily

newspapers, and chapter nine takes material from a variety of Canadian magazines.

Chapters ten and eleven contain analyses of the counter-cultural discourse. This includes the gay and lesbian press (chapter ten), as well as a variety of left, feminist and radical periodicals (chapter eleven). The contribution of the counter-cultural discourse contains a critique of the social reactions to the virus. There is some discussion of the virus, but even more of the ways in which it has been used both as a metaphor for the "need" for moral purity and as a "justification" for the efforts of the moral entrepreneurs.

These texts provide a corrective for the enduring misconceptions of the other discourses. For example, in mainstream accounts "high risk groups" were constructed as intrinsically "threatening." In the counter-cultural discourse, they were considered as intrinsically "vulnerable." And there was a willingness to allow experience to stand as a legitimate form of evidence. Some of the authors spoke in personal terms about their own experience with HIV and their own anxieties, which differed significantly from the mainstream media's cultivation of a generalized social anxiety.

Chapter twelve is a comparative chapter which again returns to the basic questions which guided the textual analysis: How is the disease constructed? How are the patients characterized? And, what solutions are put forward? In so doing, it brings together the messages from the three discourses and discusses the implications stemming from these constructions. Given the variety of voices on AIDS which are extant, it is expected that there would be some differences. Thus, a comparative analysis provides an overview of the results of the coverage of AIDS in Canada.

Finally, chapter thirteen provides a short summary of the project, some concluding comments on implications and a note about further research.

Conclusions and a Personal (but still Political) Endnote

Texts are important artifacts. To paraphrase Dorothy Smith, texts mediate relations among people in the same way that material forces and modes of production mediate relations. When we believe something to be true, we act as if it is true. The actual, material reality (if you care to use such language) may not be as important as the interpretation.¹² For example, it is extremely unlikely that a teacher with HIV could transmit the virus to his/her students. But that material reality was not as important to the parents on Cape Sable Island as the perception that one of their teachers (who was HIV-positive) could infect their children. They believed in casual transmission, and they acted on that information, throwing an otherwise-popular teacher out of his home community and his chosen occupation.¹³

Because people act on interpretations, one role of the cultural critic is to inquire as to how such interpretations arise. How does a person with AIDS become feared? Is it

¹² A fear of the possibility of casual transmission of syphilis allegedly led to the removal of doorknobs and the installation of swinging doors on US Navy ships (cited in Sontag, 1988: 27).

¹³ Reference is made here to the case of Eric Smith, a Cape Sable Island teacher. Through a breach of confidentiality, his HIV-positive status became known. Some parents of his students, having been exposed to information about AIDS prepared by an American televangelist, demanded that Smith be dismissed. The Nova Scotia government offered him a job on an AIDS task force, which he accepted. Smith, who was by all accounts an excellent teacher, has not been able to return to the classroom.

implicit in their characterization? How are equivalences constructed and maintained, such as the equation "gay sex=death?" How is the virus itself explained? Is it conceived as the bearer of a "message" for those it infects? What sort of solutions are proposed? Do they provide helpful, non-judgemental advice, or do they simply label particular activities as "deviant" and demand their extinction?

I do not ask these questions out of pure academic interest nor due to some "visions of a monograph" dancing in my head. Rather, I ask them because they have very real effects on communities, on policies, on people with AIDS and on their families, friends and lovers who sometimes surround them and sometimes reject them. I ask these questions because their answers matter.

It is true that there are times when, as "intellectuals," we try to segment our research from our personal or political agenda, as impossible or as destructive as that may be. We study the emiseration of landless rural-dwellers in Britain in the early 1800s without seeing the connections to the Third World in the late 1900s. We hold out the promise of the working class but refuse to travel on the bus with them. In a similar way, I have felt some reservation in studying AIDS. How can I understand the suffering, the anger, the despair, the anxiety, without experiencing it?

I have sat in darkened theatres, watching films on communities struggling with AIDS, surrounded by people who are struggling with AIDS. After the film, I can leave. I have sat and read the frustrations and despairs of people with AIDS who know they are dying but who are holding on to some little scrap of hope. When I am finished, I make some cryptic notes and file it away with an innocuous title like "TBP14." I have wandered

around the huge "Names Project" quilt, engulfed by the names of people who have died from AIDS-related infections -- all of them still remembered by lovers and friends and memorialized in 3x6 squares of tenderly-decorated fabrics. But then I leave, returning to my own life, which has been remarkably unencumbered by the tragic illnesses and early deaths of friends. And sometimes, it just feels dishonest for me to be studying and researching in this area. I, who have suffered so little. Those feelings are what drive me to do something that will be of value (I hope) to those who have suffered so much. But then, it is an indication of the isolation of the academic exercise that one should have to explicitly state that as an objective. Should it not always be a part of our research to give something back to those we have so freely taken from?

METHODOLOGY Chapter Two

This chapter serves two major functions. First, it provides a discussion of the search for a theoretically-informed method of analyzing media text. In this section, a number of relevant questions and issues will be presented, including concepts such as signs, texts, discourses, the constitution of the subject/reader, as well as reference to strategies used in analyzing text, such as discourse analysis, myth analysis and critical linguistics.¹⁴ The second function of the chapter is to outline the strategy used in selecting the media outlets and the specific media texts which are analyzed in this research project.

The method of text analysis used in this study was situated within the broad and somewhat-untamed terrain of discourse analysis. At the heart of the procedure was the belief that language, while based on an arbitrary relationship between the signifier and the signified, reflected the discursive practices involved in its generation and re-ordered the world in line with particular interests. However, the moral and ideological positions of the text were not always (in fact, rarely) made explicit. Thus, the silences and gaps in the text were important. As Barthes may have said, "when does the text faint in order to prevent interpretation from continuing?" What was left unsaid, or unsay-able, by the structure of the text? How did one concept slip into another (for example, the slippage between "giving medical advice" and "enforcing moral codes")? How did the ordering

¹⁴ There are many approaches to textual or discourse analysis which are not relevant and thus are not covered here. For example, the discourse analysis outlined by such writers as Coulthard (1985), which has its roots in American linguists (such as Harris) and in Russian formalists.

of the text imply a particular ordering of social life?¹⁵ And how did the constructions of the text betray a view of the optimal constructions of social life?¹⁶

Beginnings

One of the most prevalent methods of studying texts is termed "content analysis." As Holsti defines it, content analysis is "the application of scientific methods to documentary evidence" (Holsti, 1969: 5). It draws from a social science and experimental tradition, rather than a linguistic and hermeneutical tradition. Accordingly, a researcher develops, in as "scientific" a method as possible, content categories (or codings) and then quantitatively notes the presence or absence of these codings in media texts.

In this method of textual analysis, importance is often seen to be a function of frequency of mention. But, as Burgelin observed, a text is a "structured internal totality, where the place of each element is more important than their number" (cited in Morin, 1968: 29).

This major flaw in content analysis created a space for the structuralist analyses of texts. A structuralist method may take a variety of guises, but all are concerned with the relations among items in a system. There is an assumption that:

¹⁵ For example, in lists of suggestions for protective actions against AIDS, "chastity" was almost invariably the first suggestion mentioned. Did this imply that chastity was the most desirable response, and all others were sub-standard substitutes? Or, was it more amenable to fitting in with the dominant moral codes which still protect austerity before they protect pleasure.

¹⁶ For example, the ubiquitous phrase "general population" was often used in opposition to "at risk populations." This constructed a boundary within the texts which implied that a similar division should (and could) be maintained within society.

meaning is made possible by the existence of underlying systems of conventions which enable elements to function individually as signs (Young, 1981: 3).

According to de Camargo, an "ideological" reading of the text is an extension of a structuralist analysis -- "the structures of signification depicted in the social communication ...[are] linked with conflict processes inside society as a whole" (1972: 133). Other approaches, such as critical linguistics, also stress this need to go "beyond" manifest content to study the ideological residue of texts.

But before methodologies to get at these ideological readings of texts can be considered more fully, a number of underlying issues need to be discussed: the sign, language, text, discourse and the subject.

The Sign

Even though this project is not a "semiotic" analysis, it includes some basic assumptions which are associated with semiology.¹⁷ As the study of systems of signification and the operation of codes, semiology is a basis for theorizing about how language comes to mean. It also stresses that the relationship between words and concepts/things is an

¹⁷ Hodge and Kress noted that the first use of the word "semiotic" was a medical usage: "Physicians attempted to read the signs of disease inscribed in bodies and symptoms, and predicted and prescribed accordingly" (Hodge and Kress, 1988: 107). This provides interesting parallels in this project, as the bodies of people with AIDS become labelled as diseased and "solutions" are proposed which would physically mark bodies as such (for example, mass HIV testing and even tatoos). On the early history of semiotics, Hodge and Kress continued: "Outside the medical profession, the ancient world had its own brand of social semiotician, who read the entrails of birds and other omens as signs and symptoms of the state of society, and forecast its fate.... The heirs of the ancient augurs are now called sociologists, who ... work with a much better class of entrail" (Hodge and Kress, 1988: 107).

abstract one; there is no necessary connection between the two. However, words do take on significance which is socially-structured and contextually-nuanced. To understand language usage, then, one cannot stop at the dictionary, but one must read the newspaper as well. Etymology, in itself, cannot explain what language "comes to mean" in society. Thus, this section recognizes the important theoretical foundations which semiology has provided.

The key concept of semiology is the sign. According to Saussure (a "father" of semiology, along with Charles Peirce), a sign is the arbitrary relationship between a signifier and a signified.¹⁸ There is a general sharing of signifiers and signifieds within a language community, but the relationship is still arbitrary and socially constructed.

For scholars like Jacques Derrida, who are in the "deconstructionist" stream, there is no fixed, transcendental signified around which meaning revolves. Rather, meaning is a "slippage or displacement from one term to another" (Silverman, 1983: 38). Signifiers constantly defer to other signifiers, and so on down the chain. This is included in Derrida's theory of différance and différance. The former relates to the binary oppositions by which language "works" -- that meaning is situated in the distinctions among terms. Différance (or defer-ment in English) is:

to postpone; to hold back; to propose a distinction between entities such as will enable one to refer to the other, or to be distinguished from it (Hawkes, 1977: 147).

Thus, Derrida rescues the arbitrariness of the sign and emphasizes the endless

¹⁸ A signifier is the acoustic image (for example, "k-a-t"), and a signified is the mental concept (for example, the concept of a cat -- the meaning the sound image generates). The sign is the "associative total" of these two terms.

commutability of the signified through "free play" and *différance*. However, there is considerable confusion as to the actual method of textual deconstruction. And, since it is at least in part a resistance to theory, it is difficult to specify the theoretical underpinnings of deconstruction:

One cannot, therefore, be certain that the name deconstruction, as it appears in the discursive practices of Derrida, de Man or Jean-Francois Lyotard, names a describable practice, let alone a theory that is extricable from the self-cancellations of a rhetoric it is supposed to produce (Riddel, 1986: 83-84).

In addition, there are "authorized" signifieds which emerge as dominant within a society (Silverman, 1983: 38). Derrida's deconstruction may delegitimize such authorizations, but it does not necessarily show why certain signifieds are privileged over others. In Derrida's deconstructed world, language does constantly slip from signifier to signifier, but in the world of media text, certain interpretations are presented as legitimate and privileged. Without some "fixing" of signifiers, there would be no signification at all (c.f., Hall, 1985). The study of media text requires the analysis of why one authorization is privileged over another.¹⁹

¹⁹ One consistent criticism of deconstruction is its de-politicizing tendency or, as one critic put it, the field is "politically ambidextrous" (Kingwell, 1990). (De Man had written for a Nazi newspaper before moving to the United States, and Derrida's position on South Africa has been rather ambiguous.) But some argue that deconstruction actually politicizes issues (S. White, 1988). It can be part of a political project to disestablish received linkages and question why (and how) something becomes classified as "truth" (Ellis, 1989).

Language

Hysteria shows itself first in language (Allemang, 1989).

The names for things and operations smuggle in connotations of good and bad -- a noun tends to carry with it a kind of invisible adjective, a verb an invisible adverb (Kenneth Burke, 1964).

Language is considered to be the:

supreme example of a self-contained 'relational' structure whose constituent parts have no significance unless and until they are integrated within its bounds (Hawkes, 1977: 26).

Therefore, language cannot be studied only in terms of its constituent parts, but needs to be studied also as a system of relations. It ensures that all members of a group share a generally similar psychic territory. Language (and the authorized meanings within it) pre-dates the individual member of a speech community. Thus, the arbitrariness of language is weakened, as individuals are "presented" with language, with meanings intact (Weedon et al., 1980).

Foucault criticized any elevation of words as direct representations of reality.²⁰ He maintained that language was "catachretic," meaning that it gave "a single name to things

²⁰ But Foucault also disagreed with those who conceived of language as simply word-play or the interactions of signs without any relation to discourses. While the "author" (independent Cartesian subject and master of language) may be absent, the "author-function" (intentional construction within the limits of a discourse) was still alive and quite present (Shumway, 1989).

different in their 'internal natures', their location in space, or their external attributes" (H. White, 1979: 94). Rather than presenting an individual with a view of "reality," language can both construct and isolate the subject and (borrowing from Lacan) effect a "rupture with the phenomenal world" (Silverman, 1983: 166). Thus, language was not a purely individual act or competency, but "should be seen more properly as the medium of consciousness for a society, its forms of consciousness externalized" (Kress and Hodge, 1979: 13). This makes the analysis of language use to be also the analysis of the dominant logics of a society.

Fowler and Kress claimed that language helped to legitimize particular world views:

We argue that the world-view comes to language-users from their relation to the institutions and the socio-economic structure of their society. It is facilitated and confirmed for them by a language use which has society's ideological impress (Fowler and Kress, 1979: 185).

At the same time, language was the medium through which individuals were constituted as subjects. Entry into culture as a subject was at the moment of entry into the world of signification. Such entry was not into a neutral language, but into a field of discourses that displayed the marks of particular interests. The struggle of textual analysis is to uncover how language reflects the interests of particular discourses, and how these constructions mediate relations within society.

The use of language, even at the level of word choice, illustrates the way in which lasting constructions influence perception. For example, some publications refuse to use the term "gay" to refer to male homosexuals. One reason is that it seems to imply a militancy and legitimacy which is not present in the term "homosexual." The term "gay"

is a self-referent which has only slowly become more accepted outside the gay community. For example, Pierre Berton complained that "homosexuals have ruined the fine old English word gay" (cited in J. Lee, 1981: 4).

Organizations such as ACT UP and the Canadian AIDS Society have also realized the biases which word choices can legitimize, and both groups have published guides for the media. Terms such as "AIDS victim" and "risk group" are replaced by more accurate and more neutral terms. In a similar action, the Ontario Office for Disabled Persons published a booklet entitled "Word Choices: A lexicon of preferred terms for disability issues." Terms such as "crippled," "handicap," "normal," "stutterer" and "victim" were criticized as having contributed to unfair and discriminatory characterizations of people with disabilities. Thus, the evaluation of specific language usages (which are "made to mean" through the arbitrary relationship between the signifier and signified) is an important aspect of textual analysis.

Discourse

"Discourse" may well be one of the major academic passwords of the past decade. As such it is used in a variety of ways. For Foucault, discourse was a complex and somewhat unstable field (or economy) of relations where knowledge intersected with power. Discourse was:

both an instrument and an effect of power.... Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it

possible to thwart it (Foucault, 1980: 101).²¹

For Foucault, this link between discourses (of knowledge, or "regimes of truth") and power was more than just a general philosophical thesis, but also a thesis about modernity (S. White, 1988: 190). Power was everywhere and already insinuating itself in ways that were not always easy to grasp. It did not come from above (bestowed grudgingly by those "with" power), but it emanated from within and throughout discourses of knowledge.

A discourse is also a practice which inscribes its documents with its own unique residue. For example, the discursive practices of courts may differ from those of medical associations, but both affect the texts which are produced.

Thus, discursive formations are also epistemologies and processes which "name, circumscribe, analyze, and even erase various objects, entities, things as well as the position of its subjects" (D'Amico, 1982: 209). Discourses exert power over what can and cannot be said. Foucault wrote:

There is no binary division to be made between what one says and what one does not say; we must try to determine the different ways of not saying such things, how those who can and those who cannot speak of them are distributed, which type of discourse is authorized, or which form of discretion is required in either case. There is not one but

²¹ For Foucault, discourse was not simply a medium of transmission and exchange of knowledge, but it was a fundamental object of analysis. However, he also used the term "discursive formation" in a similar manner. He wrote: "whenever, between objects, types of statement, concepts, or thematic choices, one can define a regularity (an order, correlations, positions and functionings, transformations), we will say, for the sake of convenience, that we are dealing with a discursive formation" (Foucault, 1972: 38). In addition, he also used "discipline" synonymously with "discourse" in his lecture published as The Discourse on Language: "disciplines are defined by groups of objects, methods, their corpus of propositions considered to be true, the interplay of rules and definitions, of techniques and tools..." (Foucault, 1972: 222).

many silences, and they are an integral part of the strategies that underlie and permeate discourses (Foucault, 1980: 27).

The "rules" of a discourse are not easy to uncover, because discourses are seen as windows through which to view the world, and the window (along with its shape, structure, etc.) disappears when the subject concentrates on what is beyond. Discourses are the objects of study, and they can be approached by analyzing social surfaces (e.g., laboratories, clinics, courts) from which discursively-generated entities emerge. These entities, such as books, maps, lists, confessions, regulations, instructions, and so on, provide a "residual materiality" of the discourse (cf., D'Amico, 1982: 210).

This project concurred with Hall's hesitations about some uses of discourse theory. He cautioned against any theory of discourse which did not make links between the discourses themselves and sites of power.²² Hall questioned whether discourse theory was "capable of theorizing the necessary unevenness of a complex unity, or even the 'unity in difference' of a complex structure" (Hall, 1985: 92). Clearly, Hall was interested in analyzing the articulation (not determination) between specific discourses (signifying practices) and specific political-economic-cultural complexes. The suggestion that no such "fit" ever existed was anathema to him.

Borrowing from both Foucault and Dorothy Smith, this project theorized a discourse as a system of interpreting the world, including assumptions about legitimate sources of knowledge and authority (an epistemology), specific normative contours (illustrating a trend to naturalization of social phenomena), and a consensus regarding the nature of the

²² These criticisms were more directed toward theoretical work on discourse theory. For example, Foucault's substantive work constantly referred to sites of power, even though those links may not have been so obvious in his theoretical treatises.

social world and possibilities for its protection and/or improvement. As is the case in this study, discourses can be linked to specific institutional sites. And it is necessary, in order to understand and analyze a discourse, to study the texts emanating from the discourse.

Texts

Discourse is a category that belongs to and derives from the social domain and text is a category that belongs to and derives from the linguistic domain. The relationship between the two is one of realization. Discourse finds its expression in text (D. Lee, 1989: 58).

"Text" is not interchangeable with "discourse" as the former is a partial representation of the latter. Texts are the static and preserved traces of discourses. Texts are concrete material objects, which are embedded in discursive social processes (Hodge and Kress, 1988). The production of a text is affected by the discourses from which it is "secret-ed" and the historical conditions under which it was produced. It implies both a boundary and a perspective -- a horizon.

A text is the space in which the subject, language and discourse meet -- the reader and the written are brought together. As Fiske wrote, "meanings occur only in the encounter between texts and subjects" (Fiske, 1986: 404). Texts are written and published at a specific time in history (and thus are "dead" ideas), but they still appear to be alive. This is due to the "real" life of a text, which is when it engages a reader.²³ However, this

²³ This was illustrated to me by the difficulty I had with verb tense. When looking at the texts under analysis, I constantly wrote in the present tense, as if the text were "here and now." My encounter with the texts was in the present, even though their publication was in the past.

vision of an "ordered space" is a mirage, as a text does not have only one meaning.

Rather, there is the possibility of a plurality of meaning. As Barthes wrote:

To interpret a text is not to give it a (more or less justified, more or less free) meaning, but on the contrary to appreciate what plural constitutes it (Barthes, 1974: 5).

Such polysemy exists in all texts, and Barthes illustrated this in his study of Balzac's Sarrasine (which was seven times longer than the original novel).

A text, like a discourse, is not a transparent presentation of the "real" world. Texts reflect the organization of production practices, and as elements of a discourse, they are inscribed by a framework and a set of inferential structures that can be used in interpreting the world. Thus, the media's treatment of AIDS is not a transparent rendering of an objective standard of "reality." Rather, it is a prism through which the media transmits its particular interpretations of the social world. Thus, one interpretation of a text is not necessarily any more truthful than any other, as there is no "reality" standing directly behind the text.²⁴ If there were, it may be possible to judge the validity of one interpretation against another. Although one interpretation or account may not be privileged over any other in terms of some standard of truth-value, within the historical, lived world, some accounts and meanings are constantly privileged over others. A consideration of the structure of "authorizations" in a text leads to an interpretation of the interests of the underlying discourse and the requirements of the subject positions within it.

²⁴ However, especially in the case of the media, one can compare the texts with the phenomena they are attempting to represent. If there is a discrepancy between "what is perceived" and "what that is a perception of," then that is evidence of an "ideological displacement" (Hall et al., 1978: 29).

In writing about texts, Barthes distinguished between "readable" and "writable" (sometimes translated as "readerly" and "writerly"). A readable work was homogeneous, non-contradictory, linear, it constantly moved toward a closure of meaning and it obscured the fact that it was socially produced. The readers submitted to the readable text and its interpretations. (Mainstream media articles are generally "readable" texts.) Alternatively, the writable text was heterogeneous, unpredictable, and required the active participation of the readers. One outcome of textual analysis is to make a writable text out of a readable one -- to extend interpretations and to open it where it attempts to impose closure.

Barthes also argued that a text could not be understood through a biography of its author's life.²⁵ A text has a certain autonomy from its author(s).²⁶ This "intertextuality" of all writing meant that texts always made reference to other texts. As Culler pointed out, in order for a discussion (or text) to be significant:

it must stand in a relationship ... to a body of discourse, an enterprise, which is already in place and which creates the possibility of new work (Culler, 1981: 100).

Thus, past texts are an important aspect of the signifying practices of the present. In analyzing a text, it may be instructive to discern the other texts and discourses that are

²⁵ This related to an early method of textual analysis which privileged the author's intentions in the study of interpretation. The primary question in this model was "what did the author mean to say in the text?" The issue of whether texts could produce the intended meanings and effects of authors was not even considered to be problematic. However, such hesitations have currently become more of a litany and assumption than a problematic.

²⁶ The devaluing of authors did not automatically result in a revaluing of audiences: "The category of the author as enlightened transcendent sensibility has been laid to rest by Post-Structuralist theory, but all too often that category is revived and given over to the enlightened critic" (Collins, 1989: 274).

referenced in the construction of the "new" meanings of the text.

Subjects/ Readers

New theoretical approaches in cultural studies and film theory have stressed the way in which subjects are constructed by texts and discourses.²⁷ This placement is seen to occur at least partly during the adoption of language. This made the acquisition of language (with its predisposition toward dominant interpretations) a pivotal process and instrument of socialization (cf., Kress and Hodge, 1979).²⁸ The subject, then, became "an intersection of discursive practices" (Collins, 1989: 263). While this provided an explanation for the reproduction of discourses and fields of power relations, it also served to devalue the power of individual subjects. There was a tension between theorizing discourses as ubiquitous, saturated with unequal power relations and totally encompassing subjects within regimes of truth, and accounting for the existence of agency and "empowering" individuals to change their circumstances. And, if the placement of subjects into positions via discourse and language was so thorough, then why did some people "escape?" Why was it that cultural critics emerged, outside the process, to analyze it? Thus, the placement of subjects cannot be seen as a mirror image of the discourses at work. The relationship is closer to an articulation than a determination.

²⁷ The decrease in concern over authors was accompanied by an increase in theorizations about readers and subjects.

²⁸ Some theorists, drawing upon Freud, emphasized the role of the unconscious in this process. The entry into culture through language acquisition also involved the unconscious. The latter was a signifying system itself, and it was structured like a language (cf., Weeks, 1985).

Even as subjects are placed in a discourse through language, they are placed in society through embodiment. Subjects have bodies, which discourses, as well as diseases, act upon and affect. Social control necessarily includes exerting power over bodies. This is nowhere more evident than in the media discourses surrounding AIDS.

Grossberg (1984) referred to this "discursive" approach to the interpretation of cultural texts as one which viewed experience itself as a product of cultural practices, and not just a mediator. This underscored the power of the text to locate the subject in a particular position of identification and knowledge. Hall called this:

a very ambitious theoretical construct indeed -- for it aims to account for how biological individuals become social subjects, and for how those subjects are fixed in positions of knowledge in relation to language and representation, and for how they are interpellated in specific ideological discourses (1980: 159).

If the subject is constituted in discourse, then the subject's perceptions and frames of reference of AIDS are also from discourse. Since most people have no direct experience with the disease, their construction of AIDS is an extension of the media coverage and the re-workings of that coverage in daily interactions. Thus, it is important to ask what subject positions the texts on AIDS present to the readers/ viewers.

Praxis

As mentioned earlier, some cultural critics argued that text analysis should reach an "ideological" analysis of the message. That one should look for the links between signifying practices and social structure and examine "how particular structures of

meaning determine or are determined by social processes" (Grossberg, 1984: 393). But this assumed that all texts involved ideology and that one's methodology could somehow escape the vagaries of ideological control. As Dorothy Smith wrote:

The world as we know it and as we experience it is already ideological. The social facts in terms of which we (social scientists) work, with varying degrees of sophistication are constituted prior to our examination by processes of which we know little (1974A: 53).

If ideology is a "fixing (of) meaning through establishing, by selection and combination, a chain of equivalences" (Hall, 1985: 93), then any textual analysis that looks for such links is, in some way, an analysis of ideology. Thus, a particular methodology does not necessarily lead to an ideological analysis. This section discusses several methodologies, some of which purport to do ideological analyses, and all of which concentrate on a critical analysis of text.

First, a note about the process of textual analysis. The practice of textual deconstruction itself resulted in methodological insights which were not foreseen at the beginning of the project.²⁹ After interacting with the texts over time, new questions were incorporated into the analysis. For this reason, it was not possible to foresee all of the methodological procedures that would be utilized in the project. This is not unusual in discourse analysis. Part of the process is to let the text speak -- to consider the activities of language itself in the construction of "realities." The analysis, while focussed on a social issue set into discourse, also reflected how language operates in constructing meaning and influencing

²⁹ Indeed, some scholars stress the need to ground theory in textual practice. Otherwise, discussion remains at the abstract level and the usefulness of an approach remains untested (cf., D. Lee, 1989: 60).

perception and action. To presuppose the findings of the research, or even the shape of the final methodological approach, would be to negate the value of engaging in the research process.

For example, regarding specific methodological procedures, critical linguists argued that:

there is no analytic routine through which a text can be run, with a critical description issuing automatically at the end. In each case, the critical analyst starts out with the hypothesis that the text has some specific signification in social structure (Fowler and Kress, 1979:197).

In their view, the analyst stumbles around in the darkness of the text, hoping to find a light switch before her/his match goes out. Certainly, it does appear as if successful text analysis relies as much on a brilliance of intuition as on a strict methodology.³⁰ Nevertheless, there are some suggestions which textual analysts have made that can be helpful to the novice. These are discussed below.

Critical Linguistics

One approach to the text, which is considered by some to be under the rubric of

³⁰ It is curious that critical works of textual analysis often lack specific comments on methodology, or even on the choice of the text sample. This reticence to provide advice makes it difficult to evaluate the methodology, or the presuppositions of the analyst before engaging in the study. For example, a recent examination of American political culture and the framing of news accounts provided no information on either specific methodological procedures or on why certain news organizations and news texts were used instead of others (Rachlin, 1988). Also, Sontag's recent book on the metaphors of AIDS quotes sources randomly, often without any form of citation -- other than describing the source as "a medical journal" (Sontag, 1988). Thus, statements from many discourses are used without engaging in questions of representability and without considering the differences in contexts. The exercise seems to be polemic, in that the author intended to prove a point about social texts without considering alternative interpretations.

discourse analysis (cf., Thompson, 1984), is critical linguistics. Harris wrote, in 1952, that "descriptive linguistics has had no equipment for taking the social situation into account" (1952: 2). Almost 30 years later, two critical linguists tried to rectify that situation by arguing that: "there are strong and pervasive connections between linguistic structure and social structure" (Fowler and Kress, 1979:185). The enterprise was called "critical" linguistics, as its proponents tried to break out of the inhibitions which the academic practice of traditional linguistics imposed. It grew out of a linguistic tradition which sought to link language with dominant ideologies,³¹ and a literary criticism movement which consciously chose to study popular media text, rather than literature. Just as Cultural Studies theorists believed that a preferred reading was structured into media messages, scholars in critical linguistics assumed that social struggle was always inscribed in language. Thus, critical linguistics studies resemble a form of reflective and critical content analysis.³² As Fowler explained, such critical analysis was a creative process which involved:

uncoding -- disestablishing the received tie between a sign and a cultural unit -- and optionally recoding -- tying a newly invented concept to a sign and so establishing its validity (1986: 40).

As a methodology, critical linguistics studies offer a number of suggestions on how to approach texts. For example, the analysis of descriptive words and the implications of

³¹ The origins of this movement could be seen as early as the 1920s, when the Russian linguist Voloshinov turned Saussure on his head by maintaining that speech was a social phenomena and linking semiotics with the study of ideology (cf. Hodge and Kress, 1988).

³² For a Canadian example of critical content analysis, see Leiss et al., who, with some success, developed a methodology using both semiotics and traditional content analysis coding techniques.

such selections (lexicalization -- e.g., the selective usages of "freedom fighter" and "terrorist"); ascertaining who/what the active agent in a text is and who/what is portrayed as acted upon; naming conventions and use of the plural "we" (modalities); noting the deletion of participants (passivization); watching for links with other discourses (such as "common sense," "expertise" or "the public good"); considering the classification schemes which the text uses; and looking for the equivalences that are made in the text. The analysis of the linguistic structure of the text aims at uncovering the ideological significations of its underlying discourse(s), and the resultant meanings which readers may construct from the text.

Critical linguistics, like some other approaches (such as cultural studies), emphasized the need to study "real" media text, understanding that it was socially constructed and historically specific. Given that the media attempt to provide frameworks of explanation and legitimation that help to "make sense" of the lived experience of individuals, the aim was to follow the logic of the media content to its conclusions. The purpose was not to critique the coverage line by line and fact by fact, but to attempt to understand the characterizations and meanings that emerged from the content.³³

Dorothy Smith and the Analysis of Institutional Documents

Another approach to textual analysis is exemplified by the work of Dorothy Smith. She

³³ What the audience members did with these constructs was a distinctly separate concern, and ultimately beyond the scope of this study.

was interested in the practices of the production of documents and their legitimizing effects for the state. As she wrote:

The construction of an utterance or written statement as fact mediates relations among persons in ways analagous to how Marx conceived commodities as mediating relations among individuals (1974B: 259).

Smith studied such texts as police records or psychiatric assessments, as well as the processes by which these became texts. During inscription -- "the production of an event or objects in documentary form" (D. Smith, 1984: 65) -- formal organizations rearranged the time-order of the events and interpreted them in light of official definitions of the situation. (For example, "madness" is a function of several textually-mediated definitions of behaviour.) The problematic became "how was this event objectified into a text that aligned with the interests of particular institutions of the state?"

The actual process involved in answering this question required an examination of the texts of institutional discourses, in an effort to uncover their ideological content. For Smith, discourse could be described as:

those forms of communication and interrelation that are mediated by documents -- journals, magazines, newspapers, books, television, movies, etc. ... which intersect with the largely hierarchical structures of state, business and other administered formal organizations (1984: 63).

Thus, discourses were part of an active process that co-ordinated the sites of the ruling apparatus, created forms of social consciousness and prepared places for subjects. Smith's project was to uncover the legitimizing practices of discourses and to show how processes such as documentation and inscription embedded discourses with ideological

slants.³⁴ And, the road to such analysis necessarily involved the study of the textual secretions of institutions.

Barthes and Myth Analysis

Barthes used several methods of analyzing texts. One was a form of deconstruction, where he divided the text into fragments of signification (called *lexias*) and then applied codes to them. This series of interruptions resulted in a radical reconstruction and new combinations and innovations. While he used this method to analyze "literature" (e.g., Sarrasine), Barthes also used what he called "myth analysis." He considered myth to be a second order semiological system -- it took a pre-existing sign, drained it of meaning, and used it as a signifier for a new signification. The sign was freed of its history and appropriated by myth for its own purposes. Thus, "myth is speech stolen and restored" (Barthes, 1973: 125). Myth naturalized historically and socially constructed concepts.³⁵

The struggle of the "mythologist" was to decipher the distortions of the myth, the way in which the emptied signifier became an alibi for the concept which the myth-maker was promoting. Barthes' book Mythologies did just this. It was a collection of short essays,

³⁴ Todorov argued that there were two lines of force in a narrative -- horizontal and vertical. The former was the sequence of events, and the latter was the link to discourses of knowledge (and institutional sites of power). Todorov felt that the vertical lines were the most important to study (cited in Fiske, 1984: 173). Smith's work provides an illustration of the importance of considering the vertical lines of force in texts.

³⁵ Barthes' view of "myths" bears some relation to Marx's theorizations about the role of "ideology." In both cases, social and historical conditions were "naturalized." However, Marx emphasized that this process involved the privileging of a particular class (Marx, 1972: 136).

written about French society in the 1950s, that covered topics such as wrestling, detergents, toys, wine and striptease. It was a work of demystification, of exposing the artificiality of society and of the doxa (a term Barthes often used interchangeably with myth).

For the novice, he suggested several ways of entering into the analysis of myth. Some of these involved identifying the "rhetoric" of myths. For example, looking for such devices as: the evaporation of history, tautologies ("a faint at the right moment"), quantification of quality and a tendency toward proverbs and maxims. Barthes' work on myths can be helpful to the researcher interested in analyzing media text, as a way of looking for the privileging of certain interpretations and the naturalization of social phenomena.

One important insight of Barthes was this contention that texts (including news content) were sites of signification which often represented social constructions as natural configurations. For Barthes, the transformation of history into nature was the very principle of "myth." The first step in uncovering myths was to analyze what was taken for granted -- what was presented as "natural" or "common sense." In such an analysis, one looked for the construction of boundaries between the acceptable and the unacceptable, between the "reasonable" position of the consensus and the "outrageous" position of the few.

This strategy of myth-making by naturalizing social constructions was a significant aspect of the media coverage of AIDS. For example, that male homosexuals should experience disease was constructed by some as a "natural" outgrowth of their "unnatural"

existence.

The Preferred Textual Strategy

One theme of this chapter has been the search for a method of textual analysis that goes beyond content analysis and yet still offers some general insights which do not require the time-consuming (and questionable) exercise of "full frontal deconstruction." In the latter case, a text is laid bare, and what appears may have some relation to the contours of the original surface, but it could not be guessed at while the text was fully clothed. The problem with this is that readers encounter the text while it is still clothed, and not as a nude. The layers of interpretation are as important as the core motivation of the text. In addition, there is no assurance that stripping the text of its outer layers will not also strip it of its links to discourses of power and knowledge. The social context of the text may be rendered unimportant or invisible.

The approach to textual analysis taken in this project borrows from several of the previously-mentioned methodologies. The text is seen as ultimately signifying, and the methodologies are tools to use in deriving interpretations. They are the shell of the analysis, the heart being the specific significations, linkages and mystifications uncovered in the texts.

Important research questions in this study included: If the media educate and socialize, what are the results of such processes? Although the media content is explicitly about a disease, does it leave a residue of characterizations about the patients of the disease?

What are these characterizations? Do the media outline strategies of avoiding AIDS, or do they emphasize a position of helplessness in the face of the disease? Is the disease the active agent, or are individuals also perceived as agents able to undertake autonomous actions? What are the themes that the coverage adheres to, and how do they develop over time? What equivalences are developed and legitimized in the coverage?³⁶

The analyses of the discourses are concerned with both plausible interpretations of the texts, as well as a consideration of their contexts. For example, in each case one must ask who is the author,³⁷ what were the conditions of text production,³⁸ what are the author's (or the discourse's) purposes,³⁹ who is the assumed audience, what is the assumed relationship and what are the desired outcomes? Is the text meant to inform, to present expert advice, to educate or to empower?

Other structuring processes considered in analyzing the text included: noting how and where the text created equivalences; checking for the presentation of binary oppositions; recording the "naturalization" of social life; and recognizing appeals to what were perceived to be consensually-held values. All of these questions were relevant to the discourse analysis undertaken in this project.

³⁶ For example, directly equating promiscuity with death or the gay lifestyle with AIDS.

³⁷ Related to this is Foucault's discussion of determining the formation of enunciative modalities. He specified that the analyst must ask who is speaking?, what institutional site is the speaker representing? and what is the speaker's relationship to the objects of discourse? (Foucault, 1972: 50-53).

³⁸ For example, in official texts, the conditions of production may result in a total disappearance of authors as discrete individuals when the text becomes an expression of the governmental or departmental position.

³⁹ For example, was the author(s) engaging in a self-interested emancipatory practice, or just writing as a part of their job?

One obvious gap in the literature is the discussion of the "actual lived experience" of textual analysis. Maybe such gritty realities are seen to be too far removed from the refined business of informed analysis and theoretical fencing.⁴⁰ Or maybe textual analysis, in practice, is far less glamorous and occult than its proponents profess. In any case, the procedure followed in this study was fairly routine. After selecting and acquiring the texts (a time-consuming process in itself), they were read and re-read, notes were made and re-made, and the texts read again. Through this activity, the dominant textual patterns emerged. And, a close familiarity with the general issues provided some background and insight into the way that the texts had constructed the issues.⁴¹ In addition, specific questions (discussed elsewhere) were used to guide the analysis. But mostly, one seeks insights. One searches for an interpretation; an understanding which would help to illuminate the "meanings" in the text, their relationship to the contexts involved and the implications of accepting their proscriptions.

Throughout the project, there were three major issue areas which were studied. The first related to the presentation of the virus, its nature and its "logic." For example, what were the implications of the presentation of HIV? Were the metaphors primarily military, medical or moral? And what were the effects of certain metaphors?⁴² Does HIV

⁴⁰ The word "fence" is consciously used to refer to three separate but sometimes parallel activities -- to spar, to launder illegal goods and to constrict. The struggle over theory is at all of these levels. Polysemy has its advantages.

⁴¹ The practice of textual analysis has some similarities to Freud's discussion of "dream work," where one transforms the latent content of dreams into manifest, conscious awareness. The difference is that, with media texts, it was the practice of "newswork" which disguised, repressed and structured the text, rather than the activity of the unconscious.

⁴² Military metaphors were dominant, but if this was "wartime," then was the suspension of civil rights acceptable? And, if it was wartime, who was the enemy?

contain a "logic?" The implication that certain people have been "chosen" for visitation suggests that it does. Is HIV given any life outside human bodies? What are the theories about its origin? Its future?

The second issue area related to people with HIV infection and AIDS. How are they characterized and what is said to "distinguish" them from people who have not contracted the disease? These people are often constructed as the "Other," and there is a distinct panic which results from any blurring of that socially-constructed categorization.⁴³ In some cases, what is said about AIDS is determined less by the nature of the virus and its progress through physical bodies, than by the position, within the social body, of the people who contract HIV. The locus of interest is on the moment of viral transmission, with its powerful undercurrent of illicit fascination. And, to even include PWAs as one of the three major themes is contrary to traditional medical/ scientific concerns, as it implies that the struggle against the disease is not simply one between a viral agent and a medical praxis with bodies as secondary sites. However, this project maintains that the body of the PWA has become an important text itself -- although it is difficult to interpret, and authorities are especially dismayed when it interprets itself. Diagnoses, after all, are properly seen as being within the province of experts.

Finally, the presentations of solutions were analyzed -- what proscriptions were involved

⁴³ For example, when AIDS was no longer presented as "just" a gay disease, there was a serious re-evaluation of its significance. And, in terms of risk evaluation, there was a consistent reticence to admit that HIV transmission resulted from "risk: behaviours" rather than membership in "risk groups." In fact, any blurring of the distinction between heterosexuals and homosexuals is treated with hostility in the official and mainstream media discourses. The Canadian comedy troupe, "The Kids in the Hall," have a sketch where a gay waiter complains: "Americans know as much about Canadians as straights know about gays." And, neither Americans nor straights show any signs of modifying their respective apathy.

and who was authorized to speak. What were the implications of the various suggestions? Did they involve the extinction of specific activities or the extinction of specific identities? These three major areas are the focus of the final substantive chapter, which compares the implications of these constructions within the three discourses.

Discourse Selection

The choice of the discourses related to the objectives of the project -- to come to an understanding of the ways in which AIDS was constructed as a social issue. In studying a moral panic (such as AIDS), it is helpful to take account of the variety of discourses which contribute to its definition, rather than just limiting the analysis to mainstream media constructions.⁴⁴ The official discourse was included as it represented the sources that produced much of the legitimated information about AIDS and it set the policy agenda for responses to the disease. The mainstream media discourse was included as it represented the major disseminator of information about AIDS.⁴⁵ For most people in Canada, their only relationship to the disease has been through the mass media and their

⁴⁴ Foucault argued that discourses were more than just instruments, but they made possible the existence of counter-discourses. After the medicalization of sexual diversity, "homosexuality began to speak in its own behalf, to demand that its legitimacy or 'naturalness' be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified" (Foucault, 1980: 101). Thus, the existence of alternative and opposing discourses, speaking to the same issue, is to be expected.

⁴⁵ This was often true, even for people who had some connection to AIDS or people with AIDS. For example, Wiebe (1986) argued that doctors and other medical personnel not only attended to media (both news and drama) stereotypes about AIDS, but their own personal responses had been shaped by the media, rather than by their medical training. For example, television dramas such as "St. Elsewhere" have been influential among medical workers. (One episode of this show depicted a resident whose wife insisted that he not treat a person with AIDS.)

subject positions in relation to AIDS are provided by the news media.⁴⁶ The inclusion of the counter-cultural discourse illustrated the lack of total closure of consensus within society regarding a moral panic, and offered examples of resistance to the dominant characterizations. In addition, it was expected that the silences present in the mass media and official discourses would be made explicit in the counter-cultural discourse.⁴⁷

Thus, the three discourses were linked with each other. Media content, as a dialogue between journalists and their sources (who are mostly information workers in legitimated institutions) was necessarily a dialogue involving the official discourse. In turn, the counter-cultural discourse contained responses to the popular media presentations and official initiatives on AIDS.

In some ways, the perceived audience distinguished between the mainstream and counter-cultural discourses. Mainstream media were writing to a "general audience," which, in this case, often precluded gay men. For example, in response to a question about who the media were addressing, and whether that included gay men, journalist

⁴⁶ According to a study commissioned by the Department of National Health and Welfare and performed by Decima Research, the news media represented the major source of risk information for the Canadian public. The media were consulted three times as often as any other source (including government, consumer groups, doctors, medical officers, university professors, scientists). Despite this, the news media were ranked (by respondents) as being the lowest in credibility of any of the sources of information (Liston, 1989). Thus, on an interpersonal as well as a social level, the mainstream media are important in public decision-making about health.

⁴⁷ According to some, the mainstream media should provide critical responses to official initiatives. For example, Peter Desbarats, a respected Canadian journalist and now a journalism educator (and thus more prone to question the activity of the news media), has argued that the natural role of the media is in questioning experts, not repeating what they say (Desbarats, 1989). However, as the chapter on the media context argues, this is true in only a small minority of cases. In large part, the mainstream media reproduces the authorized interpretations of experts. Thus, the use of the counter-cultural discourse was necessary to provide some alternative interpretations. While some mainstream texts may well be analytical and critical, there is no systematic vision behind them which calls for a radically different society.

Caitlin Kelly responded:

There is a whole gay network of information sharing, of support, of a shared language, of a shared culture, and I don't think it's realistic to expect mainstream publications or the mainstream media to address some of the more particular concerns of a very small segment of the population (cited in Canadian Broadcasting Corporation, 1989: 4).

Kelly covered AIDS for the Globe and Mail, a newspaper that daily devoted an entire section to a small segment of the Canadian population -- financiers and business people located in major cities.

The texts of the official discourse were produced by the state and by state-legitimated organizations. As such, their epistemology involved an acceptance of scientific and logical-rational sources of authority. Part of their purpose was to contain the spread of the disease and to organize responses so that state control would be maintained.⁴⁸

Official texts are produced in bureaucratic organizations and thus may exhibit an implicit legitimation of the activities of that organization (Altheide and Johnson, 1980). For example, texts from the Federal Centre for AIDS cast the best light possible on both the federal government's initiatives on AIDS and the Centre's exercise of its own mandate.⁴⁹

⁴⁸ One of the serious repercussions of an epidemic is social and political disruption. This could arise from large numbers of people dissatisfied with the ways in which the authorities handle the medical crisis, or from a perceived inability to adequately treat patients and "protect" the healthy. Panic, when left unfocussed, can lead to a breakdown in law and order. For example, see Powell (1949) on the political struggles surrounding the 1793 Yellow Fever plague in Philadelphia.

⁴⁹ "Media attention to this subject [AIDS] has resulted in a great deal of Departmental activity in the interests of providing accurate and factual information to members of the press" (Privy Council, 1985: 2). According to a source at the Federal Centre for AIDS, the Centre provided journalists with information on a regular basis. There was a recognition that the media were needed to get messages

The texts of the official discourse come from Health and Welfare Canada, the Federal Centre for AIDS, the Canadian Public Health Association (which operationalized some of the federal government's prevention initiatives), the Ontario Ministry of Health, proceedings in the House of Commons which make reference to AIDS (as recorded in Hansard)⁵⁰, the Parliamentary Library, several medical publications and the institutional guidelines on AIDS adopted by Carleton University. Many of these sources represent major policy-generating and policy-enforcing institutions in Canada.

Research questions specific to the analysis of official texts included: What are the sources of "authority" which are used?⁵¹ What policy directions are made explicit?⁵² What implicit assumptions are revealed by these directives? What are the end goals of the policies? Where is the locus of action to be in the mobilization against AIDS (individual change versus societal change)?

The mainstream media consistently referred to AIDS as an "epidemic" or a "plague." As such, it was the first emergent "epidemic" that the modern mass media had covered.

out, but there was also an undercurrent of impatience with the habitual mistreatment of information regarding AIDS. And, according to the source, some of the workers at the FCA were hesitant to answer their telephones, for fear that the caller might be a member of the news media.

⁵⁰ While the proceedings of the House of Commons (and especially the daily Question Period) are often viewed as spontaneous, the questions are highly planned (and scripted) and answers are, if not planned, at least formulaic in their structure. In addition, the proceedings generate a text (Hansard) whose readers far outnumber the audience present in the House.

⁵¹ For example, one might expect secular governmental organizations (which are ostensibly created to serve all citizens) to refer to "science" or "logic" rather than "morality" or "normality." However, this was not always the case. The official discourse contained almost as much labelling, stigmatizing and fear-mongering as the mainstream media discourse.

⁵² Do they emphasize the drive for medical cures, or the promotion of preventive measures? If it is the latter, do they make recommendations which refer to moral codes (chastity, monogamy) or do they refer to actual preventive activity (condom use, non-penetrative intercourse)?

For many people, their everyday lived experience with AIDS is limited, but their everyday mediated experience with AIDS is significant. Thus, to understand the place of AIDS in contemporary Canadian society and the way in which it is spoken about, one needs to analyze the role the mainstream media has played in constructing, presenting and discussing the disease.

The media publications chosen were generally central-Canadian in origin. Newspapers included Ottawa Citizen, Toronto Star, Globe and Mail and Le Devoir. Two Canadian newsmagazines were analyzed -- Maclean's and Alberta Report.⁵³ In addition, several Canadian magazines published sporadic articles on AIDS, and these were included as part of the mainstream media sample. For example, Verve, Canadian Living, Atlantic Insight, Chatelaine, Equinox, Reader's Digest (Canadian edition) and Teen Generation.

The counter-cultural discourse involves mainly the gay and radical press. Not only are gays a part of the general audience for popular media (despite what some journalists may claim), they are also the "subject" of much of the reporting surrounding AIDS. This discourse is considered to be counter-cultural rather than sub-cultural as it is battling the predominant heterosexist bias in the culture. This bias is not seen as simply a sum total of individual homophobic opinions, but as structured inequalities, similar to other gendered inequalities (Frank, 1987). Thus, its relationship to the dominant culture is one of opposition (or, at least, critique).

⁵³ Alberta Report was one of the first magazines in Canada to cover AIDS in some depth. In fact, its coverage was second only to that of Maclean's (at least in quantitative terms).

The countercultural texts used included Rites and The Body Politic (both connected with the gay and lesbian community). Rites, a magazine devoted to a celebration of gay and lesbian liberation, began publication in May 1984. It explicitly attempted to link various struggles, including those against racism, homophobia and sexism. The Body Politic was, for many years, the most prominent gay periodical in Canada. However, it ceased publication in February 1987, arguing that local publications were strong enough to take its place. The selection of stories from these two magazines used the same sample design as the selection from the mainstream media sources. In addition, articles were used from This Magazine, Broadside, Healthsharing, Herizons, Kinesis and Canadian Dimension.

Text Selection

The mere volume of the media coverage of AIDS necessitated using only a selection of media stories, rather than studying every item of coverage. The selection could be achieved in a number of ways, some more concerned with the principles of "science" than others. Instead of using an entirely random selection of articles (for example, all of the coverage in the first week of May in every year), the sample focussed on the coverage of particular events/issues.⁵⁴

Such a method was chosen as it was when new information became available or when new developments occurred that re-structurations took place in the presentation of the

⁵⁴ Specific texts from newspapers were chosen with the help of the Canadian News Index, Index de l'actualité and the Ottawa Public Library index (in the case of the Ottawa Citizen). The Canadian Periodical Index was used to locate magazine stories. In the case of The Body Politic and Rites, the texts were located by going through all of the issues manually.

disease. During these pivotal times, characterizations of some lasting durability were set in place. Also, this provided a sense of the unfolding of the coverage on AIDS.⁵⁵

Given these guidelines, the following stories and dates were chosen for the mainstream and counter-cultural media sample.⁵⁶ (All of the texts were published between 1981 and 1988, except for the stories on the International AIDS Conference in Montreal.) The first phrase is the title used for the story in the substantive chapters.

1) **First Story.** The first coverage of AIDS, included in order to analyze the initial characterizations of the disease.

2) **Second Story.** The second coverage of AIDS.

3) **NAC-AIDS.** On 16 August 1983, Federal Health Minister Monique Bégin appointed a government team to study AIDS. This became known as the National Advisory Committee on AIDS. It represented the first public federal government response to AIDS.

4) **First Public PWA.** In late 1983, Peter Evans became the first person with AIDS to speak out publicly about his experience. His story, covered widely in the media, provided the first characterization of people with AIDS. In general, it was a positive presentation,

⁵⁵ In addition, the project was most concerned with major stories on AIDS, rather than the more frequent updates that were provided by the wire services (at least in the case of newspapers). It was assumed (possibly erroneously) that such investments of expertise indicated a content which was more carefully chosen and more likely to represent the active reflection of media workers. However, some of the major stories were still covered by wire services such as Canadian Press. Newspapers often rely on such services for late-breaking news. Thus, their reports may attain a certain similarity in structure and even content.

⁵⁶ These dates were approximate, as some of the media outlets were daily and some were monthly, some outlets took longer than others to cover a particular development, and some did not cover the story at all.

which differed markedly from later stories of PWAs.

5) Heterosexual Transmission. The first story on the heterosexual transmission of HIV. This could occur as early as 1983, depending on the media outlet. There were several waves of concern over heterosexual transmission. The first was in evidence between 1983 and 1985, and it was sometimes linked with a concern over the safety of the blood supply. The second major wave was in 1988, after the publication of Masters' and Johnson's book Crisis: Heterosexual Behavior in the Age of AIDS. The book was alarmist and raised a number of objectionable issues, such as the casual transmission of HIV through kissing or "infected" toilet seats. While their position was widely discounted, the incident allowed the media to re-address many questions which had previously been laid to rest.

6) Viral Discovery. This relates to the release of information about the discovery of LAV (by Montagnier in 1983) or HTLV-III (by Gallo in 1984). The date of coverage depends on the media source. In general, Gallo's discovery received more press attention, with many sources ignoring Montagnier's claim. (Montagnier published his results in scientific journals, whereas Gallo's discovery was heralded at a press conference organized by the US Department of Health and Human Services.)

7) Blood Testing. On 15 April 1985, the Canadian Red Cross announced that (as of November 1985) all donations of blood would be tested for the presence of HIV antibodies. This helped to allay the public fears of "tainted" blood.⁵⁷

⁵⁷ There was some evidence that the preoccupation with "tainted blood" and HIV transmission via blood illustrated the belief that that was the most tragic manner of contracting HIV. In other transmission scenarios, people were held to be at least partially culpable. Thus, blood transfusions were also constructed as being more "natural" than certain forms of unprotected homosexual

8) **Rock Hudson.** After weeks of media speculation, Rock Hudson's publicist revealed Hudson's HIV-positive diagnosis on 26 July 1985. In relation to Hudson, there were actually two "newsworthy" aspects in his story. First was the announcement of his diagnosis. But, the second, which was building since the first announcement, was whether he was gay. In fact, the larger of the two stories was when he came out of the closet. The first story was of a famous person who contracted a new and mysterious disease. But the second story was of a matinee idol who had "fooled" his audience for years into imagining him as an exemplary model of the romantic heterosexual male. And, to many, the "fact" that he was gay then helped to explain Hudson's illness. The disease then became understandable, in light of his sexual orientation. In some senses, his death was constructed as arising from his gay-ness, and not from a chance encounter with HIV.

9) **Donna Jean Newman.** In May 1985, the media began covering the story of Newman, who emerged as the first "folk devil." She was arrested and detained on soliciting charges. However, due to her seropositive status (which she had volunteered), she was treated very differently from other people arrested on the same charge. The unusual measures, including the publication of her photograph, had the effect of warning the clients of prostitutes and violating her own right to privacy. The question remains: "was that the most efficient way to warn Johns?" As with any situation where trust is put in testing, it can give a false sense of security. Instead of telling clients of street prostitutes that they should be using condoms, it tells clients to avoid certain prostitutes, not certain activities. In addition, as the story of Newman unfolded, it showed the way

intercourse.

in which this coverage and treatment exacerbated her problems, ending in tragedy for herself and her family.

10) CAS Conference. In November 1986, the Canadian AIDS Society held a conference in Toronto. At the conference, the growing power of the PWA movement was beginning to be in evidence. Not only were PWAs present, but they were vocal in attempting to contribute to the agenda.

11) Telecaster Rejection. On 11 March 1987, it was announced that the Canadian Telecaster Committee had rejected four Public Service Announcements about AIDS prevention.⁵⁸ The committee had previously expressed reservations about the scripts, but the Canadian Public Health Association (the producer) felt that they had addressed the objections. This prompted a controversy over AIDS education and the role of the media in AIDS prevention. In the end, the controversy over the Telecaster's decision meant that the announcements received much wider public exposure than they would have if they had been approved. In addition, this marked the beginning of the widespread mention of condoms as preventive devices.⁵⁹

⁵⁸ The Committee, formed in 1972, is an umbrella group that screens commercials for 20 private broadcast members. Advertisers who wish to have their commercials aired first get them approved by this committee. Individual member stations can challenge committee decisions, but usually they follow the guidelines. The executive director of the committee, Pat Beatty, personally approves 95 percent of all commercials submitted. The tendency is to accept commercials, as they represent station revenue. Only those considered "questionable" go to full committee deliberation. Six thousand commercials are screened annually (Breckenridge, 1987A).

⁵⁹ Nevertheless, there was (and still is) constant criticism of emphasizing the value of condom use. A month after the Telecaster decision, the Quebec government cut short an AIDS educational campaign. Health Minister Therese Lavoie-Roux complained that the campaign "was like an ad for condoms versus sexually transmitted disease" (cited in Breckenridge, 1987B). Ironically, condom advertisements (sponsored and paid for by condom companies) were accepted for broadcast the day after the Telecaster Committee rejected the AIDS announcements. This has justifiably raised suspicions that advertisers who pay for broadcast time have free rein in designing their messages,

In the case of this story, part the of widespread media interest probably stemmed from the industry's penchant for covering itself. In this example, one medium (the prominent one -- television) was made to look hypocritical and lacking in public spirit. (Prime-time television shows depicting the glories of casual sex are celebrated whereas AIDS ads, which hint at the possibility of protection during sex, are condemned.) What could be spoken and discussed in a newspaper or magazine could not be mentioned on television. The print media revelled in this vindication of its important social role.

12) CMA Disclosure. At it annual meeting in August 1987, the Canadian Medical Association voted to allow the disclosure of a patient's HIV-status without the patient's consent. The issue of violating confidentiality apparently arose from a case in early 1987 when an Ontario woman complained that she had not been told that her husband was HIV-positive. (It was not known whether she had contracted HIV herself.) However, did this one case (which exhibited distinct signs of spousal non-communication) necessitate such a significant change in the entire CMA Code of Ethics? Should doctor-patient relationships transcend spousal relationships?

When the CMA made their decision regarding disclosure, there were two other proposals on the floor as well. One was for mandatory contact tracing (all sexual contacts of HIV-positive patients would be contacted and notified) and the other was for the routine testing of all people admitted to hospitals. Both were referred to a sub-committee for further study. (The first proposal was originally passed, but then rescinded when it became evident that many people did not understand the resolution.)

whereas public service announcements (which run free of charge) are unfairly scrutinized.

13) **Patient Zero.** In late 1987, Randy Shilts' book, And the Band Played On, was released and the "Patient Zero" myth was spread.⁶⁰ According to Shilts, Gaetan Dugas (Patient Zero) might have been the person responsible for spreading HIV across the United States. The story of Dugas, however, was only a very minor part of Shilts' book. But the press release issued by St. Martin's Press (the publisher) drew the media's attention to the story of Dugas. It was titled: "PATIENT ZERO: The Man Who Brought AIDS to North America" (cited in Crimp, 1987: 241). It was thus no surprise that most of the reviews of Shilts' book either mentioned Dugas in passing, or made it the central point of the review.⁶¹ "Patient Zero" was subsequently voted one of the "25 Most Intriguing People of '87" by People magazine, along with the distinguished company of Oliver North, Vincent van Gogh and Baby Jessica.

14) **Toronto AIDS Conference.** On 18-20 May 1988, a Canadian AIDS Conference was held in Toronto. At this conference, the federal government was strongly criticized for its lack of action. At this conference, through demonstrations and seminars, AIDS activists exerted definite pressure on the national AIDS agenda. Since the conference, the federal government has remained a major target of AIDS activists.

⁶⁰ However, the story of "Patient Zero" had already been told in some circles. As early as July 1985, The Body Politic had referred to "the first AIDS patient identified in North America (sometimes known as Patient Zero) was a Canadian flight attendant." The name, however, was not specified. And others who knew Gaetan Dugas insisted that Shilts had enhanced the story of Dugas to make it more dramatic. Shilts did admit that, in preparation to write And the Band Played On, he read all of Michener's novels.

⁶¹ Dugas was not the only person referred to in the media as an individual responsible for a national epidemic. U.S. News & World Report, under the title "A One-Man AIDS Epidemic," related the story of a black Belgian businessman who made regular trips to Africa. He had had sexual partners (all female) in both countries. It was assumed that he had spread HIV from Africa to Belgium. All but one of his sexual partners were referred to as "white, middle-class women who had met him at parties. None was promiscuous" (McAuliffe et al., 1987).

15) **Scott Wentzell.** In late September 1988, a seropositive Halifax man was charged with having unprotected sexual intercourse with two women. The man went underground for several days while he tried to evaluate his future. The criminal justice system was mobilized to apprehend him, and an all-Canada warrant was issued for his arrest. (However, he never left Halifax.) He surrendered to police, and was eventually sentenced to three years in prison. The Crown Prosecutor had asked for a sentence of 10 years.

Ironically, there was a prelude to the Wentzell case which predicted what might happen. In January 1988, Nova Scotia Health Minister Joel Matheson and Halifax Mayor Ron Wallace were quoted as saying that "it is in the best interests of the public to separate from the rest of the community those AIDS carriers who are sexually active and spreading the disease" (cited in Ottawa Citizen, 1988A). Matheson was investigating the possibility (and legality) of quarantining "AIDS carriers."

16) **International AIDS Conference.** In June 1989, Montreal was the site of the Fifth International Conference on AIDS. Due to its location, it was widely covered by the Canadian news media. In addition, the Canadian government treated it as an opportunity to showcase what they considered to be their measured and compassionate response to AIDS. On the other hand, activists felt it was an opportunity to reveal what they considered to be the government's lethargic and ineffective response to AIDS.

17) **Feature stories.** The number of stories in this section depends on the outlet. They might include editorials or special reports which have required a significant outlay of resources. They were considered to be important statements on AIDS which did not fit into any of the above categories. All of the feature stories for a particular segment of a

discourse are considered together (e.g., newspapers, newsmagazines, gay/lesbian publications). This both reduces repetition and enhances the comparison of sources within the discourse.

Conclusions

This chapter has covered considerable theoretical and methodological terrain. Issues in textual analysis, such as language and discourse, were discussed, and a number of methodological approaches were introduced. In the end, a perspective was chosen which borrowed heavily from both Foucault's studies and the work of critical linguistics. Other influences included Barthes' myth analysis, Dorothy Smith's studies of institutional sites and their texts, and Hall's approach to cultural studies.

The second part of the chapter outlined the way in which the discourses were chosen and the sample design for mainstream and counter-cultural media texts.⁶² This included lists of specific questions to be applied to the texts, as well as some preliminary observations on the three issue areas to be discussed (the virus, PWAs and solutions).

Although the link between theory and practice may not always be clear in the substantive chapters, this section has emphasized the necessity of using theoretically-derived strategies as an entrée into texts.

⁶² The choice of official texts was very idiosyncratic, depending on the output of the source.

THE MEDICAL CONTEXT Chapter Three

By 1986, there were 600 new citations on AIDS being published each month in medical journals (Whippen, 1986).

To begin, AIDS is a profound physical disability -- a syndrome which is empirically marked by the destruction of the immune system and is experienced as a series of infections and the possible onset of life-threatening disease. Thus, medicine is a privileged site in the interpretation of AIDS and the response to people with AIDS. And since the continued life of the body is a preoccupation of all but the suicidal, medicine's claims to authority grip us all at a very fundamental level.

But medical practice also reflects and legitimizes other power relationships in society. The sociology of health and illness (as represented by this chapter) argues that there is a connection between social structure and health and the response to illness often involves the exercise of economic and political power. Thus, the study of medicine is not only the analysis of a particular social institution or site, but also of society itself.⁶³ And the study of how AIDS is constructed and spoken about in society must necessarily consider the effects of the prevailing medical context.

Medicine contains a structured set of relations of power, with individual actors (patients, doctors) and organizational actors (professional associations, pharmaceutical companies, research institutes). This section will briefly examine some of these major actors and the

⁶³ Not only is the concept of illness socially constructed, but the expectations of the ill are also related to specific societies. Parsons wrote of a "sick role" which patients would take on while suffering from a disease, which was a form of legitimated deviance that allowed the patient to refrain from work and to ignore the regular anxieties of daily life (Parsons, 1953).

ways in which they contribute to the practices of modern healthcare. This provides an indication of the forces and interests which would shape medical interpretations of AIDS.

The second section of the chapter will discuss some of the social contributions to disease, as a critique of the individualist emphasis within medicine. Medicine (like other discourses of knowledge) is also a site of resistance. In addition, the section introduces some important contradictions in the critical analysis of medical issues. In both sections, examples related to AIDS are provided, in order to link this context with the later texts on AIDS. Throughout, the chapter returns to the basic argument that social structure and health are linked, not only in terms of society's effects on health, but the use of health and illness issues to legitimate the social structure.

The Patient

The ultimate site of medical intervention is usually the patient's body. As Lewis Thomas wrote:

The general belief these days seems to be that the body is fundamentally flawed, subject to disintegration at any moment, always on the verge of mortal disease, always in need of continual monitoring and support by health-care professionals (1977: 43).

This ignores the built-in durability of the human body. Voltaire once wrote: "the efficient physician is the man who successfully amuses his patient while nature effects a cure"

(cited in Carlson, 1975: 6).⁶⁴ The view that the body is an unpredictably fallible organism affects patients' own views of themselves. It erodes their confidence in the body's ability to correct itself, it contributes to a greater fear of even minor afflictions and it results in an over-estimation of the prevalence of illness (Thomas, 1977; Zola, 1984).

In addition, the patient can develop a feeling of alienation from her/his own body as medicine tends to treat specific organs or tissues, rather than whole bodies. The body is seen as a machine, and disease is an imbalance in one of its constituent parts.⁶⁵ It is in this sense that modern medicine treats the disease and not the patient. The patient becomes a "text," rather than a "subject," and the art of diagnostics becomes a "way of knowing" which uses the patient's body as data (Jacob, 1988: 33).

There is also an alienation of the patient from the process of medical intervention itself. New techniques of diagnosis and observation have been developed which can "identify symptoms without depending on the subjective perceptions of the patient" (Doyal and Doyal, 1984: 90). By transferring illness into a technical problem, a patient's control and potential to make significant inputs into her/his own convalescence is diminished (Illich, 1981).⁶⁶

⁶⁴ This view of the natural resiliency of the human body was reflected in the 19th century doctrine of "therapeutic nihilism" (Starr, 1981). According to this belief, almost all drugs and therapies were considered to be useless, and the patient already possessed the most powerful healing force of all -- the self-correcting human body.

⁶⁵ Or, as an "invasion" from outside. The use of military metaphors in medicine became prevalent in the late 1800s, when bacteria were isolated as agents of "infiltration" into the body (Sontag, 1977: 66).

⁶⁶ In relation to people with HIV, the decision of when to begin prescribing AZT often depends on a T4 count, along with other test measures, rather than a consideration of how the person is "feeling."

In fact, much of healthcare relies on the passive co-operation (usually referred to as "compliance") of the patient. "Patient compliance" has been a standard feature of medical journals in the last decade and a half. Trostle, who interpreted "patient compliance" as a euphemism for "physician control," claimed that it was an "ideology" which reaffirmed and legitimized the unequal doctor/patient relationship (Trostle, 1988). As doctors became more powerful in terms of prescribing drugs, their patients became less knowledgeable about the drugs.⁶⁷

Not only is the patient alienated from the medical intervention, but she/he may be, in a sense, blamed for contracting the disease. (The verb "contract" implies some form of mutual consent.) Much medical intervention appears to be based on "an assumption of the culpability of individuals or groups who either manifest illness, or display various at-risk behaviors" (McKinlay, 1981: 621). This willingness to "blame" is especially evident in relation to sexually-transmitted diseases (STDs). In the past, there was a reticence to cure STDs as that would remove the moral "lesson" surrounding the disease.⁶⁸ In the late 1800s, Tardieu (a hygienist) criticized a colleague who sought a cure for venereal disease, claiming that this:

would mean that the door would be opened to all sorts of abuses, that medicine would be used against morality, that passions would be unleashed and would begin to proliferate at the expense of the interests of families (cited in

⁶⁷ In some cases (such as the controversy over infant feeding formulae, which Trostle examined), this involved an active withholding of information on the part of doctors and drug companies. The infant formula companies would not communicate with the "laity," thus assuring that doctors maintained a privileged role in the system.

⁶⁸ Likewise, the hesitancy to promote the use of condoms as an anti-AIDS measure may partly stem from an unwillingness to cover the moral "message" of HIV transmission (Turner, 1984: 220).

Donzelot, 1980: 172).

Not all patients come before the medical system with the same amount of power. And, when a disease affects stigmatized groups, then the view of illness as a manifestation of "deviance" is strengthened (Ablon, 1981). This was certainly a factor in the construction of AIDS and PWAs. And, as a later discussion shows, there had been a tradition of hostility between medicine and the gay community before AIDS.

Even a pervasive discourse of knowledge such as medicine encounters resistance from those it attempts to regulate. For example, women have been constructed as inherently weak or subject to disease (Ehrenreich and English, 1981; Rogers, 1984; Field, 1989). However, the women's movement is now responsible for some of the best critical analyses of the healthcare system, based on their experience in the medical system. The rise of AIDS activism, which was supported and initiated by people with AIDS, was an extension of this patient advocacy perspective. Not only did they advocate for the rights of PWAs, but they also compiled data on treatments and even generated their own research.⁶⁹

Although the site of medical intervention is the patient, that does not mean that she/he has the greatest power in the healthcare system. The patient is the object to be manipulated, and she/he is subservient to those who claim the power to heal. The history of patient advocacy does not illustrate the wilfull decentralization of power, but the

⁶⁹ For example, Community Research Initiative of New York (formed in 1987) conducts community-based trials on various HIV therapies. In mid-1989, they were involved in studies on 10 different compounds, as well as research on the healing powers of spirituality and the organization of an extensive databank on the clinical and therapeutic history of selected PWAs. CRI funds the studies through grants and private donations.

seizing of power. And, the history of AIDS activism is one of the rejection of this passive and alienated role for patients.

Physicians

The physician is not above social interest, but is a social actor whose mission of defining and treating disease can express and legitimate professional, class, or gender interests (Rosenberg, 1988: 13).

It is only within the past 150 years that doctors in Canada have established their vocation as a profession. The extensive monopoly over healthcare was a political struggle, not a scientific achievement. Legislatures assisted the doctors in their program of self-education, self-regulation and exclusion of "non-certified" practitioners. Not only do physicians now claim jurisdiction over anything that falls into the category of illness, but they often claim the right to define whether something is an "illness."

In spite of their intensive training, doctors actually have a rather narrow, technical expertise (Diskin, 1984: 616). For example, very little training is given in how to conduct patient interviews. Although the patient is not considered to be an equal colleague of the physician, the patient's active collaboration and honesty is essential. As a result of a lack of training in interpersonal skills, the doctor may make diagnoses and recommendations based on less than accurate information. This serves to reinforce the tendency to treat diseases rather than patients -- to look for external, observable problems and deal with them, rather than accept the patient's subjective experience of the illness. Thus, the development of the HIV test was a relief for doctors, as it gave them some scientific data

on which to build their diagnoses.

One result of inadequate patient interviews may be the over-prescription of drugs.⁷⁰

"When in doubt, prescribe." Although doctors may not be entirely sure of the nature of a problem, they will want to appear as if they are doing something about it. As Lexchin

explained it: Issuing a prescription at the end of a visit tells the patient that the visit was necessary, because medication is needed. A prescription also gives the physician a feeling of having done something useful (1984: 22).

Likewise, ordering a test makes it appear as if the doctor is acting diligently.

In short, doctors represent a self-regulating, professionally-oriented group who exert influence in the healthcare industry, by defining the conditions that require medical attention and limiting who can provide that service. But, while doctors may be efficient at protecting their own interests, they are not autonomous. They rely on the state to maintain licensure laws and to provide funds for education (of doctors) and healthcare services; they are linked to the pharmaceutical industry; and, they rely on patients to continue to seek medical care under conditions of the doctors' own choosing.⁷¹

⁷⁰ Medical school training in pharmacology is limited (Salk et.al., 1984: 566). Both Klass (1975) and Lexchin (1989) claimed that drug companies were the most prolific providers of post-graduate medical education in Canada. For example, the Wellcome Foundation Ltd. (makers of AZT) sponsor a "reporting service for physicians" called "Professional Postgraduate Services Limited."

⁷¹ In terms of hours of attention paid to patients, doctors only have a minor contribution compared to nurses, aides, orderlies and technicians. However, in terms of power within the healthcare industry, doctors certainly outflank all other workers.

Pharmaceutical Companies and the Healthcare Context

The producers and providers of medical goods have gained considerable control over the health sector, to the extent that physicians have lost their entrepreneurial autonomy (Renaud, 1975: 566).

Lexchin went even further than this, and claimed that pharmaceutical companies were now the dominant power in the North American healthcare system -- that the state, doctors, patients and other groups had become subservient to the drug industry.⁷² In the field of AIDS research, drug companies have represented one of the most highly organized interest groups.

In Canada, the drug industry is largely foreign-controlled. The Pharmaceutical Manufacturers Association of Canada (PMAC) is the voice of the multinationals in Canada, and it ensures that no action is taken "that might endanger the profitability of the industry" (Lexchin, 1984: 33). In the latter part of the 1980s, PMAC's most pressing concern was over patents. It argued that generic drug companies (which paid a royalty fee and produced generic equivalents to brand-name drugs) were unfair competition, and it wanted a strengthening of patent protection in Canada. As Klass pointed out, while patents may be in the economic interests of the large pharmaceutical firms, it was neither in the interests of patient-consumers nor the interests of science. Patents tended to mitigate against the free exchange of scientific discoveries, which was needed to make

⁷² On the global level, the drug industry is in a period of expansion, partly fuelled by the opening up of Third World markets. Multinational drug companies can spend more on advertising than Third World countries can spend on their health budgets, and they can exert significant pressures on multilateral regulators, such as the World Health Organization (Diskin, 1984: 615; Chetley and Bannenberg, 1986: 63).

advances in medicine. Nevertheless, the PMAC won the fight, and Bill C-22 (the patent extension legislation) passed the House in November 1987.⁷³

The high profits in the pharmaceutical industry are often justified on the basis that the pharmaceutical business is risky and requires extensive research and development to introduce new drugs. However, over half of the research and development money spent in Canada goes toward product development -- new dosage sizes and different formats for existing drugs (Lexchin, 1984: 101). And, a recent trend, at least in terms of research on anti-HIV drugs, is an increasing demand among pharmaceutical companies to be reimbursed for research costs during the experimental phases of drug development. Thus, they actually incur fewer risks and are compensated for their research costs whether or not a drug is approved. For example, during the Canadian trials for AZT, Burroughs Wellcome began to charge for the drug, even though it had not yet been approved for widespread use in the country.⁷⁴ The federal government agreed to the demand (under protest), and provincial governments began paying for the drug -- even though it was still being researched. (The cost was close to \$1,000 per month per patient.) The company argued that it had invested over \$3 million in the research trials in Canada, and it wanted

⁷³ There is some evidence that drug companies welcome doing their test research in countries like Canada, with good hospital and medical systems. In addition, the results will be accepted by US authorities. For example, aerosolized pentamidine from Fisons was studied in Canada, but the data was sent directly back to the home offices in the US. The Federal Centre for AIDS in no way participated with the study of pentamidine, and did not even know for sure where or who was doing the study (CBC, 1988: 3-5). This was one example of the increased research which drug companies promised to do in Canada after the passage of Bill C-22.

⁷⁴ AZT was approved (even without a conclusive study on its efficacy) faster than any other drug in recent US history. A two-year follow-up study was promised by the drug company, and it was released in a press conference in August 1989. However, it took nine months for it to be published in a medical journal. And, by that time, other studies had been done which challenged the findings of Burroughs Wellcome (Farber, 1989).

to begin recouping its costs (see Lexchin, 1988).⁷⁵ Later, the company reported a 31 percent rise in its pretax profit for the year 1987-88 (CDC AIDS Weekly, 1988). It totalled 221.2 million pounds, up significantly from the year before.

Given the market orientation of the pharmaceutical companies, it is possible that there is a very real contradiction between their pursuit of profits and their concern for drug safety and efficacy. Mechanic (1974) suggested that drug companies were less concerned about a drug that did not work than about a drug that did not sell. The choice of whether to issue a new drug (or to continue research on it) might have less to do with its need or safety than with the size of the potential market and the degree of present competition (B. James, 1977: 60).

One of the most disturbing aspects of the present pharmaceutical industry is its links with the medical profession. These links begin in medical school, when drug companies give students free gifts, including stethoscopes and other needed medical equipment (Shapiro, 1978). Since the advent of prescription drugs,

The purchasing decision was shifted from the patient to the doctor, and the doctor -- as decision maker -- became the customer, making it more effective to direct the marketing of drugs toward the medical profession than toward the actual consumer (Gordon and Fowler, 1981: 21-22).

The cost of this marketing was estimated, in 1981, at \$4,000 per physician per year (Goddard, 1981: 249). The marketing included: the use of "detail men" who attend medical conventions and make personal visits to doctors' offices -- there was one "detail

⁷⁵ Likewise, a US decision in 1987 permitted companies to charge for the use of experimental drugs. Essentially, this passed on research costs to those involved in the experiment (Harrison, 1987).

man" for every 13 physicians in Canada (Lexchin, 1984: 123); sending free samples of prescription drugs to doctors (sometimes under the guise of asking them to participate in clinical studies of a new drug); and advertising in medical journals.⁷⁶ In 1980, 75 percent of the revenue of the Canadian Medical Association Journal came from pharmaceutical advertising, and drug ads accounted for 45-60 percent of the total content of Canadian medical journals (cited in Lexchin, 1984: 129). In the end, drug companies spend almost four times as much money on advertising and promotion as on research and development (Salk et.al., 1984: 566).

There are also some explicit links between pharmaceutical companies and doctors' associations. The Medical Section of the PMAC is an affiliated society of the Canadian Medical Association (CMA). Dr. William Wigle held the post of President in both the PMAC and CMA (but not at the same time, although he had a seat on the CMA council while President of PMAC). The pharmaceutical companies help to sponsor Continuing Medical Education for doctors and the CMA has lobbied on behalf of PMAC.

It is doubtful that the power of the drug companies is likely to significantly erode. As P. Brown pointed out, medication is deeply entrenched within the economic and ideological functioning of the system (1984: 248). A decline in drug innovation or efficacy will not, by itself, reverse the current reliance on pharmaceuticals. This is not to suggest that drugs are useless and only exist due to the influence of drug companies. The issue is not to eliminate drugs, but to limit their usage to those which are effective.

⁷⁶ In some cases, pharmaceutical companies may sponsor an entire journal. For example, AIDS Research and Human Retroviruses, a peer-reviewed journal with the top AIDS scientists on its editorial board, is funded by Burroughs Wellcome.

Medical Research

In an article on the sociology of medical research, Fox claimed that it "applies logico-rational thought to phenomena that are related to health and illness" (1979: 485). This might represent some "ideal type" but it was misleadingly simple in at least two ways. First, there is the question of "Which phenomena? Which illness?" Not all diseases are researched with equal vigour, and "diseases affect different population groups classified by age, sex, race, and socioeconomic status" (Fein, 1977: 374; see also, Weisbrod, 1983: 13). Thus, the decision of funding one type of research over another becomes a political decision. Secondly, by appealing to "logico-rational thought," medical researchers underplay the extent to which their enterprise is informed by current medical ideology. Logico-rationality is purported to be above politics, above the motivation for profit and more valid than other forms of evidence (including the personal experience of disease). It would do well to take medical research out of the realm of "pure science" and reconsider it as an arena where decisions about what to study and how to study it are struggled over, using criteria that are often more political (and personal) than scientific.

The major funding source for biomedical research in Canada is the Medical Research Council (MRC), which provides the funds for about 50 percent of all biomedical research (MRC, 1987: 15). Established in 1969, the MRC is a federal agency, with the status of a research council. (Medical research had previously been funded by the National Research Council, which had started such research in 1938.)

In 1986-87, the budget for the MRC was \$167.9 million (Future Health, 1986: 3). (For

the same period, the budgets of the other two scientific research councils were: NSERC - \$324.1 million; SSHRC -- \$70 million.) Starting in 1987-88, the MRC attempted to increase its partnership with the private sector by the use of matching grants. As the council stated it:

The successful implementation of matching strategies could mean a much greater influence by the private sector over the future directions of research. Seeking the appropriate balance between directed and non-directed research and training will be a significant challenge for the Council in the years ahead (MRC, 1987: 18).

It is important to ask "what type of research will private organizations decide to fund, and will there be strings attached?" For example, will the private sector insist on research that can easily be commodified and marketed? This trend toward private sector contributions is projected to be quite accelerated. By the fiscal year 1990-91, the MRC was hoping for \$93.6 million of private money to accompany its \$161.4 million budget (Future Health, 1986: 3). Thus, rhetoric about increased funding for research actually refers to increased private sector involvement in research.

A second source of government research money is the Health Protection Program of the Department of Health and Welfare. The largest component of this program is food and drug testing, which is actually a service for corporations, as it can reduce their costs of testing and it adds credibility to their products. In 1987-88, the program planned to spend \$13 million on health surveillance (epidemiological studies) and \$22 million on environmental quality tests, from a total budget of over \$142 million (Health and Welfare Canada, 1987: 5.5). (The total Health and Welfare budget was over \$29 billion.) Thus, the amount of resources committed to projects that would fall into the category of

sociomedical research was much lower than the amount committed to the more scientific biomedical field.

Finally, one other important source of medical research is the semi-private organizations that fund research into specific diseases (e.g., cancer, heart disease, arthritis). For example, the Canadian Cancer Society funded over half of all research on cancer done in Canada (Spencer, 1985: 11). Such organizations need to continue to raise money from the public, and some have argued that this contributes to a public obsession with disease (c.f., Thomas, 1977: 43). Also, Carlson pointed out that these organizations may be controlled by persons who already have the disease (or who have relatives and friends with the disease), so there is an inherent bias toward funding "cure" research rather than "prevention" research (1975: 74).

In sum, most medical research supported by the state and other funding organizations emphasizes individual adjustment over social restructuring, cure over prevention and the primacy of technical, scientific expertise over the actions and experience of individuals. When more money is spent on curative rather than on preventative medicine, that implies (among other things) a particular view of the patient. The legitimacy of medical intervention is affirmed, even when that intervention shades into social control.

The State and the Healthcare Context

The Canadian state plays several roles in the country's healthcare system, some direct (such as providing money or compiling epidemiological statistics) and some indirect (such

as maintaining the market mechanism for pharmaceutical companies). The state funds medical research, the education of medical workers and scientists, the healthcare infrastructure, and also subsidizes the consumption of medical care through its support of health insurance plans. The state's "safety net" has the result of extending the health care market for the manufacturers of medical products and services. Such intervention in healthcare is inherently "political." For example, while the state may provide impoverished neighbourhoods with access to healthcare services, it may not allocate sufficient funds to deal with some of the root causes of disease in the area -- unemployment, poor nutrition and substandard housing (Labonté, 1985: 8).⁷⁷

The state is also involved in the regulation and licensing of certain sectors of medicine. The state approves pharmaceuticals, enforces the doctors' monopoly on the practice of medicine and also legitimizes the functioning of the market system and the rights of private ownership of the means of production (Navarro, 1976: 196). This is not to suggest that the state is an instrument of the pharmaceutical companies and the doctors. That would not suit their interests, as the state is more "effective" if it is perceived as an autonomous arbiter of power. As Held put it: "the state may act 'neutrally' while generating effects which are partial -- sustaining the privileges of those with property" (1984: 52).

The state exercises some power in its ability to define what is public (and subject to intervention) and what is private. For example, certain types of diseases are considered

⁷⁷ This is especially true in the case of some native communities. While the government has provided some funds for clinics, nothing has been forthcoming for improved sewage, water or housing.

to be of public concern. A doctor or coroner may be required by law to report all deaths that have (or may have) resulted from an infectious disease, gunshot wounds or drug abuse. In the case of infectious diseases, the state can require people to receive vaccinations (in Ontario, certain vaccinations are mandatory for young children), or it can enforce quarantine upon others (a form of house arrest). These measures, of course, require the active participation of the medical community. But it illustrates the way in which the state's designation of a condition as warranting public concern can be a form of social control.

The state, then, plays an important intermediate position in the healthcare industry. In addition, state interventions reaffirm its own legitimacy. Especially in times of epidemic disease, people will look to the state for response, and will allow authorities more power than usual. As long as the state can at least give off the perception of acting, then it can channel this concern and profit from its increased legitimacy (cf., Rosenkrantz, 1988; Slack, 1988).⁷⁸

Social Contributions to Disease and the Critical Contradictions

Disease is a result of a number of factors. A microbe may be a "cause" of physiological dysfunction, but its presence in one community and not another may be a result of social factors, and its ability to affect one person but not another may relate to individual

⁷⁸ The first major public health measures in Europe took place during plagues, and the controls necessary for the containment of plague required an extension of state bureaucracy and power (Slack, 1988).

considerations such as nutrition or even employment status. This section discusses several of these factors, including disease that is due to the medical system itself, living conditions, the environment and industrial society. There will also be some consideration of the increasing medicalization of society in light of the limited effectiveness of medicine. Finally, some important contradictions in critical views of medicine will be discussed.

Iatrogenic Disease. This refers to conditions that have been caused by the healthcare system itself. According to Illich, it is an inevitable outcome of the industrialization of medical care.

Iatrogenesis can be direct, when pain, sickness, and death result from medical care; or it can be indirect, when health policies reinforce an industrial organization which generates ill-health: it can be structural when medically sponsored behavior and delusion restrict the vital autonomy of people by undermining their competence in growing up, caring, aging; or when it nullifies the personal challenge arising from their pain, disability, and anguish (Illich, 1981: 432).

Although some iatrogenic disease is due to improper diagnoses or incompetent medical care, the more troubling cases involve the deleterious effects of accepted, normative health care. For example, unnecessary surgery, the over-utilization of medical tests and, the most common, adverse reactions to drug therapy. Lexchin cited a study (done in Toronto) which showed that drug reactions were responsible for 20 percent of hospital admissions for the elderly (1984: 159). While patient-induced diseases are often discussed (e.g., lung cancer from smoking, or high cholesterol levels from a high-fat diet), system-induced diseases receive little attention.

Living Conditions and Health. The medical industry likes to point to the decline in

mortality as a prime example of the important contribution of medicine. However, most of the decline has been due to improvements in sanitation and nutrition (Schnall and Kern, 1981: 103). In addition, the decline in mortality from infectious diseases had already begun to occur before the discovery of "cures" or vaccinations for them (McKinlay and McKinlay, 1981).

The public health movement has long recognized that medical intervention alone is not enough to assure a healthy population. Other changes need to be made, many of which may require political struggle. The emphasis in medicine on the individual diverts attention from the "manufacturers of illness" who pollute the environment and produce health-damaging commodities (which are actively promoted), and from a social structure that legitimates wide inequalities in wealth and income.

The public health movement was interested in using its insights into the social causes of disease to help eliminate unnecessary suffering. Although the movement was sometimes used as neo-colonialism's "trojan horse," especially in the Third World (c.f., E. Brown, 1976), its determination to implicate social conditions opened a space for other critiques of the medical system -- critiques which advocated major societal restructuring. While public health may be subservient to the dominant, individual-oriented medical system, there is persistent socio-medical research which continues to express the need for more consideration of the effects of living conditions. For example, in relation to the spread of AIDS in Africa, Kreiger pointed out that the struggle against the disease "is of necessity linked to the struggle against underdevelopment" (1987: 20). Thus, improvements in health may rely on political resolve at least as much as on scientific

capability.

Health and Industrial Society. The current industrial structure of North American society, which includes an adherence to a capitalist mode of production, can have effects on health. Schwalbe and Staples argued that "the capitalist labour process creates a harmful imbalance between individuals and their work" (1986: 589), and thus it was especially damaging to health. The capitalist imperatives toward an ever more efficient extraction of surplus value leads to increased routinization of work, increased work load and decreased control over one's work. The result is a loss of self-esteem and stress, both of which lead to further health problems.

According to Eyer, epidemics (and the death rate in general), peak along with each business cycle (1977B: 130). But unemployment can also have a deleterious effect on health. D'Arcy and Siddique (1985) studied the Canada Health Survey and found that the unemployed (regardless of their socioeconomic status) experienced proportionately greater global unhappiness, psychological distress, disability (both short and long term), anxiety and vulnerability to physical ailments (such as heart problems and high blood pressure) than employed persons. Kasl and Cobb also found that a worker's blood pressure rose at the announcement of a plant closing, and only returned to its previous level once she/he was integrated into a new job (cited in Eyer, 1977B: 631).

Societies undergoing industrial transformation can also experience changes in disease patterns. Nations undergoing capitalist economic development also experience a rise in cancer, ulcers, ischemic heart disease, and other diseases (Eyer, 1977A: 138). Also, the industrialization and development projects of parts of West Africa involved opening up

forests to logging and food production. This disrupted the existing balance of nature, created new mosquito breeding areas and resulted in the increased transmission of malaria (which had previously been under control) (Epstein and Packard, 1987: 12).

The significant issue behind these examples is that part of the causation of disease is a result of capitalist industrial society, from its effects on the environment to the manner in which it structures relationships in the workplace. However, medical intervention still focuses on individual solutions to disease, rather than fundamental social changes.⁷⁹

Medicalization and the Limited Effectiveness of Medicine. As the previous sections suggest, the effectiveness of medicine is limited, not only by inherent knowledge gaps, but also by environmental, social, political and economic factors. In the midst of this, the medical community claims to be responsible for the general rise in health, and continues to extend its control. This is not to suggest that patients do not receive benefits from medical intervention, but just that there are limits to what medicine can do.

In spite of medical advances, mortality from chronic diseases has remained very stable throughout this century. In 1970, "the life expectancy after age 15 for white males in England and the U.S. was approximately what it was in 1910" (Stark, 1977: 686). Cancer, probably the most feared disease in North America, does not appear to have been significantly slowed by the billions of dollars spent on cancer research and medical intervention for cancer patients (c.f., Spencer, 1984; Ku et.al., 1986). The highly-publicized ability to "beat" cancer reflects changes in diagnoses and definitions of cancer,

⁷⁹ For example, while stress is often a (dis)product of one's social environment, it is treated with drugs. Thus, underlying social causes of the illness are obscured and legitimated (Stark, 1977; McKinlay, 1981; Labonté, 1985).

not in any ability to stop it. The actual mortality levels from cancer have remained stable (except for stomach and uterine cancer which have decreased, and lung cancer which has increased).

In addition, the number of people who are contracting cancer has been rising about one percent per year (in Canada) since 1970. In the case of lung cancer among women, the rate has gone up about six percent per year, tripling since 1970 (Ku et.al., 1986: 49; Mao and Smith, 1983: 34). And, once diagnosed, the lung cancer mortality rates have not improved since the 1940s (Ottawa Citizen, 1987B: D2). Thus, there is a distinct difference between affecting the prevalence of disease and affecting the mortality associated with a disease.

In the midst of this evidence, there appears to be a contradictory process taking place -
- medicalization. This occurs when:

problems that were formerly social or family ones now become diseases for doctors to deal with; however, most of these problems cannot be solved on an individual basis (Lexchin, 1984: 16).

An ever-increasing variety of "problems" that are a normal part of everyday life become medical problems. Sexual problems (some medical practitioners include homosexuality in this category) become candidates for medical therapy, persons who are unhappy in their social relationships are given drug therapy to help them "cope" and people look to doctors to "cure" child abusers (c.f., Birke, 1984; Zola, 1981). As Waitzkin argued: "the medicalization of social problems aims toward individual adjustment and mutes potential resistance" (1984: 373). By medicalizing certain behaviours and conditions, that subjects

them to further medical scrutiny and, ultimately, control.⁸⁰

Contradictions in Medical Criticism

Within the critical analyses of the sociology of health and illness, there are several contradictions which merit discussion.⁸¹ This is not an attempt to fully answer them, but to point out the sometimes-ambiguous and always-conditional nature of developing proscriptions related to health. The contradictions are also in evidence around AIDS issues, as people grapple with how to respond to the disease.

(1) Simply put, this first contradiction could be stated as "modern medical practice is bad and furthermore, the poor don't get enough of it." In essence, this is a debate between the "inequality of distribution of medical goods and services" and the "inherent weaknesses of medical goods and services." Some critics decry current medical practice as ideological, dangerous and oppressive but at the same time argue that the disadvantaged do not get full access to it. If, indeed, medicine is "bad," then maybe lack of access to it is a benefit.

⁸⁰ This role of medicalization in controlling patients is especially pronounced in psychiatric medicine.

Beckman referred to the Diagnostic and Statistical Manual of Mental Disorders (published in the US, but used in Canada) as "essentially a compendium of values." The American Psychiatric Association, which has defined mental illness for over 150 years, once referred to such "diseases" as "drapetomania" -- a morbid compulsion to be free. This was seen among slaves who attempted to flee from their owners. The worst offenders were committed to mental institutions and then returned to their owners. Ironically, after the Emancipation Proclamation, the "disease" disappeared from the APA books (Beckman, 1989).

⁸¹ The term "contradiction" is used here in a Marxian sense, in that two conflicting forces or ideas can co-exist, always driving toward a resolution. In the exercise of power, one force can gain ascendancy, but its privilege is never fully assured.

If medicine bears the imprint of repressive social forces, then why argue for more of it? It is difficult to separate the therapeutic benefits from the ideology -- if, indeed, the connection is so close and so necessary.

A resolution would be to discriminate between those medical interventions that are necessary for a basic and healthy existence and those which are not. For example, nutritious food, clean water and adequate treatment of sewage may fit into the former category. But the difficulty is deciding which medical procedures are also "necessary."

In addition, if the ideology of conventional medical practice is present in every intervention, then both "necessary" and "unnecessary" procedures will legitimize the biases of medicine. This could be improved only by a change in the practice of health care delivery, and not by a change in the distribution of it.

While some critical scholars of health are certainly concerned about this contradiction, it is not well articulated in their writings. In terms of responses to AIDS, activists have often argued for improved access to health care for PWAs. What goes uncriticized are the everyday and enduring "effects" of legitimizing current health care practices and power relationships.⁸²

(2) Secondly, it is not clear that "medicalization" is always a negative process. For example, recent research on the biological sources of mental illness has argued against an older view of mental illness as an indicator of individual weakness or inability to

⁸² For example, for a long time the position of pharmaceutical companies in a capitalist market was ignored. What activists wanted was quicker release of drugs most of all, and secondly lower prices. When companies such as Burroughs Wellcome charged high prices for therapies, they were criticized for being "unethical" and taking advantage of their position in the marketplace. However, it was not recognized that the company was only acting according to the "rules" of a market that was otherwise considered one of the most "ethical" in the world.

"cope." Instead of seeing certain actions and mental states as an inherent indicator of character, they are "medicalized" and constructed as genetic/ hormonal/ chemical/ physical problems. This can actually remove stigmatization in some cases. For example, in relation to schizophrenia, the "blaming" is gone.⁸³ Or, recent alcohol research showing possible genetic factors playing a role in substance abuse suggests that habitual over-indulgence may not be related to individual "failure."

However, the difficulty is in separating biological sources from sociological sources of illness. It is in imputing that socially-produced disease has a biological origin that medicalization can extend its power, treat symptoms rather than causes and blind medical practitioners to the need for societal change.

(3) Thirdly, there is a major contradiction in discussions of the source or cause of certain disease. To simplify, there are two positions (which are more accurately to be envisioned as the polar ends of a continuum). One holds individuals to account for their own disease;⁸⁴ the other holds environmental or physical factors as primarily responsible. Neither position is totally positive or negative.

In the first position, while it may "blame" individuals for certain diseases (such as lung cancer, high blood pressure or STDs), it also introduces the significance of individual control over health. "Agency" is emphasized, thus empowering people to take positive

⁸³ However, Nelkin and Tancredi (1989) warn against this "remedicalization of psychiatry." For example, due to the increasing use of genetic screening, people found to be "at risk" of schizophrenia or depression may be discriminated against in employment. As they point out, the root of genetic research is eugenics, and they share some common assumptions and goals.

⁸⁴ An extreme example of this position was contained in an article in a New Age - Positive Thinking magazine: "All death by disease is suicide. Disease is man-made. Disease results from man's flagrant infringement of nature's inexorable laws that govern life and health" (Tone, 1990).

actions.

The second position, that disease "happens" to people and the causes are beyond individual manipulation, cannot then hold people responsible for their own health. However, it also numbs people to the power they have over their own bodies. In some sort of middle ground, one would like to emancipate and empower people, but still not blame them for "indiscretions." We make our own health, it is true, but not always under conditions of our own choosing.

A basic assumption of public health (and of all current medical practice) is that human arrangements and activities affect the transmission of disease. Without this, public health actions would simply be rituals, with only the inherent benefits that accrue to any ritual activity.

At the crux of this problem is the assumption that actions and behaviours are malleable. Activities like smoking, eating high-fat foods and engaging in sexual intercourse can be extremely resistant to change. If any of these result in disease, or the transmission of disease, then the potential of "blaming" the patient exists.

This holding of the individual responsible (or "culpable") has become a part of the discourse on cancer. A recent Canadian Cancer Society pamphlet asked "Lifestyle need a bit of a change? Gain control of your body, mind and spirit." Laurie stated that

The most striking thing about cancer prevention and research in Western countries is the tendency to single out individual habits (Laurie, 1989).⁸⁵

⁸⁵ At the same time, only 17 percent of the Canadian Cancer Society's budget is spent on public education and prevention.

And Swift noted the development of a new approach to cancer which sees the disease as a physical manifestation of psychological pressures and stresses which are inappropriately handled. This view of a "cancer personality" is only a "'new age' variant of the blame-the-victim philosophy" (Swift, 1989: 4).⁸⁶

In the end, the difficult public health problem is to educate people about the "risks" related to specific activities at the same time as it avoids punishing people for not making the changes requested.

4) Finally, there is a contradiction which has arisen especially with regard to AIDS. It relates to the role of the state in health care. Some activists saw the state's proper role to be at the forefront of AIDS prevention. Whereas, others were very suspicious of the state's actions, and argued for a community-based response. (Albeit, usually funded by the state.) And, when the state did not act quickly enough, it came under criticism.⁸⁷ For example, AIDS Action Now! mounted a campaign called "the Pentamidine Project" which involved both lobbying the Canadian government for the release of aerosolized pentamidine as well as procuring it (illegally) for PWAs. However, other AIDS activists were critical of states if they acted too quickly and approved drugs without due study. For example, McGrath and Sutcliffe (1986) criticized fast-track drug approval as being beneficial to the pharmaceutical companies only. Thus, the state could be criticized for

⁸⁶ Sontag believed that the "blame the victim" approach was a result of the late 19th century idea that a disease "expresses character" (Sontag, 1977: 43).

⁸⁷ In Canada, there was evidence that drug approval time had actually increased after AIDS. In 1984-85, the average time for new drug submissions to be cleared was 555 days. In 1985-86, it was 735 days (Wheeler, 1988).

either being too fast or too slow.⁸⁸

Conclusions

Are we advocating the modification of behavior for the exclusive purpose of improving health status, or are we using the question of health as a means of obtaining some kind of moral uniformity through the abolition of disapproved behaviors? (McKinlay, 1981: 622).

Medical interventions may leave residues that have nothing to do with the relative health of the physical body. These could be considered to be ideological effects of medical practice. Such effects include: an uncritical view of science and technology in medicine, a tendency toward the commodification of health, attributing the causes of disease as being specific and biological (rather than multi-factorial and environmental), and considering cures to involve individual adjustment. The ideology is not a set of beliefs, but a way of "living out" a relationship to one's own body and to the medical industry. It is disseminated in medical literature, through the media and during doctor-patient interviews. But, as Waitzkin argued:

There are no heroes or villains here. It is doubtful that these processes [of ideological transfer] reach conscious awareness. They occur in a caring relationship, where the professional's concern for his client's well-being is beyond

⁸⁸ The history of AZT illustrates this as well. At first, activists welcomed the early release of the drug. However, once it was realized that the benefits were limited, the drug, as well as the approval process, came under criticism. In mid-1990, ACT UP placed posters around New York which criticized AZT and the government's record. The text included: "Is AZT the last, best hope for people with AIDS, or is it a short-cut to the killing Burroughs Wellcome is making in the AIDS marketplace? Scores of drugs languish in government pipelines, while fortunes are made on this monopoly. Is this health care or wealth care?" (cited in Farber, 1990: 71).

dispute (1984: 373).

Although very critical of the way in which doctors interacted with their patients, Waitzkin (a physician himself), recognized that doctors were socialized into accepting medical ideology and might have difficulty seeing beyond it to the larger context of the disease (Waitzkin, and Britt, 1989). To claim that medical personnel participate in the dissemination of medical ideology is not to hold them responsible for its creation.

The medical industry does not operate in isolation from the rest of society. For example, most of what people know about disease and various health options comes from the media (Costello, 1977; Freimuth et.al., 1984). This includes both news and public affairs content and dramatic presentations.⁸⁹

But medicine does maintain a privileged role in dealing with disease. All of the players in the medical field (doctors, patients, drug companies, medical research, the state, the environment, living conditions) can be seen to be in some ways both contributors to disease and responsible for its amelioration. However, the most profound effect of modern medicine is its obscuring of the social causes of disease. This serves dominant interests in that: it is becoming increasingly obvious that industrial society is responsible for some modern health problems (especially cancer- and stress-related diseases); however, industrial capitalist society is not implicated. The burden for cure and prevention is laid upon either the medical complex (itself a major industry) or on individuals. Therefore, a cost of industry (the disproduct that it produces) is transferred

⁸⁹ The importance of the portrayal of medicine in entertainment programming was illustrated by the formation (in 1955) of the Physician's Advisory Committee on T.V., Radio, and Motion Pictures, based in the US. This committee, staffed by medical personnel, checked scripts and advised on technological errors (Liebmann-Smith and Rosen, 1978: 90).

to the state and, at least indirectly, to individuals. Not only is the cost transferred, but also the blame. Medical interventions occur at the individual level and promote personal adjustments rather than social restructuring.

At the same time as the net benefit of the healthcare industry is being questioned, it is extending its influence over a larger proportion of social life. While living conditions and the environment may be responsible for much disease, and the body's natural homeostasis responsible for much healing, the implications of this are generally ignored.

In sum, this is the medical terrain onto which AIDS was mapped: patients, doctors, the state and pharmaceutical companies occupied a particular a set of power relationships; research emphasized the role of HIV, and downplayed the possibility of other co-factors or even multi-causality; there was a bias toward the discovery of a cure, even when prevention was recognized as a more immediate and practical solution; people with AIDS were suspected of being at least somewhat culpable for their illness; and, the experiences of PWAs were not considered as legitimate forms of knowledge or, in some cases, as evidence (test results were seen as more reliable). Given this background, the resulting construction of AIDS and treatment of PWAs can be theorized as an outgrowth of the context of modern medical practice and the discourse of modern medical knowledge.

SEXUALITY Chapter Four

One of the fundamental "facts" about AIDS is the nature of its transmission. Any disease that can be contracted through sexual intercourse is doubly stigmatized in Canadian society.⁹⁰ It is not only a physical "deviance," but it is also taken to be evidence of a "moral" deviance. Thus, any analysis of AIDS which does not take sexuality into account will miss some of the important connections between the construction of the disease and the effects of the prevailing social context.

This chapter provides some background material on sexuality, including a brief historical overview of the sexual (and homosexual) traditions which Canada has inherited. In addition, the chapter discusses the gay and lesbian community and how AIDS has represented a challenge to both its continued existence and to its "legitimacy."

The Politics of Sexuality

Sexuality must not be described as a stubborn drive, by nature alien and of necessity disobedient to a power which exhausts itself trying to subdue it and often fails to control it entirely. It appears rather as an especially dense transfer point for relations of power: between men and women, young people and old people, parents and offspring, teachers and students, priests and laity, an administration and a population (Foucault, 1980: 103).

It has become a part of the litany of critical work on sexuality to begin with the

⁹⁰ However, "innocuous" afflictions such as the flu and the common cold can also be transmitted during sexual activity.

2

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

assertion that issues around sexuality are ostensibly political issues. This refers to both state-level power relations and individual-level (or personal) power relations. Altman (1982) argued that all states interfered with, and attempted to organize, the sexual lives of their citizens. And, as the later discussion shows, non-heterosexual sexualities come under especially active state policing.⁹¹

On the personal level, one of the cornerstones of the feminist movement was that the oppression of women was related to the construction of sexuality.⁹² Questions of sexual identity, the mapping of pleasure onto sites of the body, and the nature of consent and choice were theorized as political problems, not simply individual proclivities.

This active "politicization" of sexual issues has also been a prominent feature of the modern lesbian and gay movements (cf. Weeks, 1985; Bronski, 1984). For, to argue in favour of an expanded and plural vision of sexualities, is also to argue in favour of a more tolerant social and political consensus (Weeks, 1989).⁹³ In addition, the creation of lesbian and gay organizations required a significant amount of political action.⁹⁴

⁹¹ The very process of "coming out" is also a political act. Escoffier (1985) compared it to Gramsci's discussion of "catharsis," whereby an external structure (heterosexism in this case) is no longer able to exert the same coercive power on an individual.

⁹² I speak here of the feminist movement as opposed to the "sexual liberation" movement. The latter was generally a period of increased access to sex (and then mostly for men), rather than a liberation from oppressive and hierarchical sexuality. As Jackson wrote, the sexual "revolution" was "a means of increasing and legitimating male right of sexual access to women" (M. Jackson, 1987: 52).

⁹³ There is, of course, significant resistance to this broadening of the consensus, both from segments of the right (new and old) and segments of the left (who continue to stress class and other economic issues).

⁹⁴ These organizations had different emphases, depending on the national context. For example, the relatively strong gay and lesbian movement in the United States is generally organized along the lines of an interest group, rather than a liberation movement (Escoffier, 1985). Weeks (1987) argued that this was due to the lack of a class politics in that country.

This is not to deny the physical and biological properties of sexual activity, but just to emphasize the historical construction of what becomes defined as "sexuality." (The term "sexuality" is itself an invention of the 19th century.) At least since Freud, desire has been theorized as being elastic, rather than permanently fixed by biology. As Weeks stated it, "I prefer to see in biology a set of potentialities which are transformed and given meaning only in social relationships" (Weeks, 1986: 25). Sex has existed throughout history, but its expression and the discourses around it are historically specific.

The naive assertion that sexuality is simply a transparent expression of human "nature" also obscures both the relations of power contained in sexual exchange and the possibility for modification. For example, Margaret Jackson (1987) argued that male sexual urges were not "natural," but were linked to the patriarchal exercise of power. As such, they could be critiqued and even replaced by other social arrangements (after considerable labour). But Foucault argued that one could not evade the effects of power by rejecting "sexuality" and embracing "sex." One could not be conceived as "natural" and "real" and the other as "illusion." The two had been inextricably bound (Foucault, 1980: 157).

Finally, the construction of sexuality can differ, depending on national economic circumstances. Weeks theorized about the effects of capitalism on sexuality in Western societies. He argued that there was a general commodification of sexuality and of pleasure itself (Weeks, 1985). Fantasies became fetishized and commoditized and the orgasm became a site of market exchange.

Western Sexual Discourses

If sexuality were a fixed essence of homo sapiens, then there would be no "history" of sexuality. However, this is not the case. There is both a history of "sex" and of discourses on sex -- what is referred to here as "sexuality." This project focusses on the latter -- the ways in which sexuality is constructed and spoken about, or not spoken about.

Briefly, it is suggested that there have been three key "moments" (or periods of transition) in the history of Western sexual discourses. Greek and Roman texts referred to sex, but the topics of concern were more related to questions of excess, over-indulgence, active versus passive roles and the preservation of honour than with who one had sex with or what specific acts were involved.

Then, during the first century AD, a new austerity and a disapproval of sex for the sole sake of pleasure began to be expressed. While Foucault located the source of this change in the slow ascendance of Christianity, others have pointed out the many pagan antecedents to ascetic ideals (cf. Lloyd, 1986). So, the move was a more general transition, reflecting wide societal patterns.

A second key moment had even more to do with Christianity. During the 12th and 13th centuries, the established Church's model of Christian marriage finally triumphed as the sole legitimated model for the construction of families. As a result, Church prohibitions related to extra-marital and same-sex relations were enforced by civil authorities (Weeks, 1986: 32). What were originally moral and religious proscriptions became civil crimes.

Vestiges of this remain in some Western jurisdictions.⁹⁵

The third important moment in Western sexual history occurred during the 18th and 19th centuries. During this period, a variety of new discourses about sexuality developed, each of which used new forms of knowledge (medical, scientific, psychological, educational) to regulate sexual life. This marked a secularization in the obsession over sex. The baton of sexual regulation was passed from the Church to the medical and psychological professions. (Of course, the Church still remains concerned about sexuality, but it is no longer the primary source of authority on sexual issues for most people.)

At one time, this latter period of transition was theorized as a time of sexual repression. (The term "Victorian," referring to the time of Queen Victoria's reign, is used as a metaphor for a prudish silence on sexuality.) However, as Foucault (1980) noted, sexuality was a constant referent during this period. The more states and institutions attempted to investigate and regulate, the more sexuality was set into discourse and the more it became a regular preoccupation of citizens.

In a recent work on Victorian sexuality, Nead provided an important amendment to this thesis. She argued that the increasing discourse on sexuality during this time was primarily preoccupied with women's sexuality. The moral condition of the nation was considered to derive from the sexual standards of its women (Nead, 1988: 92). Thus, their sexuality was more vociferously observed and regulated than that of men.⁹⁶ Nead

⁹⁵ For example, over half of all states in the United States still outlaw certain homosexual activities, such as anal intercourse, even among consenting adults. And the age of consent for homosexual activity is still higher than the age of consent for heterosexual activity in many countries.

⁹⁶ Nead felt that, in general, Foucault did not distinguish between the differential experience of men and women in relation to the discourse on sexuality.

suggested that this was due to the belief that men's sexuality was a "natural" drive which could not be controlled, whereas women were not "naturally" interested in sex. And, those women who showed an interest ran the risk of being characterized as "whores."

This is part of a modern theme in sexual regulation -- that male heterosexuality is both the norm and the goal, so it does not need to be observed or regulated. It may run "out of control" at times (during war, for example), but this is not cause for major concern. (Instead of restricting the mobility of soldiers, states may restrict the mobility of prostitutes as if the latter were the source of the sexual desires of men. As with other uses of supply-side economics, this is not generally successful.) What is regulated is that which threatens the hegemony of male heterosexuality -- homosexuality and expressions of female sexuality that are autonomous from patriarchal control.

Another artifact of this third moment of Western sexual history was the rise of "sexology." This branch of knowledge, which first appeared in the second half of the 19th century, gained its legitimacy from the discourses of medicine and law. The discipline was first concerned with scientific definitions rather than sexual therapeutics (Bejin, 1985A). But by the 1920s, sexology had become more concerned with sexual dysfunctions and, especially after Reich's work, the orgasm emerged as the primary "problem" of sexology. The goal of sexology was to develop therapeutic methods to help people achieve "normal" sexual functioning. Thus, while sexologists did not refer to "deviance" in moral terms, there was nevertheless a bias toward a normative vision of sexuality which was consonant with dominant interests (Weeks, 1987: 36). And the body of "findings" in sexology represented a codification of a set of assumptions about sex.

For example, sexology contains a very male-centred view of sexuality.⁹⁷ The penis is seen as the primary source of sexual pleasure -- for both sexes (M. Jackson, 1987: 73).⁹⁸ And predominant images of sexuality involve such metaphors as "uncontrollable forces," "volcanoes" and "drives." This has been called a "hydraulic" view of sex, which rejects the possibility of gendered differences in sexual experience. Thus, sexology (at least in its effects) runs counter to the feminist movement by appealing to "natural" forces and de-politicizing the social construction of sexuality.

Certainly there are individuals who have been helped by sexology. Some have found new sources of pleasure and overcome debilitating inhibitions. But the "democratization" of sexology has also resulted in an increase in state intervention (Bejin, 1985B). As sexual functioning (operationalized in the orgasm) becomes a legitimate aspect of health surveillance, medical discourses claim more of the individual and bring more of her/his "secrets" into the light of public view. Following Foucault, as soon as sex becomes a field of knowledge, then it also becomes a site for the exercise of power.

In addition, the "findings" of sexology have, in some cases, positively affected the discourse on sexuality. For example, Alfred Kinsey's findings challenged some of the previous assumptions about sexual behaviour. His studies (performed in the United

⁹⁷ For example, Havelock Ellis (an early sexologist) argued that the "function of female resistance [to sex] is to increase male arousal" (M. Jackson, 1987: 57). This provided a justification for male violence against women. And Weeks noted that "Lesbianism has been particularly problematic for theorists of sex precisely because it was an autonomously female sexuality in which men played no part" (Weeks, 1986: 47).

⁹⁸ In March 1989, Rites published a cover story on "female ejaculation." The story included step-by-step instructions (with photos) on how women could "achieve" ejaculation. Ironically, the cover referred to this as "taking the sexual revolution one step further." Alternately, the article could be seen as another example of making female sexuality conform to a male sexual model.

States) showed that male-male sexual activity was much more common than expected. He found that 37 percent of men had had some overt sexual interaction (to the point of orgasm) with other men and 13 percent had reacted erotically to other men, but without overt sexual contact (cited in Morin, 1977: 630). Such data was treated as almost scandalous when it was released in 1948. However, it opened a space for discussion as it showed that sexual practice was remarkably variable.⁹⁹ And one of the subtexts of Kinsey's work was tolerance and sympathetic acceptance, as he doubted people's ability to modify their sexual behaviours (Escoffier, 1985: 124).

In addition to being a more prominent feature of common discourse, sexuality has also been a site of various social panics and a generalized social anxiety. In the early Christian period, a panic over bodily pleasure developed which even affected marital relationships. As St. Jerome claimed:

The wise man loves his wife prudently, not passionately...
Nothing is so vile as to love one's wife as if she were a
mistress... Men should come before their wives not as
lovers, but as husbands (cited in Flandrin, 1985: 122).

Part of the panic of sex was over "losing" oneself in pleasures of the "flesh," not just in whether one was engaging in "authorized" sexual unions and practices.¹⁰⁰

This might relate to the (still common) male fear of the inordinate expenditure required

⁹⁹ However, Kinsey was not interested in social contexts or even sexual identities. He simply did quantitative studies of orgasms, outlets and orifices. The question of why people chose different sexual expressions was not relevant.

¹⁰⁰ As Foucault argued, the Church not only examined sexual acts, but also shifted to an examination of desires themselves through the site of the confessional (1980: 19). However, the model for this was clearly specified in the New Testament, where it was stated that committing adultery in the mind was the same (in God's eyes) as committing it in the flesh (Matthew 5:27-28).

for sexual activity. The loss of semen was associated with a loss of life force (Lloyd, 1986: 28). The English referred to "coming" or "spending" in relation to male orgasm, and the French used the term "le petit mort" (the little death). This was not only a Christian association. The eighth house of the zodiac and the sign of Scorpio "correspond both to the transformative power of sexuality and to transformation through death" (Alcorn, 1988: 69). And some sports coaches argue that their players should refrain from sexual activity before games. For example, the Italian soccer team was to remain celibate for several months before their tournament games in the 1990 World Cup. (Nevertheless, they lost to a team without the same restrictions.)

There was also the issue of the outcome of the sexual union. Foucault (1980) maintained that some prohibitions on sexual activity resulted from the fact that such activity "frustrated" the possibility of conception. (Masturbation and anal intercourse would be examples of such "frustration.") When birth control became a public issue in the 19th century, its supporters were characterized as advocates of atheism and depravity. Even the medical discourse spoke against contraception. For example, an 1869 editorial in the medical journal, the Lancet, stated:

A woman on whom her husband practices what is euphemistically called 'preventive copulation', is, in the first place, necessarily brought into the condition of mind of a prostitute.... As regards the male, the practice, in its actual character and in its remote effects, is in no way distinguishable from masturbation (cited in Nead, 1988: 21).

It is important to note that prostitution and masturbation were the 19th century definitions of female and male perversity, so this argument used these metaphors purposefully.

Another source of panic, especially evident since the 1800s, was related to the sexuality

of children. This became a public and a juridicial problem with the rise in discourses of control and the juvenile court system. It included not only the sexual expressions of people under the age of "consent" (a juridicially-determined age), but also the problem of adult sexual attention toward children, or paedophilia. The latter has often been linked with male homosexuality, even though it is primarily a problem among heterosexual men (Richards, 1988: 505). Thus, the panic blames the wrong people, at the same time as it legitimates and obscures the power relationships that lead to child abuse (B. Adam, 1987: 153). Anita Bryant's anti-homosexual campaign in the late 1970s was called "Save Our Children, Inc." Therefore, a general anxiety about paedophilia is projected onto homosexuality, compounding its stigma.¹⁰¹

A further panic relates to the link between sex and disease. This link is often maintained with respect to prostitution and the spread of venereal disease. Despite its long history, prostitution became a special site of concern in the 19th century when it began to be studied as a sociological and medical problem. However, it was not believed that prostitution could be eliminated -- only controlled. And it was the role of the state to be involved in such regulation. This approach was outlined by Parent-Duchatelet, a French doctor who was interested in public hygiene and made special studies of both prostitution and the Paris sewer systems. (Both were considered to be channels for draining human waste). His writings set the context for further analyses of prostitution. He wrote:

¹⁰¹ The fear (in the New Right discourse) about the breakup of the traditional family is also, in part, displaced onto homosexuals -- along with feminists and others on the margins of conservative acceptability.

Prostitutes are as inevitable in an agglomeration of men as sewers, cesspits and garbage dumps; civil authority should conduct itself in the same manner in regard to the one as to the other: its duty is to survey them, to attenuate by every possible means the detriments inherent to them, and for that purpose to hide them, to relegate them to the most obscure corners, in a word to render their presence as inconspicuous as possible (cited in Bernheimer, 1987: 78).

This quote still provides a scent of recognition as its grudging acceptance of prostitution represents the current policy approach in Canada. (Prostitution is not itself illegal, but soliciting for the purposes of prostitution is illegal. Thus, the sex trade is forced out of the public gaze and into the "obscure corners" of society.) In addition, the "nature" of men's sexual urges is presented as beyond control. Thus, the locus of regulation must be with sex trade workers, as their clients are not consciously responsible for their actions. And the link between prostitution and disease is made explicit, even though the evidence for this has never been convincing.¹⁰² Overstating the connection between prostitution and venereal disease has been a consistent medical myth used in moral purity campaigns (cf. Nead, 1988). It also illustrates the tendency to construct "deviant" sexuality as being disease-prone.

This tendency is also evident in the treatment of homosexuality which, at least in North America, was first discussed as a "problem" in medical discourse (Escoffier, 1985: 135). Same-sex erotic attraction was seen as a disease in itself -- a pathological intervention

¹⁰² For example, when prostitutes in the United States were incarcerated during World War I, the rates of venereal disease did not drop. And there is very little evidence that sex trade workers are actually responsible for the transmission of HIV. Most prostitutes with HIV contracted it through sharing infected needles. One reason for this lack of disease transmission is the widespread use of prophylactics which prevent both pregnancy and disease. Professional sex workers are more likely to use such protection than the rest of the sexually active population.

with nature that required modification or at least repression.¹⁰³

Even after the gradual (and only partial) reformulation of homosexuality as a "normal" sexual variant, the link between disease and homosexuality has been maintained. Especially after the emergence of AIDS, certain discourses began to suggest that, while homosexuality was not a disease itself, it caused disease (Altman, 1984; Weeks, 1985).¹⁰⁴ This resulted in an increased fear of homosexuals, due to a concern over contracting HIV. A 1988 Maclean's/ Decima poll showed that many people who would reject a homosexual teacher or doctor cited AIDS as a reason for their actions (Underwood, 1989: 22). An outcome of this conflation is that some call for the eradication of homosexuality, rather than the eradication of AIDS (Poirier, 1988).

Thus, the panic over AIDS in Canada relates to the expression of prohibited (homo)sexuality and the transmission of a serious illness. This results in a powerful distillation of fear which both repulses and attracts. For, as the history of the Victorian period shows, that which is regulated and repressed invariably emerges as a primary fascination in a variety of discourses.

¹⁰³ Even within sociological academic research, which purports to bring a critical understanding to social issues, homosexuality is constructed as "deviant." For example, B. Adam (1986) showed that sociology texts either ignored homosexuality or discussed it under "deviance." The roots of homophobic oppression were not probed in the texts.

¹⁰⁴ Patrick Buchanan, who later became an assistant to US President Reagan, stated in 1983: "the poor homosexuals, they have declared war upon nature, and now nature is exacting an awful retribution" (cited in Weeks, 1985: 48). Here Buchanan used AIDS as a metaphor to illustrate what he considered to be the "truth" about homosexuality (cf. Seidman, 1988: 192).

Homosexualities

Today it is not clear what homosexuality is: an orientation or a preference, a social role or a way of life, a potentiality in all of us or a minority experience (Weeks, 1985: 195).

The medical view of homosexuality as deviant (or even pathological) affects the treatment of PWAs. When a party suffers due to oppression from another, even a third party may see it as a sign of guilt on the part of the one suffering (B. Adam, 1978: 72). Thus, the marking of PWAs as deviant or deserving may have effects on people who are not involved in the labelling process. A part of the designation sticks.

The general lack of understanding about gay lifestyles and desires affects AIDS research. Here a pre-existing discourse structures the current response. The position of homosexuality within dominant discourse affects the characterization of PWAs. The link between disease and deviance is made manifest at the same time as the distinction between the two is downplayed. Thus, the widespread use of such "risk groups" as "homosexual men" takes on an epidemiological meaning. Identity, rather than activity, becomes the diagnostic marker. The excision and isolation of a community becomes a solution. And the media reproduces this web of logics and silences.

As the title of this section suggests, it is difficult to theorize one, unitary practice and identity as constituting homosexuality. To do so would fall into the binary trap of considering designations such as male-female and hetero-homo to be direct opposites. (Or, as is more common, to see one as simply a "lack" of the attributes of the other.) In the same way, heterosexuality is a diverse variable. It is often assumed that heterosexuals cannot correctly be considered to be unified by their sexual object choice. However, this

is not the case for homosexuals, who are often both defined and identified by their sexual object choice as if that were the most significant unifying principle in their existence. The diversity of the gay and lesbian "community" is thus ignored.¹⁰⁵

In this project, the term "gay community" or "gay and lesbian community" is used extensively. This is used to refer to that network of businesses, periodicals, organizations and individuals who explicitly self-identify as homosexual in orientation and who actively promote what are defined as homosexual "interests" (e.g., anti-discrimination legislation, pension rights, freedom from harassment). In this sense, it is a community, albeit a diverse one.

This section consists of a brief sketch of some recent history of the community, a discussion of theoretical questions around homosexuality and a consideration of the relationship between lesbians and gays.

Currently, the word "homosexual" is used as both a noun and an adjective.¹⁰⁶

¹⁰⁵ An interesting illustration of the diversity of the gay community is provided by an anecdote from the history of the Body Politic. In February 1985, it published a personal ad in its classified section which read: "Black male wanted. Handsome, successful, GWM [gay white male] would like young, well-built BM [black male] for houseboy. Ideal for student or young businessman. Some travelling and affection required. Reply with letter, photo, phone to...." The 31 words of the ad provoked widespread response, several public meetings with the editorial collective and an eventual change in the paper's classified ad policy. Some of the editors supported the ad, claiming that they did not wish to censor anyone's sexuality: "sexual fantasy and desire is just there, like quasars or protons... it is not there to be morally evaluated and either glorified or condemned." Critics asked whether gay liberation was about "liberation" or just sex and fantasy? Letter writers made points such as: "to champion the cause of uninhibited desire without addressing the impact of racism and sexism in the sexual arena is to call for the entrenchment of white male privilege" and "when your liberation oppresses my life, it ain't no liberation." Rites also criticized the sexual libertarianism of the Body Politic as being insensitive to racism and sexism. In sum, the entire discussion reaffirmed the tentative and variable nature of "consensus" within the gay community.

¹⁰⁶ The term "homosexual" was coined by a Hungarian doctor, Karoly Benkert, in 1869. It came into common usage in the 1880s and 1890s. Before this time, other words were used, such as "sodomite," "Molly," "invert," "catemite," "faggot" or "queer." Some of these words have remained

However, its usage as a noun is rather recent. In relation to this evolution, Foucault wrote:

The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology.... the sodomite had been a temporary aberration; the homosexual was now a species (Foucault, 1980: 43).

The first modern gay organization was formed in Berlin in May 1897. It was called the Scientific-Humanitarian Committee, and was a leading voice for homosexual rights until it was suppressed by the Nazis in 1933 (B. Adam, 1987: 17). In fact, for the first 30 years of this century, Germany had the most active homosexual rights groups. The rise of the National Socialists marked the end of this progression, and lesbian and gay people were sent to concentration camps along with other "subversives" and "undesirables" such as Jews, Gypsies and Communists.¹⁰⁷ However, the German activity laid the groundwork for the later homosexual rights movement in the United States. The medical and scientific discourses on homosexuality as "sickness" or "arrested development"¹⁰⁸ had been challenged and the theological discourse on homosexuality as "sin" had been discarded

in usage as pejorative terms. The same terms may also be used, to an opposite effect, in camp humour.

¹⁰⁷ When the Allied Forces liberated the German concentration camps, some of those wearing pink triangles (homosexuals) were transferred to military detention camps on the basis that they were true "criminals" (Patton, 1988: 100).

¹⁰⁸ For example, Freud (at least at one time in his career) held that homosexuality was "a variation of the sexual function produced by a certain arrest of the sexual development" (cited in Weeks, 1985: 155).

as obsolete in a secular society.

In a rather ironic twist, the massive military mobilization for the second world war actually served as a catalyst for a gay and lesbian awakening, at least in the United States (Berube, 1983). It was a time when large groups of young people were brought together, freed from familiar surroundings and engaged in the joint processes of fighting a war and becoming adults. What made this ironic was that the military discharged homosexuals (and still does) on the sole basis of their sexual preference.¹⁰⁹ So, in the midst of the construction of a social machinery to identify and isolate homosexuals, links were being made and a pride was building which would later work to discredit these very techniques.

Shortly after the war, Kinsey released his studies which showed same-sex activity to be much more commonplace than previously believed. Then, in the 1950s, a number of homophile organizations were formed -- the Mattachine Society¹¹⁰ and the Daughters of Bilitis.¹¹¹ Mattachine began as an activist organization, but it soon adopted a more apolitical public profile. At its first convention in 1953, its more active founders stepped down in favour of a more accommodationist stance.¹¹² As a result, it called for a low-profile integration of gays into "straight" society. As a statement from the Mattachine

¹⁰⁹ This is true in Canada as well, where "active" homosexuals are discharged and "known" homosexuals will not be accepted into the service (Corelli, 1988).

¹¹⁰ Formed in 1951, the name referred to the medieval Italian court jester who expressed unpopular truths from behind a mask (B. Adam, 1987: 62).

¹¹¹ The name refers to a series of poems on a lesbian theme, written by Pierre Louys. The group began in 1955.

¹¹² It even adopted an anticommunist position (B. Adams, 1987: 63). This was unusual, especially since the anti-communist movement had labelled homosexuals as "anti-American." In addition, some of the society's founders had been in the Communist Party and Mattachine had itself been modelled after the Party, with a centralized leadership and a hierarchy of cells (Escoffier, 1985: 126).

Review put it, "The Society will not tolerate use of itself or its name for any subversive political activity or reprehensible conduct" (cited in Bronski, 1984: 81). In this formulation, while the inequality of the straight society was recognized, it was not criticized. Gays and lesbians were to keep their sexual orientation as a hidden part of themselves.¹¹³

In Canada, a number of gay and lesbian groups formed during the 1960s, but they tended to be municipal or regional in scope, rather than national. In 1964, the Association for Social Knowledge (ASK) was set up in Vancouver. Its founders had been influenced by the Mattachine Society, however it included a balance of both gays and lesbians which was unusual for homophile organizations of that time. The group's statement of purpose included: "To seriously confront Canadian society with the fact of its homosexual minority and challenge Canadians to treat homosexuals with justice and respect" (cited in Kinsman, 1987: 148). ASK published a newsletter on a sporadic basis, and opened the first gay and lesbian community centre in Canada. However, the group disbanded in 1969.¹¹⁴

One of the most important moments of the modern North American lesbian and gay

¹¹³ B. Adam (1979) claimed that there had been a renewal of the homophile movement, especially among the upper-middle class, in the late 1970s. In order to fully participate in all of the advantages of their class and gender, some gays had called for the movement to "clean up" and "act respectable." This was even before the advent of AIDS, which has further strengthened the rush back into the closet on the part of some elements of the gay community.

¹¹⁴ ASK was not the only 1960s-era gay and lesbian group in Canada, but it was the most active. For example, an Ottawa-based group called the Canadian Council on Religion and the Homosexual was formed in 1965 to directly question the positions of both the state and the church on homosexuality. However, the organization largely represented the work of only two men: Gary Nichols (who also formed the Committee on Social Hygiene, in Stittsville) and Bruce Somers (the first president of ASK).

movement was the Stonewall rebellion. On June 28, 1969, a small Greenwich Village gay bar was raided by the police -- one of many that had been raided that year. (A mayoral campaign was under way at the time.) However, this time gays and lesbians fought back against the police. It marked the rejection of the homophile movement and the start of the more current "pride-based" type of visible community (B. Adam, 1979).

One direct result of this resistance was the formation of the Gay Liberation Front (GLF). The first statement from GLF illustrated the new sense of activism:

Gay Liberation is a revolutionary group of homosexual women and men formed with the realization that complete sexual liberation for all people cannot come about unless existing social institutions are abolished. We reject society's attempt to impose sexual roles and definitions of our nature. We are stepping outside these roles and simplistic myths. We are going to be who we are. At the same time, we are creating new social forms and relations, that is, relations based upon sisterhood, cooperation, human love and uninhibited sexuality. Babylon has forced us to commit ourselves to one thing... revolution (cited in Rites, 1984).

Thus, the various groups to emerge from the Stonewall resistance stressed structural change and liberation, rather than a silent acceptance of alternate sexualities.¹¹⁵ Sometimes it is questioned whether the lesbian and gay movement is a civil rights movement, or a liberation movement. The homophile organizations used terms such as "homosexual minority" and "minority group rights," implying the former. But after Stonewall, it could more clearly be termed the latter. There was more discourse about

¹¹⁵ However, one of the activists of this period noted that the GLF was rendered ideologically bankrupt by effectively limiting its concern to sexual liberation. Thus, there was little critical evaluation of racism, sexism and capitalism (cited in P. Shaw, 1984: 37).

"freedom" and "liberation" than "rights."¹¹⁶

This new militancy actively united against groups that oppressed homosexuals: medicine, psychiatry, law, church and state. The new credo was "Don't adjust your mind: reality has a flaw in it" (cited in B. Adam, 1979: 292). One result of this challenge was the 1973 removal of homosexuality from the American Psychiatric Association's list of sexual and mental disorders.¹¹⁷ Homosexuality became an alternative lifestyle, however the term "sexual orientation disturbance" remained in use. It was considered to be more neutral, and was not expressed by all homosexuals (Gould, 1979). This action was not an outcome of scientific research, but rather of political lobbying.¹¹⁸ (This provided evidence of the inherently political nature of medical and psychiatric definitions.)

In Canada, this same cycle of increased gay militancy due to police repression was reproduced in some cities.¹¹⁹ For example, in Montreal the police tried to "clean up" the city before the 1976 Olympics. They conducted four raids, descending on seven bars and a bathhouse. The action contributed to the formation of the Association pour les Droits des Gai(e)s du Quebec. After a 1977 police raid, the organization mobilized mass

¹¹⁶ This may have changed again, with the professionalization of the gay leadership, and the trend toward seeing electoral reform as the arena for struggle (B. Adam, 1979: 295). Kinsman (1987) argued that it was this new professional elite which has benefitted from gay struggle, and not the radicals and organizers who led the campaign in the streets.

¹¹⁷ Of course, this action did not automatically result in all practicing psychiatrists adopting a new perspective. A 1977 study of 2,500 psychiatrists showed that 69 percent still viewed homosexuality as "pathological" (cited in Albert, 1986: 167).

¹¹⁸ As of the early 1980s, the World Health Organization had still retained the classification of homosexuality as a disease (Altman, 1982: 26).

¹¹⁹ The opposite is also true. As gay liberation became more vocal, homophobia also increased in volume (Bronski, 1984: 4).

demonstrations and formed a committee to defend those arrested (B. Adam, 1987: 118).¹²⁰ And in Toronto, bathhouse raids in 1981 and 1983 helped to energize and focus gay and lesbian resistance.¹²¹

It is very problematic to view all homosexuals as a unitary group with similar feelings about their identity. Likewise, it would be foolish to automatically assume that all gays and lesbians are political activists (Bruce, 1988/89). Nor is it likely that sexual identity can fully link a group of people who are also divided by gender, race and class (Pollak, 1985).

Many theorists maintain an important distinction between homosexual practice and homosexual identity. As de Monteflores and Schultz (1978) put it, one cannot choose to be homosexual, but one can choose to be gay. The latter involves an active process of "coming out" and self-identification -- of taking up a subject position within the gay community.¹²² There are others who engage in same-sex intercourse, but who do not identify themselves as a part of the gay community. Homosexual acts have always existed, but homosexual identities are relatively recent (Weeks, 1987: 40). Thus, the practice of looking at risk "groups" rather than risk "activities" in AIDS discourse is

¹²⁰ Homosexuality among consenting adults had been decriminalized in 1969 in Canada, but police used bawdy house laws and charged people for being "found in" a place used for indecent acts. After six years in court, all those charged who did not plead guilty were acquitted.

¹²¹ The first Toronto raid, in February 1981, occurred during the same week as the provincial Conservative government announced an election call. During this raid, 286 "found-ins" and 20 "keepers" were arrested -- the largest number of Canadians arrested in a single action since the imposition of the War Measures Act in 1970 (B. Adam, 1987: 119).

¹²² As B. Adam argued, when people are oppressed and inferiorized due to the possession of a particular characteristic (sexuality or ethnicity), this "creates a class identified by that characteristic" (1978: 11). This involves both a societal identification and a self-identification.

misleading.

Such debates revolve around the question of the "cause" of homosexuality. And, as Morin pointed out, studies of the "cause" of homosexuality also assume the future development of a "cure" for homosexuality (Morin, 1977: 633). To simplify, there are two theoretical positions on the origin of homosexuality -- constructionism and essentialism. Essentialists theorize that homosexuality is an "essence" of a certain number of individuals, and thus a straightforward expression of nature.¹²³ As evidence, homosexuality is found to be a pan-cultural and pan-species phenomena, even though its idiosyncratic expression may differ (Morin, 1978).

One unfortunate interpretation of this position is to view the homosexual as inherently "different."

Anything which tends to label persons as a breed set apart puts them at enormous risk. The problem is not whether the condition of being gay is diseased or not, but whether it is a condition at all (DuBay, 1987: 8).

There has been a body of medical research which has tried to prove that homosexual bodies are fundamentally different from heterosexual bodies. One of the implicit goals of such research was that, if the "difference" could be discovered, then homosexuals could be "cured."¹²⁴ Differences were often theorized as a "lack." For example, a lack of

¹²³ This could be psychodynamic ("arrested" development) or biological (hormonal, etc.). In any case, the subject is passive.

¹²⁴ This notion of "curing" homosexuals has been especially embraced within some religious circles. What has resulted is an "Ex-Gay" movement, which claims that lesbian and gay people can change their sexual orientation and thus become more acceptable to God (read: the church). However, there is no evidence that sexual orientations have been changed, only repressed, and all of the movement's early leaders have dropped out (Stern, 1990).

sufficient male hormones, in the case of gay men. As DuBay observed:

The myth of the gay difference has finally found its justification in the AIDS virus. Here is the physical marker for homosexuality that the doctors have sought for so long (DuBay, 1987: 11).

In part, the constructionist approach was a critique of the absolutism of essentialism. Constructionists hold that homosexuality is an artifact (construct) of particular social structures and complex, diffuse experiences (Risman and Schwartz, 1988; Boswell, 1989).¹²⁵ Homosexuality is neither transcultural nor transhistorical, but is (re)constituted and (re)constructed in each social context.

Of course, there is also the middle position. Richardson (1981), after discussing various theories on homosexuality, concluded that it was a function of both biology (essence) and environment (artifact). Undoubtedly, the path to self-identification as gay or lesbian involves a social process of realizing one's desires and "coming out" to other gays and lesbians and then to the heterosexual world (Plummer, 1981). So social context affects the ruggedness of this path, but it may not determine who takes the path. What needs to be explained is the development of sexual orientation in general, rather than seeing homosexuality as simply the arrested development of heterosexuality (Richardson and Hart, 1981).

If homosexuality, or at least the experience of homosexuality, is socially conditioned, then it would be expected that there would be differences between the lives of gay men

¹²⁵ For example, contemporary homosexual identity is theorized to be affected by urbanization, industrialization and the availability of productive labour outside of (and away from) one's own kin group.

and lesbians.¹²⁶ Thus, it is very misleading to directly equate male and female homosexuality, as men and women have very different relationships to the industrial order (B. Adam, 1979: 293). And the gay community has always been more affluent than the lesbian community (Stone, 1988). As Joan Nestle put it, due to their gender as well as their sexual orientation, lesbians are subject to a "multiple oppression" (cited in Gottlieb, 1986: 13). Thus, their "liberation" includes more than just a freedom of sexual choice.

In fact, the relationship between lesbians and gays is not always positive.¹²⁷ There are some general misunderstandings and suspicions which may divide the groups. For example, the relation to feminism has affected lesbian theorizing, whereas gay men have not generally been affected by feminist interventions (Kinsman, 1987: 96; Caplan, 1987: 6).¹²⁸ As Altman stated it, "One of the reasons lesbians often seem invisible beside gay men is that they tend to assert a feminist rather than a gay identity" (Altman, 1982: 12).

And, in terms of social and academic research, gays have been studied far more than lesbians (Richardson, 1981; Morin, 1978). Risman and Schwartz suggested that this might be due to "the devaluation of women, particularly those without men" (1988: 138). Parallel with some other processes, female homosexuality has been constructed almost

¹²⁶ Similarly, the history of lesbian organizations does not parallel that of gay organizations.

¹²⁷ For example, during the widely-publicized Ottawa event in 1988 where Svend Robinson and Laurier Lapierre both publicly "came out" as being gay, Lapierre noted that he did not like the word "lesbian" because "it had so many negative connotations." He referred to lesbians as "gay ladies" (Nero, 1988).

¹²⁸ As an example of this, Altman (1986) claimed that AIDS action groups rarely provided critiques of medical practice, but when they appeared they were most often the work of lesbians, who were drawing upon feminist analyses of medical care. There is also a perception that AIDS, as a "men's" issue, has received massive support; whereas lesbians are still waiting for action on some issues of their own (Altman, 1986: 94).

exclusively in reference to male homosexuality. Likewise, "female sexuality has usually been studied only in so far as it was responsive to male sexuality" (Weeks, 1985: 202).

The subtext of the history of lesbian and gay people and communities has been the role of the church and state in policing and repressing same-sex relations.¹²⁹ This policing is not restricted to governments with particular ideologies. For example, countries as diverse as China, Britain, Cuba, United States (certain states) and South Africa all have laws limiting or even outlawing homosexuality (Weeks, 1989). Like patriarchy, homophobia knows no discrete and essential political boundaries.

At certain times, this repression is very blatant. For example, the Stalinist period in Russia, the Nazi period in Germany and the McCarthy period in the United States. At other times, the policing is more hidden, although it is still relentless. In Canada, sexual orientation is still an accepted grounds for discrimination in the Canadian Human Rights Act. The Canadian Armed Forces continues to exclude "known homosexuals" from its membership and its Special Investigation Unit still examines evidence of homosexual activity involving members of the services as well as among civilian employees of National Defence (Hunter, 1990).

The stigma of homosexuality continues. A recent phenomena, called "outing," illustrates this. "Outing" is a process of dragging someone out of the closet, and the gay community

¹²⁹ This policing takes place on the interpersonal and family level as well. Parents usually socialize their children to adopt a heterosexual identity. Robinson et al. (1987) argued that after a child "comes out" to her/his family, there is a period of parental "mourning" for the death of the child's heterosexual identity.

(especially in the United States) is divided over the use of such a tactic (Reed, 1990).¹³⁰

Some say that if all homosexuals were open about their orientation, the stigma of homosexuality would disappear. However, the very fact that "outing" is such a controversy underscores the existing stigma. As one gay writer stated:

using outing as a political weapon or tool depends on the negative connotations associated with being gay or lesbian, otherwise the whole gesture would be weak and ineffective (Coyle, 1990: 2).

Thus, according to Coyle, it is more useful to stress the dignity of being gay or lesbian, and make it easier for others to "come out," rather than to drag them out.

AIDS, Sexuality and the Gay Community

In all the history of homosexuality we have never been so close to death and extinction -- Larry Kramer, author, AIDS activist.

[W]hat a powerful people we are, we faggots and dykes. They called us sinful and we make monuments to the beauty of God. They called us sick and we healed ourselves and go merrily along feeling well. They make us illegal and we change the laws. They beat us; encamp us; murder us, one at a time and in groups; they lie about us with impunity and without conscience; but we keep surviving as a people. Because for everyone who died, there are gay people somewhere determined to live (Lassell, 1984: 36).

I think AIDS is the most important thing to happen since Stonewall -- Jim Fouratt, former member of the Gay

¹³⁰ People who have been "outed" have ranged from Roy Cohn and Martina Navratilova to Malcolm Forbes and Richard Chamberlain. In some cases, the "charges" of being homosexual have been vociferously denied.

Liberation Front.

Without question, AIDS has had a major impact on North American gay communities in the past decade. Physically, people have been infected and have died. Socially, homosexuality has been re-medicalized as being the cause of disease, and homosexuals have been isolated and blamed for the spread of HIV. And, as a community, gays have had to struggle with how to respond to HIV and the discourses which surround it. In some ways, the strength of the lesbian/ gay movement is being gauged by this response (Patton, 1986). They have been in the forefront of the development of community AIDS groups and the organization of resistance to what they characterize as the criminal negligence of the state and the pharmaceutical companies.¹³¹

Groups engaged in the struggle against AIDS have become the centre of the gay movement in the late 1980s (Risman and Schwartz, 1988; Altman, 1986). And, AIDS has re-politicized (or at least politically re-energized) the gay community in the same way as Stonewall or the Bathhouse raids did (Altman, 1984).¹³² This pressure has increased both the media attention paid to AIDS issues and the government funding of AIDS research (cf. Baker, 1986).

This movement from "fatalistic acceptance" of AIDS to "nonfatalistic action" against AIDS marked an important turning point in the gay community's response (Foege, 1988).

¹³¹ Major AIDS groups such as Gay Men's Health Crisis in New York, the AIDS Committee of Toronto and the Terence Higgins Trust in England were all initiated predominantly by gay organizers. And, the most active resistance groups such as ACT UP and AIDS Action Now! were supported by the gay and lesbian community. However, AIDS organizations have attempted to broaden their base of support beyond the gay and lesbian community.

¹³² Bruce (1988/89) claimed that this re-politicization has also meant that it is now harder to criticize the gay movement without being automatically branded a homophobe.

The rise of AIDS activism indicated an unwillingness to passively accept the definitions and responses of dominant discourses. Activists called for such things as more control over the drugs available, changes in scientific research practices and more funding for community AIDS projects.¹³³ Specific tactics ranged from traditional lobbying and fund-raising to the use of various communication arts.¹³⁴

These actions have also necessitated a re-thinking of the relationship between the gay community and dominant discourses. For example, the relationship between gays and the medical community has traditionally been strained and hostile. However, in the struggle against AIDS, many elements of the gay community have re-valorized medicine.

Within less than a decade, the medical profession has moved from being seen as a central oppressor to being seen as a major ally; and, curiously, homosexuality itself has moved from being increasingly demedicalized to finding itself once more entrapped in medical talk (Plummer, 1988: 26).

Critical medical sociology has not generally been utilized, and medical intervention is often viewed without suspicion, despite gay history.¹³⁵ And, with the introduction of

¹³³ Some of these actions represented serious challenges to normal science and medicine. The use of blinded, placebo-controlled studies was criticized for condemning half of an experimental group to almost-certain death. And, initiatives like the Pentamidine Project (of AIDS Action Now!) facilitated the distribution of aerosolized pentamidine, even though it was not licensed in Canada (in the aerosolized format).

¹³⁴ Video technology as a site for alternative AIDS representations has been widely used by AIDS activists. It is cheaper than film and it speaks the television language — the shots and cuts are similar to television and the intimacy of the medium, with its 525-line-image, replicates that of television. In addition, the distribution of video is more efficient than film, and smaller groups can easily use it, therefore providing more opportunities for education.

¹³⁵ This very contradictory development in gay history did not go unnoticed by Foucault, who bitterly denounced it in one of his last "interviews." He was "incensed that a group (gays) who have risked so much, are looking to standard authorities for guidance in a time of crisis. It is absurd. Unbelievable" (Horvitz, 1984: 80).

state funding of community AIDS groups, the challenge of how to maintain autonomy has become increasingly complex.

In addition, the new reliance on government, science and medicine for both funding and information has resulted in a reticence to engage in criticism which may antagonize authorities (Kinsman, 1987: 211). In concert with this is a shift in gay leadership, from "activists" to "professionals" (Altman, 1988). The closer cooperation between the gay community and representatives of the dominant system has been expressed in leadership trends. As expected, this change is viewed by some as the end result of a process of co-optation (cf. Wilson, 1988).

Conclusions

One obvious recurring theme in this chapter has been the link between sexuality and deviance/disease which intensifies the panic around sex. This is especially evident around alternate sexual practices, making monogamous heterosexuality into both a norm and a prescription for health. As Brandt's studies of venereal disease showed, the moral component of the disease often overshadowed the medical discourse (Brandt, 1985). Thus, with a disease like AIDS, one cannot ignore the moral discourse which interweaves with the construction of the disease.

The chapter also discussed the historic position of the gay community as counter (and subservient) to mainstream or dominant discourse. The policing and attempts at sexual regulation aimed at the gay community has involved both physical measures as well as

social stigma and moral condemnation. As a result, the prevalent view of the homosexual in current society is still modified by such adjectives as "sick," "sinful," "abnormal" and "diseased."

The status of those contracting HIV has obviously affected the coverage of the virus and its associated effects. There is no doubt that, had HIV first infected white male stockbrokers, the attention paid to the disease and the assumptions about where it came from and what contributed to its spread would have been radically different. When it was finally perceived that heterosexuals could contract HIV, there was a re-evaluation of AIDS: that it was not only more widespread than previously considered, but also that people who were infected were not culpable. This latter concept was never a major part of mainstream coverage when only gays were dying from HIV infection.

Thus, the social context within which sexuality is constructed has influenced the coverage of AIDS. The coverage is, in part, a reproduction of this discourse on sexuality. AIDS as a metaphor fit in with sexuality as a site of panic and a source of disease. Briefly summarized, to know the construction of sexuality (and especially homosexuality) assists in understanding the origins of some of the panics around AIDS. Confusion and fear about homosexuality and its link with disease; a panic about prostitutes spreading disease; a reticence to provide full assistance to PWAs; an insistence that "illegitimate" pleasure had its costs; and a tendency to construct solutions in line with particular moral positions rather than medical efficacy. The "prevention" advice to be either chaste or monogamous became nothing short of a litany in AIDS discourse. In so doing, it reaffirmed the political nature of the discourse on sexuality.

THE OFFICIAL DISCOURSE **Chapter Five**

This is the first of six chapters which focus on the three major discourses discussed in this project. They provide substantive accounts and discussions of a selection of the texts from the discourses.

Each group of discourses will be treated separately, along with some discussion of the context in which the texts arose and the audience for which they were produced. The content will be analyzed in relation to the three major questions used in this study: How is AIDS/HIV presented? How are PWAs characterized? What is the nature of the solutions which are put forward?

Thus, this substantive material should be read as more than simply descriptive analysis of the construction of issues around AIDS. It also functions as evidence of the ways in which the contexts of a discourse affect the texts which it produces. In the case of the federal government, for example, there is a set of constraining influences, ranging from a fear of constituent reactions to the Byzantine process of information creation, which limit what can be said.

As with most attempts at classification schemes, the distribution of sources into "official," "counter-cultural" and "mainstream media" can be contested. Some sources are obviously "official," for example, statements of (or on behalf of) Health and Welfare Canada. However, at the margins of the categories, the placement of items is less clear.

The official discourse discussed in this chapter includes governmental bodies -- the Department of National Health and Welfare, the House of Commons and its related

Committees, the Federal Centre for AIDS and the Ontario Ministry of Health.

Since the first confirmation of AIDS in Canada (February 1982), the federal government had attempted to present the image that they were playing a major role in limiting the spread of the virus. Given the politically-destabilizing nature of epidemics out of control, such a position was no surprise. When members of parliament and their constituents perceived a danger and demanded action, the government responded by at least giving the illusion of action. In Canada, this included the formation of committees (National Advisory Committee on AIDS, the Federal/ Provincial/ Territorial Advisory Committee on AIDS), the organization of governmental departments (the National AIDS Centre, later to become the Federal Centre for AIDS), the funding of studies and initiatives (the Royal Society of Canada study, maintenance money for the Canadian AIDS Society) and the tabling of reports in the House of Commons (the Report of the Standing Committee on Health and Welfare, entitled "AIDS in Canada").¹³⁶ The government department mandated for this activity was the Department of National Health and Welfare (NHW) and, in the House of Commons, most questions about AIDS were directed to the current Minister of Health and Welfare.

The position of the government is important, as few journalists did any serious investigative reporting on AIDS. Rather, as the chapter on the media context points out,

¹³⁶ In addition, the state served other important functions with regard to AIDS: it specified the definition of the disease (what physiological symptoms constituted AIDS); it helped to designate whether a disease was "reportable" (that doctors must register all diagnoses); it kept records on the incidence and spread of AIDS; it reserved the right to quarantine patients if necessary; it advised departments on policy relating to AIDS (e.g., immigration exemptions); it assisted in setting research priorities relating to AIDS research (through direct grants and tax incentives); it served to legitimize the activities of the medical community; and it was an important source, used by journalists, for information about AIDS.

the journalistic tendency was to accept the government press release and not go beyond (or behind) that.

Federal Standing Committee

Part of the organizational structure through which NHW works is the Standing Committee on National Health and Welfare. In 1986 it tabled a report in the House of Commons called "AIDS in Canada," which contained 23 recommendations. Three official texts will be discussed in this section: the report itself, the response of the Minister to the Recommendations, and the minutes of a subsequent Standing Committee meeting where the Minister was questioned about the government's progress against AIDS.

At the time of the report to the House, the Standing Committee was chaired by Bruce Halliday and included Gabriel Desjardins (Vice-Chair), Douglas Frith, Moe Mantha, Barry Turner, Brian White and Neil Young.¹³⁷ Later, Desjardins, Frith and Young were replaced by Gilbert Chartrand (Vice-Chair), Sheila Copps and Howard McCurdy.

The report of the Standing Committee on AIDS in Canada was dated March 20, 1986, and was tabled in the House of Commons on May 8, 1986. According to the committee "a primary incentive for this investigation... was the public fear produced as a result of vague, and at times contradictory information generated by the media" (Standing Committee, 1986: 13). This illustrated the link between the official discourse and the

¹³⁷ However, 28 Members of Parliament in all participated in the Committee's study of AIDS in Canada.

mass media discourse -- the latter affecting the activity of the former.

The report opened with a short description of AIDS, a listing of the numbers of people who had died and an estimate of the number of people infected.¹³⁸ It was stated that "AIDS was not diagnosed in Canada until two years after being identified in the United States" (Standing Committee, 1986: 9). Thus, it was argued, the course of the epidemic in Canada was two years behind the course in the United States. However, this was untrue. AIDS was first diagnosed in Canada in February 1982, less than a year after the syndrome was tentatively described in Morbidity and Mortality Weekly Report, a publication of the Centers for Disease Control in Atlanta. (The publication date was 5 June 1981.) This is a minor substantive point about the report, but it calls into question the quality of research and advice that the committee had summoned during their investigation.

The document used the term "high-risk groups." The male homosexual community was referred to as "the largest high-risk group" (Standing Committee, 1986: 13).¹³⁹ At the same time, the term "people with AIDS" appeared, even though it was not widely used at this time in official or mainstream media discourses.

In terms of solutions, there was the usual official litany regarding the place of

¹³⁸ The estimate was that 25-50 people were infected for every one who currently had AIDS. This would put the Canadian total at between 13,525 and 27,050, which was significantly lower than some other contemporary estimates.

¹³⁹ The report recognized the work that the gay community had done in educating its members about AIDS, and recommended that about \$2 million per year be put into community-based AIDS groups. In addition, it called for the formation of a National AIDS Foundation to coordinate fundraising for these organizations, so there was a strong legitimization of their activities. In the end, Epp gave only \$4.3 million over 5 years to community AIDS groups. In addition, the formation of the Canadian AIDS Society in 1986 put the plans for the Foundation on hold.

monogamy: "Ultimately, monogamy and, secondarily, the practice of 'safe sex' are the best assurances against becoming infected with the AIDS virus" (Standing Committee, 1986: 13). Within monogamy, then, safer sex was not necessary. This position, which was widely critiqued in the counter-cultural discourses, put more emphasis on who one had sex with, instead of how one had sex.

Maybe the most significant aspect of the report was the recognition of the government's lack of direction and action on AIDS to date. The committee stated:

The slowness and limited actions to date have resulted in needless physical, emotional and psychological suffering by AIDS patients and their families and friends, needless fear and concern by the public, a lack of preparedness by the medical profession and health care system, and frustration within the medical and scientific research community (Standing Committee, 1986: 25).¹⁴⁰

In August 1986, Jake Epp (Minister of National Health and Welfare) outlined his response to the Committee's report in a Memorandum to Cabinet.¹⁴¹ The Minister supported the spirit, if not the letter, of the recommendations. In places where more new money was requested above the amount approved in April 1986, the Minister deferred a decision "until an assessment is made of the impact of the present program" (Epp, 1986: 3).¹⁴²

¹⁴⁰ On a per capita basis, spending on AIDS research had been about 1/10 of that in the United States. To the date of the Report, NHRDP had provided \$1.35 million and MRC \$1.3 million.

¹⁴¹ The Memorandum itself was marked "Secret," although it became publicly available in the Federal Centre for AIDS library in late 1989.

¹⁴² An enhanced AIDS program had been announced in April 1986, which included \$39 million to be spent over five years. This plan was approved between the time the Standing Committee report was completed (March 20) and when it was tabled in the House of Commons (May 8).

As a part of this Memorandum, Epp included a Communications Plan, which outlined the way in which he and his Department wanted to approach the Standing Committee report. The "Major Theme" of the plan was that:

The findings and recommendations of the Standing Committee in its report "AIDS in Canada" reinforces the actions already undertaken by the Government through the enhanced AIDS program announced earlier this year (Epp, 1986: 5).

He expected a lot of media attention for the new initiatives, due to public concern about AIDS. He also predicted that "at risk populations (homosexuals and sexually active heterosexuals in youth, university students, prostitutes [sic]) will give positive support; as will the health, medical and scientific research communities" (Epp, 1986: 7).

The only negative reaction foreseen was that organizations which supported research into other diseases might "express concern regarding the level of federal funding allocated to and 'preoccupation' with combatting AIDS" (Epp, 1986: 5). Also included in the Memorandum were possible media headlines for this initiative. The headline which the government hoped for was "Federal Government to Fight AIDS." The headline which they saw as negative was "Alarm about AIDS grows." If anything, this illustrated the level of sensitivity within government about media messages related to their activities. There was an effort to shape the messages for public consumption.

The third text related to the Standing Committee is from a meeting on February 2, 1987 (Standing Committee on National Health and Welfare, 1987; hereinafter referred to as "Standing Committee, 1987"). Present at the meeting, in addition to committee members, were Minister Jake Epp, Dr. David Walters (Canadian Public Health Association), Greg

Smith (National AIDS Centre) and several members of Health and Welfare.

During the proceedings, the committee questioned the guests on the government's recent actions against AIDS, so most of the discussion concerned possible solutions. Specifically, Epp was questioned about his commitment to explicit educational initiatives. Epp recognized that both he and Dr. Koop (US Surgeon General) had been criticized for possibly letting their moral positions get in the way of their health policy actions, but he denied that such a charge had any validity. In answer to a question on the nature of government educational program, Epp stated:

You asked me the question whether we were prepared to discuss various aspects of sexual activity. The answer to that is yes.... I do think Canadians would expect, in a public health education approach, that we give the entire details. For example, that there are various ways of protecting oneself ranging all the way from not engaging in sexual activity -- there are Canadians who have obviously made that choice, including young Canadians -- the safer approach of monogamous relationships and what today in public, in the media, for instance, is called safe sex, that is, how to protect oneself if multiple partners are in fact the case (Standing Committee, 1987: 11).

This statement illustrated two aspects of Epp's approach to AIDS education.¹⁴³ First, when he spoke of providing the whole "range" of sexual options, he was really referring to making sure that chastity and monogamy were included. His agenda involved assuring the legitimacy of chastity as a sexual option. Second, the hierarchy of options was very clear -- chastity first, monogamy second, and all else third. Even in the process of

¹⁴³ While in this example, the opinion was that of Jake Epp, he was speaking in his capacity as the Minister of National Health and Welfare and his position on the matter affected national policy. Nor was he alone in this position among policy-makers. BC Premier Bill Vander Zalm was also quite forthcoming in his distaste for AIDS educational efforts in his province.

denying that he was unwilling to inform Canadians of AIDS prevention strategies, Epp illustrated how his own personal moral code structured his official response.¹⁴⁴

Committee member Sheila Copps questioned Epp on this position:

I am surprised the Minister would look upon that [chastity] as one of the options, because to be frank with you, I would think what people would be looking at is the possibility of having sex in a safe fashion (Standing Committee, 1987: 15-16).

But Epp reiterated his position that all of the options should be promoted, and that should include the "no sex" option. For example, he did not think that it would be fair, in the context of sex education courses in the schools, to deal only with safer sex.

At another point in the proceedings, Barry Turner raised the issue of an Ottawa prostitute who was HIV-positive, but who was currently not under detention (Donna Jean Newman). Turner felt that this person was a danger to society, and that there should be some way to prevent her from infecting others, even if it meant changing legislation. As he explained:

I am suggesting this: if someone is a carrier, as you say, not necessarily an AIDS victim, should that person be allowed to continue to pursue her exploits as a prostitute and conceivably give this fatal disease to other people? (Standing Committee, 1987: 14).

He was assured that the matter was under due process of law, but Turner suggested that this question would have to be addressed at some point. His implication was for a form of quarantine which would detain those judged to be dangerous to others.

¹⁴⁴ Sutter (1989A) also noted that Epp's strong religious beliefs, as well as an anti-gay bias in the Conservative party, may have affected the nature of his response to AIDS.

In this section of the questioning, Turner raised the problem of "carriers" -- the "folk devils" who put society at risk. The distinction was made between "carriers" (those with HIV, but not AIDS) and "victims" (those with AIDS). The "carrier," as a signified without a signifier, was made dangerous by the impossibility of true interpretation. And, in this case, moreso by the profession of the "carrier." Here the private rights of "carriers" were superceded by the "public rights" of society. The creation and elevation of this "dilemma" marked much of the discourse about solutions to AIDS.

The distinction between the two terms related to the progress of HIV within the body. However, would a "carrier" become a "victim" when there was evidence of AIDS? And was it not possible for "carriers" to be "victims" as well? Or "victims" to be "carriers?"

House of Commons

It is ostensibly the case that the floor of the House of Commons is not the place in the government where decisions are made. They may be officially taken here, but they are made in committee and caucus and through systems of lobbying. However, it is the public voice of Parliament -- the barometer of the state of the government and its opposition. Issues of importance are brought up in this forum, even if they are dealt with elsewhere. And, it must be remembered that these are the people making funding and policy decisions, so it is important to note the way in which they talk about the disease and the context in which it is discussed.

Examples taken from the Debates of the House of Commons illustrate the ways in which AIDS was spoken about in the public space of government. Not only the context in which the discussion took place or the issues which were linked with the disease, but also the ways in which AIDS was picked up and used as a metaphor. How it became proof for the validity of a particular policy, and was infused with a meaning that did not necessarily bear any relation to HIV.

Furthermore, specific times, such as Question Period (when most of the references to AIDS were made), were especially under surveillance by media journalists, who used clips from the exchanges in producing their coverage of the day-to-day operation of the government. Members of the House are aware of this, and use such times in order to expound on either the incompetency or competency of government policies.¹⁴⁵ Apart from the notably-adversarial nature of these exchanges, Question Period is also a time for Members to discuss current issues and matters of concern which are not actively being considered in any legislation.

From March 26, 1985 (the first mention of AIDS)¹⁴⁶ up until the end of 1988, there had been 61 references to AIDS during debates in the House of Commons.¹⁴⁷ These were located using the index to the Hansard, the daily textual record of the discussion on

¹⁴⁵ For example, there was an interesting exchange on 12 May 1987, where the Leader of the Opposition (John Turner) sparred with the Prime Minister (Brian Mulroney) over the issue of AIDS education. Neither of these men were otherwise very involved in the issue.

¹⁴⁶ This was made by Svend Robinson during a debate on the Canadian Human Rights Act. William Lesick claimed, during a debate in 1988, that he had been the first Member of Parliament to speak out about AIDS (Hansard, 27 July 1988, p. 18146). He was actually the fifth, following Robinson, Neil Young, Pauline Browes and Jake Epp.

¹⁴⁷ The annual breakdown was as follows: 1985 -- 5; 1986 -- 5; 1987 -- 24; 1988 -- 27.

the floor of the House. Most of the references were short. Fifty-two occurred during Question Period, a daily one-hour session. Twenty-eight of these were in the form of oral questions to members of the governing party, 21 were statements made under Standing Order Number 21¹⁴⁸ and three were written answers to questions on the order paper. The remaining nine references to AIDS occurred during debates on other pieces of legislation (8), or during the tabling of documents (1).

In total, 32 different Members of the House mentioned AIDS or HIV. Jake Epp, as the Minister of National Health and Welfare, made reference to AIDS 25 times. Most of these were responses to questions regarding his Department's activities. Sheila Copps, Margaret Mitchell and Jim Jepson each spoke on AIDS eight times. Other Members to refer to AIDS more than once were Harvie Andre, William Lesick, Howard McCurdy, Brian Mulroney, John Oostrom, Lucie Pépin, Svend Robinson and Neil Young. Most of those who asked questions were members of the Standing Committee on National Health and Welfare or had participated in its report on AIDS, released in 1986. (The only exceptions were David Daubney, John Turner and Jim Jepson.)

Within these official texts, the virus itself was presented as both deadly and spreading quickly. Terms of reference included: "deadly disease," "deadly plague," a "peril," "highly infectious," "killer disease," "the deadliest virus ever known," "AIDS is not only a national but an international plague" and "dreadful disease." In general, a "loaded" adjective was used, possibly as a way of emphasizing the serious nature of the problem

¹⁴⁸ "Statements Pursuant to S.O. 21" occurs at the beginning of Question Period and it is a time for Members of the House to make personal statements which may not necessarily reflect the position of their respective political parties.

and thus the necessity of acting quickly. A bureaucracy is more likely to be moved if a situation is constructed as a crisis.

In terms of the effects of AIDS on society, the statements from the House were equally strident. AIDS was considered a "health care crisis," "the most serious health problem facing the country," "fast becoming the most serious health problem that Canada and other countries have faced this century," "one of the most dramatic health problems which Canada faces today" and as "having the potential of becoming a national catastrophe."

Indeed, as a currently-incurable and largely-fatal disease, AIDS does represent an important health care "crisis," and I do not wish to imply otherwise. However, there are several effects of constructing the disease in this manner. First, by stressing the crisis that AIDS was generating, this opened a space for extraordinary measures. For example, during a statement, Bob Pennock (Etobicoke North) claimed: "AIDS is a terrible disease which must be dealt with by harsh measures, if we are to protect all Canadians" (Hansard, 17 March 1988, p. 13846). Pennock was specifically arguing that there may need to be changes to the criminal code to restrict the activities of PWAs. He also complimented the Ottawa Police Department for releasing the picture of an HIV-positive man who had allegedly donated blood, and even encouraged the nation-wide release of such photographs in certain cases. Pennock legitimized the intervention of legal measures (and the legal discourse) on the basis that they were necessary to compel individual obedience in these unusual circumstances. To claim that the virus was extraordinary was also to

suggest that solutions needed to be extraordinary.¹⁴⁹

Secondly, the accenting of the dangers of AIDS can lead to a pessimism which subdues an active response.¹⁵⁰ What can be done, in the face of the century's most dangerous health crisis? A position of perpetual fear is not conducive to effective policy planning. For example, John Oostrom (Willowdale) stated:

Canada must be concerned about the pending catastrophe. If the virus were to become more infectious, it could threaten human existence the world over. The strains which such an epidemic would impose on our health system and facilities would be equivalent to the results of an atomic war (Hansard, 3 December 1986, p. 1729).

It is difficult to imagine how a policy would be devised to respond to a threat of such magnitude. However, at least in this case, the threat was constructed for a political reason. Oostrom's "punch line" was that Bill C-22 must be passed quickly, so that research projects would be undertaken that may lead to an AIDS cure.¹⁵¹

Persons with AIDS were mentioned in a number of the references to AIDS. They were

¹⁴⁹ Pennock was not the only Member of Parliament during this time to support legal intervention against certain PWAs. Bob Kaplan (York Centre) made a statement regarding an Ottawa Citizen story about this same situation. He reminded members of sections of the criminal code which would cover such infractions and ended with "I would urge the police to use this section of the law to enforce a higher duty of responsibility on those who have AIDS or who are AIDS carriers than they presently seem disposed to use" (Hansard, 22 February 1988, p. 12977). Not only did Kaplan support criminal proceedings in these circumstances, but he implied that PWAs were generally irresponsible.

¹⁵⁰ This relationship is also experienced on an individual level. PWAs who are active in promoting their rights claim that when they were consumed with fear and pessimism about their own health future, they did not do anything constructive to affect their condition. However, once they started thinking more positively and acting to enrich their lives, even in small ways, both their health and their ability to think toward solutions improved.

¹⁵¹ Bill C-22 gave pharmaceutical companies extended patent rights to their new drugs, thereby limiting competition from the manufacturers of "generic" drugs. The extra profits which would accrue to the pharmaceutical companies, it was argued, would go toward more research and development.

most often referred to as "victims," but "patients," "cases" and "carriers" were also used. "Patient" was synonymous with "victim" (but did not have the same emotional loading), "case" occurred when speaking of the numbers of PWAs and "carrier" was preferred when someone raised the possibility of an infected person carelessly spreading the virus.

The rights of PWAs which were most often upheld were the rights for effective medical treatment as soon as possible. Specifically, this meant that they should have access to new drug therapies even before they were fully approved for use. This was called a "catastrophic right," and it was balanced against the "rights" of medical researchers to conduct their experiments as they wished. In two different speeches, Svend Robinson (Burnaby) referred to the civil and human rights of PWAs. This would include the right to privacy and the right to freedom from discrimination due to medical status.¹⁵²

One of the most frequent references, in relation to PWAs, was to homosexuality. Ten of the 61 examples from the House of Commons Debates made specific mention of it.¹⁵³ In fact, the very first reference to AIDS came during Svend Robinson's speech in support of an amendment to the Canadian Human Rights Act which would prohibit discrimination on the basis of sexual orientation. Robinson cited the example of some "hate literature" against gays which took advantage of the presumed link between AIDS and gays.

¹⁵² Robinson also pointed out that, under Clause 3(b) of the War Measures Act, the government could declare a public welfare emergency with respect to "disease in human beings, animals or plants" (cited in Hansard, 17 November 1987, p. 10897). This could be the basis for quarantine measures taken against PWAs, especially if the situation was seen to be approaching an "emergency."

¹⁵³ The structure of an index can indicate particular biases. In the index to the House of Commons Debates for 1986-88, under "Homosexuals," it adds "see AIDS."

The second reference to AIDS and homosexuality also occurred during a later debate on the Bill to adopt the amendment (which was later defeated). The record of this rather amazing debate from 1 December 1986 (a day of the year that is now recognized as World AIDS Day) indicates the extent to which some Members of the House felt that discrimination against gays and lesbians was not only acceptable, but preferable to tolerance.¹⁵⁴ Homosexuality was characterized as deviant, dangerous and inherently prone to disease transmission. AIDS was used as a metaphor for the dangers of the gay lifestyle and as "proof" of the validity of this position.

After a speech of support by Robinson, Charles Hamelin (Charlevoix) took the floor. He spoke against the amendment, observing that:

I am afraid our society is becoming ultra-permissive. Sure, let sodomites, pederasts and proponents of bestiality become the custodians of our children! Why not? We are modern. We aren't afraid of taboos. Go right ahead! Let any idiot indulging in his unbridled sexuality get into the police force... and have fun with our children. Why not? It's a free country (Hansard, 1 December 1986, p. 1653).

This equating of homosexuality with perversion, pedastery and bestiality was a way of trying to add force to the argument being made. It also confused the issue by suggesting that equal rights for gays and lesbians would legalize child sexual abuse.

After a speech by Sheila Copps in support of the amendment, the attack was continued by Ron Stewart (Parliamentary Secretary to the Minister of Supply and Services). As he

¹⁵⁴ Other examples of this position are to be found elsewhere in the Hansard. For example, Gordon Taylor (Bow River) made a statement in the house condemning the possibility of gays and lesbians as RCMP officers. He said: "Can you feature a fairy RCMP constable trying to arrest a lumberjack with a powder puff? Can you imagine a lesbian RCMP fairy at the scene of an armed robbery screaming: 'Stop, surrender, or I will hit you over the head with my purse'?" (Hansard, 20 October 1986, p. 510).

stated:

This is not an amendment on sexual orientation. This is an amendment on sexual deviation. Homosexual [sic] is anti-biological. It is anti-medical, anti-biblical... anti-family and it is anti-social. It is pro-deviate and it is absolutely disgusting to most Canadians (Hansard, 1 December 1986, p. 1665).

For Stewart, homosexuality was a negative quality, and could be tolerated only as a silence. Stewart made the link between homosexuality and disease very explicit. For him, AIDS was both a metaphor which illustrated the depravity of the gay lifestyle and evidence of the superiority of his position. He referred to homosexuality as "biological suicide," "hygienic insanity" and "a crime against humanity whether medical or moral" (p. 1665).

In order to further support his argument, Stewart quoted the work of an organization called ISIS.¹⁵⁵

Because of their [homosexuals'] promiscuity and incredible unsanitary sexual practices... pathogens once localized in a given geographic region are rapidly being spread throughout the world. AIDS is a first fruit of this process and many more plagues stemming from homosexual behaviour are bound to occur. Homosexuals have already compromised the nation's blood supply and are straining the resources of the medical community (cited in Hansard, 1 December

¹⁵⁵ ISIS was composed of members from the theological, legal, business and medical professions, and was headed by Paul Cameron. Cameron, an American who called himself a psychologist and lecturer, also formed the Family Life Institute, which was located in Washington, DC. He was known (among other psychologists) as a "gay basher" who insisted on characterizing homosexuality as biological suicide. For example, in one of his pamphlets, he stated: "Homosexuals have ridden into the dawn of sexual freedom and returned with a plague that gives every indication of destroying them and, perhaps, the rest of humanity" (cited in V. Byfield, 1988: 30). He was expelled from the American Psychological Association for unethical conduct, but that did not prevent Republican Congressman William Dannemeyer from hiring Cameron as an "AIDS consultant." Nor did it dissuade Stewart from citing him as an AIDS expert in the House of Commons.

1986, p. 1666).

Stewart cloaked his argument in "science," in an attempt to make his argument appear more "logical." It also had the effect of de-politicizing the statements. After all, if he was against homosexuality for medical or scientific reasons, then he could avoid criticisms of being homophobic. (Not that there was any evidence that such a charge would bother him.) A simple cause and effect was set up here: gay sex = disease in gay community = disease in the rest of society after a time.

Robinson interjected that Stewart was out of order, as his language was offensive. However, the objection was overruled. As Mr. St. Germain argued, Stewart was only pointing out:

the statistical facts produced by the medical profession and other organizations. It was no more than that. It was not a question of attacking any group or segment of society. He was merely laying the facts on the table as seen by certain people in the medical profession (Hansard, 1 December 1986, p. 1666).

This de-politicized the statements -- it was no longer a personal vendetta or homophobia, it was certain statistical facts, presented as neutral data. A better example of the use of "science" in support of moral ideology would be difficult to find. It is sobering to reflect that this level of interaction occurred during debate in the House of Commons, the site of policy-making and political debate in Canada.

Darryl L. Gray also spoke against the amendment. He gave the following parable:

Whether we are NDP, Liberal or Progressive Conservative we must respect the laws of our society. If we go along with homosexuality we will become like the African tribe that believed in castration. Within one generation they became extinct (Hansard, 1 December 1986, p. 1667).

Here, the goal of societies and individuals was constructed as reproduction. (But, one does not need to be involved in a nuclear family situation to reproduce.) Gray ended with:

We will allow homosexuals in the bedrooms of the nation, but let us never allow them into our Armed Forces or the RCMP. We will work with them so that they can remain silent (Hansard, 1 December 1986, p. 1668).

This was an illustration of the limits of tolerance -- only if gays were silent and did not clamour for equal human rights, they could be tolerated.

The link between AIDS and gay sex was also made in other references to homosexuality. This equation was made on several occasions by Jim Jepson (London East). In one statement, he argued that "we must recognize that the root of this problem [AIDS] lies with alternative lifestyles practised by some Canadians, including homosexuals and intravenous drug users" (Hansard, 27 January 1987, p. 2736). Thus, the disease was theorized to spring from a lifestyle, and not a virus that followed certain regular routes of transmission. This was the "logical" outcome of using terminology like "risk groups" without fully understanding their epidemiological significance.

Two weeks later, Jepson reiterated that 82 per cent of PWAs "originate from the homosexual community."¹⁵⁶ He argued that "we must do everything we can to help these groups, but at the same time try to convince them that homosexual relationships are

¹⁵⁶ The implication here was that the disease would then be spread to the "general population." This was made more clear in a later statement of Jepson's, where he said: "We also call on the homosexual community to exhibit self control in their sexual lifestyle because it not only affects their own community but society in general, not to mention the unbelievable burden it will place on health costs in Canada in the years ahead" (Hansard, 14 June 1988, p. 16421). Here the crossing of the socially-constructed "boundary" between gay and straight was presented as a dangerous transgression.

unnatural and immoral" (Hansard, 11 February 1987, p. 3318). Girve Fretz (Erie) made a similar equivalence when he stated in the House that "promiscuity and homosexuality are probably the two greatest causes of AIDS" (Hansard, 7 June 1988, p. 16203). This corroborated with the emphasis from some Members that AIDS educational materials must contain a moral component, in an effort to warn people about the intrinsic dangers of homosexual practices.

In terms of solutions, a number of themes were evident in the Debates in the House. In fact, the most common theme in this official discourse related to the government's actions, all ostensibly related to solutions. Fourty of the 61 references had this as a major theme. The government was sometimes chided for lack of funding for the AIDS programs, or a lack of political will in supporting explicit educational efforts. In turn, government spokespeople (especially Jake Epp), would reiterate the government line that it had the issue under control and were doing as much or more than any other government to limit the spread of AIDS. Frequent reference was made to the amount of money pledged to AIDS programs, as concrete proof of the government's commitment.

Some of the questions and statements about government actions referred to issues which had been before the Standing Committee. This reflected the position and knowledge of those asking the questions. Other major issues covered were the government's response to the Telecaster Committee's rejection of anti-AIDS advertisements, the licensing and sale of AZT and questions around the mandatory testing of various groups.¹⁵⁷

¹⁵⁷ For example, both Jim Jepson and Reg Stackhouse pushed for the mandatory testing of immigrants. Stackhouse suggested that this would help to "assure the public that every reasonable step is being taken to exclude this disease [AIDS] from our country" (Hansard, 13 February 1987, p. 3404).

Much of the discussion about solutions related to the necessity of education. Twenty-seven of the 61 references involved specific mention of education. Since no cure for AIDS was likely to be developed soon (even with the passage of Bill C-22), education was seen as the most important measure to slow the spread of AIDS. The very first question to be asked the government with regard to AIDS was whether "the government is considering entering into a public education campaign across the country to satisfy a growing concern amongst Canadians with respect to AIDS?" (Neil Young, Hansard, 8 October 1985, p. 7458).¹⁵⁸

Aside from a consensus that education was necessary, there was disagreement on what form the materials should take. Members such as Lucie Pépin, Margaret Mitchell and Sheila Copps argued for explicit education which discussed sexual practices without providing judgement.¹⁵⁹

However, Jim Jepson and Girve Fretz claimed that any educational program had to also respect certain moral limits. The education should warn people not just about AIDS, but also about homosexuality and promiscuity. Fretz, in complaining about an educational talk given by Ontario Premier David Peterson at a high school, said:

In view of the fact that he was speaking to children and youths, it would seem to me that the subject of safe sex could have been mentioned in a husband-wife context... He could have warned them that the best way to play it safe is

¹⁵⁸ This question came just shortly after the death of Rock Hudson, when AIDS was receiving more and more media attention. Erik Nielsen, then Deputy Prime Minister, answered the question by stating that he did not know of any increased efforts in this area.

¹⁵⁹ According to Copps, it was against the Canadian Food and Drug Act to claim that condoms could help to prevent AIDS (Hansard, 20 November 1987, p. 11017). This was the sort of official hindrance to explicit education which Copps wanted to remove.

to wait for marriage (Hansard, 7 June 1988, p. 16203).

Jepson claimed that the government was not warning people about the dangers of homosexuality. For example, he complained about the Ontario Government pamphlet "Let's Talk," saying that "nowhere in this pamphlet does it tell our young people that AIDS is primarily found amongst male homosexuals as a result of their sexual practices" (Hansard, 14 June 1988, p. 16421). He cited this lack of information as evidence of the "power of the homosexual lobby" in both Ottawa and at Queen's Park.

Another complaint about a specific educational effort came from Mr. Nickerson, who raised the issue of an advertisement in The Hub, Hay River, NWT. The text included "Drunk, horny -- and a perfect candidate for AIDS. Always use latex condoms with spermicide."¹⁶⁰ Nickerson objected to the use of federal funds to provide such information, even if the actual content decisions had been made by territorial health authorities.

Margaret Mitchell also pointed out that government educational efforts should make use of the resources and experience of community groups, rather than trying to duplicate services. She condemned the government for being "niggardly, dilatory, and half-hearted in its support for these already available educational agencies" (Hansard, 5 November 1987, p. 10774).

There were some references to the need for research funds, but that issue did not have the same status as the need for educational funds. It was recognized that they were

¹⁶⁰ This incident was cited in Hansard, 11 May 1988, p. 15347. Epp answered the question by assuring Nickerson that any future advertisements would be approved by his Department before the Health and Welfare logo could be used.

important, but, in general, results from research were not expected for many years. In several locations, the need for more AIDS research was linked with the issue of Bill C-22, a bill to extend drug patent rights. At one point, Epp stated that Burroughs Wellcome had some questions about releasing AZT, due to concerns over patent protection.¹⁶¹ Therefore, the passage of C-22 would soothe these concerns, as well as facilitate the introduction of other new drugs.¹⁶²

Finally, just a note about the intrusion of US terminology in the Debates in the House of Commons. While on the surface this might seem a rather trivial matter, it does provide a metaphor for the extent to which the Canadian government response had been conditioned by that of the US government. Similarly, the positions of the LCDC and the FCA often mirror those of the Centers for Disease Control (CDC) in the United States. For example, on two occasions, Harvie Andre (then Associate Minister of National Defence) referred to Epp as the "Surgeon-General." Canada has no such position.

Library of Parliament

The Research Branch of the Library of Parliament conducts research and provides reports, background papers and issue reviews to members of the Senate and House of

¹⁶¹ Epp was not specific on whether Burroughs Wellcome had actually threatened to withhold the release of AZT in Canada until they had received the protection they desired, but that is the implication. If so, it would have illustrated the tension between the "proprietary rights" of pharmaceutical firms in a capitalist marketplace and the "therapeutic rights" of patients.

¹⁶² However, C-22 only applied to new drugs. Existing drugs, such as AZT, were not protected under the proposed legislation.

Commons. This research service enables parliamentary decision-makers to receive background information on issues which they may be asked to judge. Robert Milko, of the Science and Technology Division of the Library, wrote a "current issue review" of AIDS in October 1985.¹⁶³ It was revised in December of 1988, and published by the Minister of Supply and Services in 1989. It is instructive to discuss this document, as it is an example of the sort of information that was widely available to members of parliament. It also helps in understanding why MPs were sometimes misinformed.

The review gave an explanation of HIV and AIDS, making a distinction between the two strains of HIV. When referring to PWAs, the terms "patient" and "victim" were most widely used. Their meaning appeared to be interchangeable in the text. For example, "...no patient has ever recovered from AIDS. A victim's life can be somewhat prolonged, however..." (Milko, 1989: 3). But, as explained elsewhere, the implications of the two terms are very different. When the epidemiological profile of AIDS is being discussed, the term "case" was used. Only once, in reference to the support of community-based groups, the term "people with AIDS" was used.

There were three surprising, and ultimately rather unfortunate, pieces of information in this document. First, it stated that the National Advisory Committee on AIDS "is urging voluntary blood testing [for HIV] for women who are pregnant or planning to have children" (Milko, 1989: 8). The source of this information was not given, but the NAC-AIDS, in their position on HIV antibody testing in Canada, had stated:

¹⁶³ Milko was also on the staff of the Standing Committee on National Health and Welfare at the time that it released its report on AIDS in Canada (May 1986).

At this time, in Canada, mandatory or compulsory premarital, preconceptual, or prenatal HIV antibody testing is unwarranted, and voluntary HIV antibody screening is not necessary in the absence of any recognized risks of HIV infection (Canada Diseases Weekly Report, 1989A: 39).¹⁶⁴

This contradicted the position outlined in the current issue review.

The second problem was a stated concern over the state of the public blood system in Canada. Milko claimed that "there is evidence that some heat treatments used to kill the virus do not always do so" (1989: 7). Thus, there was a danger implied in the use of coagulation factors for hemophiliacs. In addition, it was noted that "there is also a lag period of up to several years between the time of infection and the first detectable production of antibodies" (1989: 2). This suggested that the Red Cross's testing procedures may not stop all of the HIV-positive donations.¹⁶⁵ Anecdotal evidence was provided that individuals had been infected by blood that was thought to be virus-free. As with the rest of this document, however, no direct citations were given for any of the assertions.¹⁶⁶

The third major confusion of this document was a hesitancy to believe that HIV could not be transmitted through saliva. This was a part of the discussion of the possibilities

¹⁶⁴ While this issue of the CDWR was indeed published two months after the current issue review on AIDS was completed, the recommendations were taken from the previously-released report, "Human Immunodeficiency Virus Antibody Testing in Canada" by Drs. M. Somerville and N. Gilmore on behalf of NAC-AIDS.

¹⁶⁵ The question of whether the virus can survive in blood that is outside a body for a long period of time was not discussed. Nor was the fact that the heat treatment which can kill active HIV might also kill inactive HIV.

¹⁶⁶ Since November 1985, only three persons in Canada have attributed their HIV infection to blood transfusions (only one of which was fully documented). This was an infection of less than one per million units of blood transfused (Spurgeon, 1989: 26).

of casual transmission. A reminder is in order here that the issue of casual transmission has been one of the major animators of the discussion surrounding AIDS, both in the mainstream media and in the House of Commons. Thus, this document was in an enviable position of being able to clear up any evident confusions. However, Milko started by noting that "AIDS is not apparently transmitted through casual social contact" (1989: 8, emphasis added).

In relation to saliva, Milko wrote:

One can imagine that it would be extremely difficult to identify cases of saliva transmission, considering the lag time between infection and the identification of symptoms of AIDS. Despite this difficulty, there have been two documented cases indicating transmission of the AIDS virus by saliva.... It has been shown that at room temperature the AIDS virus in saliva retains a certain level of activity in a moist or dry state for at least up to one week (1989: 8).

Now, if indeed this "level of activity" were sufficient to result in transmission of the virus, then the thought of both wet and dry saliva being infectious for a week or more would be truly frightening. If this were true, one wonders why this vector of transmission was not responsible for more cases of HIV? (Of course, Milko answered this by referring to the long lag time between infection and expression of symptoms.)¹⁶⁷

To compound this fear, Milko discussed dental equipment, some of which had retraction valves that drew fluids back into the instrument. He also noted the different positions of the American and Canadian Dental Associations. The US Association "has recognized this potential for spreading any bacteria or virus, including HIV, but the Canadian Dental

¹⁶⁷ Throughout this discussion, Milko ignored the data from Canada Diseases Weekly Report, which concluded that saliva was not a factor in HIV transmission (for example, CDWR, 1988B: 118).

Association does not acknowledge this as a health concern" (1989: 8).¹⁶⁸

The document estimated that 50,000 to 100,000 Canadians were infected with HIV. It was also stated that the number of cases (in Canada, the United States and Europe) was expected to double in the next year (1989). However, as the Federal Centre for AIDS reported in its December 1988 "Surveillance Update,"¹⁶⁹ the number of reported cases of AIDS was doubling every 18 months (Federal Centre for AIDS, 1988: 8). Given the influential audience, such slippages in easily-verifiable information were surprising.¹⁷⁰

Finally, Milko suggested a concern over the spread of AIDS among prostitutes. Again, no citation was given, so the reader was not sure of which prostitute community was being discussed. The document noted that some studies showed that prostitutes would continue to work, even if HIV-positive. Milko concluded, "If the spread of the disease increases in the near future, these and other issues may assume a hard practicality and difficult human rights decisions will have to be made at some point" (1989: 11). This left the door open for the implementation of quarantine laws, especially against HIV-positive prostitutes, even if it involved a negation of their human rights. In addition, this made it obvious that the concern over the virus among prostitutes related to them spreading it, not them contracting it and dying.

¹⁶⁸ The key distinction was that the Canadian Dental Association emphasized the necessity of using proper dental procedures, which included flushing all equipment with disinfectant between patients.

¹⁶⁹ Released at about the same time that this document was being completed.

¹⁷⁰ This author's suspicion is that the estimate was from an American publication (cited in the document's bibliography) which made a blanket statement about Western seropositivity trends, based on the current experience in the United States.

In sum, this paper illustrated the level of misinformation which existed at many levels, even within the official discourse. The effect of these distortions was more than just an inaccurate picture of AIDS, but it also contributed to the calls for inappropriate solutions.

Federal Centre for AIDS

The first federal government agency to be charged with the responsibility of formulating a response to AIDS was the Laboratory Centre for Disease Control (LCDC), a division of the Department of Health and Welfare. Along with the assistance of the NAC-AIDS (formed in September 1983), LCDC advised the Minister and the Department and acted as a coordinator for the AIDS-related activities. In 1986, a separate National AIDS Centre was created, still within the umbrella of the LCDC.

In July 1987, the federal government set up the Federal Centre for AIDS (FCA) to manage its response to AIDS. FCA reports to the Assistant Deputy Minister of the Health Protection Branch. The Director General of the Centre is Alastair J. Clayton, a medical administrator and epidemiologist who was previously the Director General of LCDC.¹⁷¹ The Executive Director is Greg Smith, a career bureaucrat who was previously the director of Social Services Development at Health and Welfare. The remainder of the original staff was seconded from other branches of the Department.

¹⁷¹ Dr. Clayton's publications are in communicable disease epidemiology. He has a specialty in tropical medicine and he spent much of his career in the Royal Canadian Air Force (1959-1978, achieving the rank of Colonel). He resigned his position to take a two-year leave of absence, to begin in September 1990.

The FCA is responsible for distributing the government's spending on AIDS, currently estimated to be \$168 million for the years 1986/1993.¹⁷² The Centre has a staff of 56 person-years. The roles of the FCA include: public education programs, clinical trials, epidemiological studies and surveillance, funding community-based groups, and liaison with both Canadian and international AIDS organizations. Thus, it makes wide use of other organizations in order to achieve all of its objectives.¹⁷³ The Federal Centre for AIDS is organized into six bureaux. Following will be a brief discussion of each, followed by an analysis of some of the assorted material produced by the FCA.

The Bureau of AIDS Prevention and Services Program is charged with changing and reinforcing behaviours which protect individuals from HIV. In addition to this educational function, it is mandated to monitor the quality of life of PWAs and PWHIVs and make improvements where possible. Thus, this bureau addresses the behavioural and social issues of the federal AIDS program. This includes the liaison with the Canadian Public Health Association, which delivered much of the actual educational material, and the support of major studies, such as the Youth and AIDS study (co-released with Queen's University). The Bureau of Clinical Trials provides information on AIDS drugs and coordinates research on and access to new drugs. This bureau has come under criticism for the lack of new therapies and the length of time it takes before clinical trials

¹⁷² The government committed \$129 million for the five-year period from 1988-1993. As of May 1990, only \$27 million of that amount had been spent (York, 1990).

¹⁷³ As the discussion of the counter-cultural discourses will show, the actions of the FCA have received some serious criticism. George Smith, in a Rites column called "Diary of an AIDS Activist," calls the FCA "more or less a front for the Tory government... a stop-gap, policy front -- a smoke screen hiding government inaction" (G. Smith, 1988: 19).

are approved for such drugs. There is an attempt to balance the needs of clinical science for long-term and controlled studies and the needs of PWAs for some sort of therapeutic relief. But, the bureau argues, without controlled clinical studies there will never be definitive proof of the efficacy of any therapy.¹⁷⁴ There is a faith that the current regulatory framework (especially with the provisions of the Emergency Drug Release Program) is necessary to ensure both scientific accuracy and public safety.¹⁷⁵ In Canada, drug development work is undertaken by pharmaceutical companies, not by the government. The role of the government is regulating and licensing drugs.

The Bureau of External Cooperation supports federal-provincial-territorial and international collaboration on AIDS issues. It coordinates the Federal/ Provincial/ Territorial Advisory Committee on AIDS (established by a Conference of Deputy Ministers of Health as a method of consultation between two levels of government) and the National Advisory Committee on AIDS. In addition, the bureau organizes FCA involvement in international conferences and workshops.

The Bureau of Laboratories and Research performs tests on sera (10,000 in 1988), conducts immunologic research and compiles epidemiological surveys. The Bureau is also involved as a resource for training in laboratory methods related to HIV studies.

¹⁷⁴ However, there is some evidence that the pre-release preparation of AZT in no way satisfied the requirements of a scientific clinical study and yet it was approved very quickly. It was released before its efficacy was fully demonstrated or its toxicity was fully understood (see Farber, 1989).

¹⁷⁵ Some physicians who treat PWAs have been critical of the emergency release program. They charge that it is actually very difficult to get the permission to administer experimental drugs. One reason is that a viral laboratory must be nearby, in order to grow the virus before and after the drug is taken. Since the virus will die in transit, this limits where emergency drugs can be used (see Joyce, 1986).

The Program Analysis and Resources Bureau functions as a policy and program monitor on all FCA initiatives. The Bureau is mandated to maintain an integrated policy direction. It identifies trends away from existing policies and tags emerging issues which may require a policy.

Finally, the Bureau of Epidemiology and Surveillance¹⁷⁶ is responsible for the development of projects which will provide further information on the extent of HIV in Canada. The Bureau is involved in keeping records for the Health-Care Worker Surveillance Program¹⁷⁷ and the National AIDS Case Surveillance Program.

Through this bureau, FCA collects and maintains current epidemiological records on the course of AIDS in Canada. This data is published in the monthly Surveillance Update: AIDS in Canada, which is distributed to about 800 interested organizations and individuals across Canada (FCA, 1989A: 26). While the FCA produces a wide variety of written materials, this publication is the only document disseminated on a regular basis. The periodical is also important to study, as it contains mostly statistics and tables, which are often seen as neutral sources of evidence. It is important to enquire as to the "messages" and "meanings" that these data underscore. Issues from December 1987 to November 1989 will be discussed below.

The updates consisted of ten sections, mostly composed of tables of data. Each section will be introduced and discussed in turn. First, a note that the term "case" is used for

¹⁷⁶ The use of the term "surveillance" in relation to epidemiological data-gathering suggests the social control underpinnings of some medical work. To keep a population under surveillance implies a possible end-goal of supervision.

¹⁷⁷ As of 31 December 1988, there had been no seroconversions recorded among the 234 health care workers being followed.

PWAs throughout the publication. Due to its epidemiological nature, this was expected. Section I ("All Cases") was a breakdown of the total cases, by age category (adult or pediatric), gender and whether they were alive or dead. This was not a listing of new cases, but of the cumulative number of cases diagnosed in Canada. This is unusual in the reporting of disease. Often, calculations such as the number of diagnoses per year per hundred thousand Canadians are used. But, cumulative data is rarely given.

One conceivable reason for this tabulation was that it was possible. AIDS was a "new" disease, and its beginnings were rather distinct, so a calculation for the entire toll of AIDS could be made. In addition, this method of reporting (which was very widely copied in the mainstream media, as well as the gay and lesbian press) had the effect of reinforcing the message of danger as the numbers steadily rose. However, a sense of the progress of infection and the changes over time was lost.

Section II dealt with adult cases, by risk factors, age group and primary diagnosis. Under risk factors, FCA included "Homosexual/bisexual activity." This was more specific than "homosexual/bisexual male," a designation which FCA used in a December 1987 update (FCA, 1987: 2).¹⁷⁸ However, "bisexual activity," by virtue of its definition, could also mean heterosexual activity. It was noted that "Risk Factors [are] listed in hierarchical order." However, it was not clear what hierarchy was being used. It was not according to numbers, as "IV drug abuse" was listed second, even though it was

¹⁷⁸ This update also included a table giving the country of birth of all PWAs (21 percent had been born outside Canada). This differed from the table which listed cases by geographic distribution, as the latter was only concerned with where the onset of illness occurred. Just because someone was not born in Canada did not mean that they did not contract HIV in Canada. The table was not included in later updates.

consistently the smallest of all the risk factors.¹⁷⁹ Was there a hierarchy of risk of transmission? Were some factors more "obviously" dangerous than others, and inherently more likely to assist in transmission? Starting with the February 1988 edition, this statement was deleted. However, the risk factors were still listed in the same order.

Sections III, IV and V were tabulations of adult male, adult female and pediatric cases respectively. All three sections were broken down by risk factors, age group and primary diagnosis.¹⁸⁰ In the adult females section, "IV drug abuse" was the first risk factor mentioned, even though it was significantly smaller than the other categories. For example, as of May 1988, the number of cases in each category were: "IV drug use"¹⁸¹ -- 1; "Recipients of blood/blood products" -- 23; "Heterosexual activity (origin in endemic area)"¹⁸² -- 28; "Heterosexual activity (sexual contact with person at risk)" -- 28; "No identified risk factors" -- 7. However, it appeared that the order related to perceived efficacy of viral transmission -- with injection drug use and receipt of blood products as being most efficient and "sexual (heterosexual?) contact with person at risk" as least efficient.¹⁸³

¹⁷⁹ This was true for both men and women. However, one of the risk factors was both homosexual/bisexual activity and IV drug use. Thus, it was not clear how many cases, among gay/bisexual males, were a result of injection drug use.

¹⁸⁰ In February 1988, "Primary Diagnosis" was changed to "Primary Disease."

¹⁸¹ As of November 1988, referred to as "injection drug use."

¹⁸² As of July 1989, "endemic areas" were referred to as "Pattern II Countries." This related to the most common mode of viral transmission in the country.

¹⁸³ There was no category for homosexual activity in the risk factor breakdown for women, illustrating the epidemiological perception that lesbian sexual activity was safer for women than heterosexual activity. This "fact" was often overlooked by those who wished to attach a moral "meaning" to the disease. If protection from AIDS indicated a morally-preferential lifestyle, then

Persons with AIDS who were 14 years old and under were considered under "pediatric" cases. The only two risk factors for this group were "perinatal transmission" and "recipient of blood/ blood products." The evidence that, as of December 1989, there were no pediatric cases that were outside of these two categories, suggested that the concern over casual transmission in the educational setting was unfounded. The fears over child-to-child transmission were exceedingly hypothetical.

Section VI was a geographic distribution of cases by province or territory. It was broken down by gender, the number who were dead, and the rate/million population. This latter figure was a cumulative calculation. It was derived by taking the total number of cases in the province over the 1985 population estimate of the province. Thus, over time, the rate/million inevitably rose, as the cumulative number of cases increased each month but the population estimate was updated only periodically.

Section VII was a table of "Cases reported by date of diagnosis." The data included the number of new cases diagnosed within each year and or quarter year, the number of deaths and the case fatality rate (as a percentage). Until March 1989, the table also included the number of new diagnoses which were attributable to a revised case definition, adopted by Canada in October 1987. At that time Canada, following the US lead, broadened the medical definition of what constituted a diagnosis of AIDS. The changes allowed several conditions to be diagnosed as AIDS which would previously have been outside the case definition. For example, HIV encephalopathy (dementia

lesbians were the most moral of all.

complex), HIV wasting syndrome and a broader range of indicator diseases.¹⁸⁴ Essentially, whenever there was laboratory evidence of HIV infection in a person with an immunodeficient condition, it was presumed that HIV was the major cause, and a diagnosis of AIDS could be made.¹⁸⁵ As a result, the classification of AIDS Related Complex (ARC) was dropped.

As expected, the number of officially-designated AIDS cases increased, due to this definitional change. Soskolne (1989) estimated that an average of 14.8 percent of AIDS cases reported in Canada since October 1987 were a result of the revision. This, however, was fewer than in the United States, where he estimated that 30.5 percent of cases were a result of the revision (Soskolne, 1989: 381).¹⁸⁶

Section VIII provided frequencies over time (by year of diagnosis) broken down by gender and then by risk factors. Section IX contained estimates of how many new cases were expected in Canada within the current five-year period, based on a logistical and a polynomial model. Along with these projected figures, a cumulative total was included. This information did not provide any new insights, but it did suggest that the FCA would

¹⁸⁴ Previously, there were a number of opportunistic infections (such as Kaposi's Sarcoma or Pneumocystis Carinii Pneumonia) which had to be evident before AIDS could be diagnosed.

¹⁸⁵ As Barnholden and Champagne (1987) point out, the reclassification was a clear support to the official theory of HIV as the cause of AIDS, thus precluding any other theories.

¹⁸⁶ There are a number of possible reasons for this Canadian-US difference. Most obviously, it could be due to less latent disease in Canada, resulting in proportionately fewer cases when the definitions were broadened. It could be due to more HIV screening in the United States than in Canada (or better access to testing). However, both Soskolne (1989) and Barnholden and Champagne (1987) suggested that it might be due to the different social welfare system in the two countries. In the United States, patients would not receive social assistance, disability insurance or medicare unless they had a positive diagnosis. Thus, American physicians might be quicker to diagnose AIDS, as it ensured their patient social benefits and legal protection from discrimination.

continue to find cumulative data important.

The estimates from the polynomial model were higher than those of the logistic model. And both were adjusted, depending on the sample upon which the model was based. For example, the logistic model estimates for the number of new cases in 1989 were: 604 (December 1987 - August 1988¹⁸⁷); 1,014 (September-October 1988); 988 (November 1988 - January 1989); 979 (February - April 1989); and 949 (May - November 1989). The polynomial model estimates for 1989 were: 1,161 (December 1987 - August 1988); 1,407 (September - October 1988); 1,373 (November 1988 - January 1989); 1,344 (February - April 1989); 1,275 (May - November 1989).

There was some confusion with these figures. The second and fourth estimates were supposed to be based on the same data (cases diagnosed before January 1, 1988 and reported to FCA by June 30, 1988), but the figures differed. Either there had been a mistake in the estimation, or the models themselves had been changed.¹⁸⁸ Secondly, the 1987 logistic estimate changed from 552 in April 1988 to 662 in May 1988 to 562 in June - August 1988. The model base and all of the other figures remained the same throughout this period. While this may be explainable as simple typographical errors, it does not inspire confidence in the remainder of the statistics.

As the figures showed, the September 1988 estimates were significantly higher than the earlier calculations. After this point, they gradually declined. One reason could be the

¹⁸⁷ These are the dates of publication for the Surveillance Update.

¹⁸⁸ To further confuse this, the March 1989 estimates were the same as February 1989, but were based on a different sample date (cases reported by September 1, 1988 and reported by December 1, 1988).

under-estimation of earlier figures. For example, the 1987 estimates were 552 (logistic) and 653 (polynomial). By September 1988, the calculation was obviously low as the number of 1987 cases was calculated at 669 (with more reports still to come).¹⁸⁹ It was possible that this readjustment also took into account the effects of the revised case definition. Since this readjustment, the estimates were slightly high. The projected figures for 1988 ranged from 891 to 1,061 (depending on the model and the date of calculation). As of December 1990, 950 cases had been reported as having been diagnosed in 1988. The logistic estimates for this five-year period were: 949 (1989), 969 (1990), 976 (1991), 980 (1992) and 980 (1993). If these were correct, then the disease would plateau in the early 1990s. This concurred with the opinion of Clayton and Wells, who stated that 1995 might be the mid-point of the epidemic cycle for AIDS, after which the number of new cases would steadily diminish (Clayton and Wells, 1989: 10).

The last part of this section contained a statement on how fast the number of reported cases was doubling. There was no explanation of how this figure was derived, nor did it change in concert with the logistic and polynomial estimates. It could not be generated from the monthly updates, as accurate figures were not available for up to a year or more. But this number did change, sometimes monthly. For example, in December 1987, the number of reported cases was doubling every 13 months. This calculation proceeded to change quite rapidly: 15 (March 1988); 16 (April 1988); 15 (May 1988); 16 (June 1988); 17 (July 1988); 16 (August 1988); 18 (December 1988); 17 (January 1989); 18 (March

¹⁸⁹ There is a long lag time before full figures are known for any time period. In November 1989, FCA reported that there had been 792 cases diagnosed in 1987.

1989); 19 (July 1989); 20 (November 1989) and 25 (December 1990). This figure was expected to change, as it was related to cumulative data. This did not mean, however, that the number of new cases each month was rising.

Section X contained international statistics, with total cases, number dead, and rate per million for all countries reporting to the World Health Organization. These figures were also cumulative.

In September 1988, a new table was added -- "Case distribution by Province/Territory and Risk Factors." However, only Ontario, Quebec and British Columbia had separate figures. The rest of the provinces and territories were compiled together. And, in April 1989, five pages of bar graphs and pie charts were added, to make visual some of the data contained in the tables.

The National AIDS Strategy -- Draft Plan

It was announced, by Health Minister Perrin Beatty at the V International Conference on AIDS, that Canada was seeking to develop a National AIDS Strategy. The reason for this announcement could have been Beatty's sincere desire for the government to promote effective anti-AIDS programs,¹⁹⁰ but it also served as a response to charges that the

¹⁹⁰ Shortly after becoming Minister of National Health and Welfare, Beatty read Randy Shilts' account of US government inertia in the book And the Band Played On. Apparently, he was moved by the account and resolved to generate a more effective governmental response in Canada (MacGregor, 1989). The first concrete evidence of this was the development of a policy statement for treatment of PWAs or PWHIV's in the federal public service. In addition, his closing speech at the International AIDS Conference included a denunciation of past government policy failings and prejudicial rulings with respect to PWAs.

national AIDS program was in disarray. Beatty was also new in his position as Minister of Health and Welfare, so there was a political necessity for him to appear to be acting quickly and decisively.¹⁹¹ That this announcement would be made at an international AIDS conference also enhanced Canada's image of "doing something" about AIDS.

However, the National Strategy took longer to develop than originally planned. It was to be completed by the end of 1989, but the deadline was not met. In the spring of 1990, it was announced that the strategy would be released on June 28. The longer it took to develop, the higher the expectations became, and a serious wave of protests were planned in the event that the strategy did not contain major new initiatives (York, 1990).

Two documents related to this national strategy will be discussed briefly. The major concerns will be the characterizations of PWAs and the solutions being offered. (The virus itself was assumed, but not discussed.)

The first paper is entitled "A Policy Framework for the Federal AIDS Program" (Health and Welfare Canada, 1989). It was disseminated at the FCA Booth at the Conference on AIDS in Montreal. It was a set of policies, as currently practiced, which were to be used as reference in developing the strategic plans to come later (in the form of the National AIDS Strategy). The paper made frequent reference to "HIV-infected persons and persons with AIDS," rather than "cases" or "seropositives" or "victims." In one location, the term "persons living with AIDS" was used. These terms were employed in relation to the individual rights and freedoms of PWAs and the necessity to preserve their dignity

¹⁹¹ In the process, he could distance himself from the actions of the former Minister, Jake Epp, who was perceived as being too preoccupied with moral issues to fully support the necessary education and prevention programs.

in the face of the disease. As such, it represented a very humane term of reference and mirrored the conventions suggested by PWA groups.

In terms of solutions, the document recognized "the individual as the primary and most effective agent for prevention and control of HIV infection" (Health and Welfare Canada, 1989: 9). This fit with other messages about "responsible" lifestyles, emphasizing that each person's health status was an outgrowth of their choices. While this empowered people, it could also be a source of "blame" when someone became ill.

At the same time as the individual's activities were privileged in preventing the spread of HIV, there was a need to maintain a surveillance to ensure that this happened. Under "epidemiology" the document stated:

NHW will identify populations which engage in high risk behaviour as the basis for further biomedical and social science research (Health and Welfare Canada, 1989: 4).

Whether the goal of this further research would be to protect or to control these populations depended on one's interpretations. Research could be a method of exerting control. In the least, it sometimes provided "data" which could be used to legitimize interventions. In a speech at the V International Conference on AIDS, Dr. Maureen Law (Deputy Minister of Health and Welfare Canada) recognized

the need for governments to have the courage to implement programs to address effectively risk-taking behaviour, even when the programs themselves may be controversial (Law, 1989: 4).¹⁹²

Specifically, persons engaging in high risk behaviours were targetted for public awareness

¹⁹² In the original script, the word "measures" was used instead of "programs." The former has a more legislative and regulatory connotation.

and education programs (Health and Welfare Canada, 1989: 7).

The second text related to the development of the National AIDS Strategy is "A Working Document For The Development Of A National Strategy On HIV Infection And AIDS," prepared by a private consulting firm. After announcing the initiative to produce a national strategy, the FCA gave the job of devising a working document to the firm of Sadinsky and Associates.¹⁹³ The report's primary authors, Ian Sadinsky and Earl Berger, consulted with federal and provincial health authorities, NAC-AIDS, and a wide variety of AIDS-interested organizations (including PWA organizations, the CPHA, the CMA and the Canadian Hemophilia Society).

The Working Document was released to the above parties in late October 1989, and feedback was requested by late November. A consultation was planned for early December, and the strategy was to be in place by December 31, 1989.¹⁹⁴ While the initial consultation was broadly-based, the length of time provided for revisions to the draft document was rather short. As noted, the authors of the report were not government employees, but the document represented a distillation of government advice and policy direction, and a necessary link in the consultation process, and so will be considered as an official discourse.

The virus itself was not discussed at length, but a definite distinction was made between HIV and AIDS. In addition, it was stated that "within ten years HIV infection could be

¹⁹³ According to a government source (who wished to remain anonymous), Sadinsky was involved in the writing of Minister Beatty's final address at the International AIDS Conference.

¹⁹⁴ In the end, the policy was released on 28 June 1990, to significant criticism -- not only for being late, but also for including no new money and for avoiding contentious issues such as immigration restrictions, risk in prison populations and the evidence of increasing homophobia.

transformed into a curable or at least a conventional chronic condition" (Sadinsky and Associates, 1989: 8). Some PWA groups argue that, due to the numbers of PWAs who are living longer after diagnosis than previously forecast, it should now be re-classified as a chronic condition.

Since this document involved strategic policies, the majority of it concerned solutions, specifically those which government could perform/ enforce. The very first strategic objective was to "establish the dimensions and characteristics of HIV infection and AIDS." It was argued that long-range planning and resource allocation could not be done without a reasonably accurate knowledge of overall seroprevalence. This would require some form of large-scale testing.

One issue surrounding epidemiology and testing has been the problem of how to develop an accurate profile of the actual incidence of HIV in Canada. Those who decide to get tested may not be representative of the total population, and the results may over-estimate HIV seroprevalence. On the other hand, the findings from the testing of the blood donor population may not be generalizable, as some self-selection has taken place during this process as well.¹⁹⁵

One solution that has been proposed has been to test left-over blood, collected for other diagnostic procedures. Such tests would be "blinded" -- anonymous and unlinked. The original donor of the blood would not be aware that a test of her/his blood was being done nor would there be any method by which researchers could trace the donor from the blood sample (Sadinsky and Associates, 1989: 10). This, it was argued, would provide

¹⁹⁵ Certain "risk groups" are actively discouraged from donating blood.

the most unbiased estimate of HIV prevalence. This proposal was also being actively discussed by the Bureau of Epidemiology and Surveillance (FCA, 1989: 29).

There were still some legal and ethical questions to be resolved around this form of testing. Legally, did anyone have the right to perform a test on a person's blood without prior knowledge and consent, even if all personal identifiers were removed prior to testing? To what extent did people "own" their blood and thus control the tests to which it was subjected? On the other hand, if the test was positive, did the donors not have a right to this information? Normally, patients have a right to medical information about their own bodies. Would "blinded" testing not contravene this principle? If a person were informed of a positive test, they could then modify their sexual practice (if necessary) and in the process possibly extend their own life and protect others. The question remained, "was epidemiological knowledge so necessary that its collection outweighed these other considerations?" And, how would such knowledge assist in the struggle against HIV and AIDS?

In addition to these wider surveys, the document suggested the need for seroepidemiological studies of certain "target populations." These would include homosexual men, bisexual men, injection drug users¹⁹⁶ and people with high rates of STDs (Sadinsky and Associates, 1989: 11). Prior consent would be necessary with such studies. This looked suspiciously like a semantic re-arrangement, from the use of "risk groups" to "target populations." It used the "risk group" model of speaking as it implied

¹⁹⁶ In a rather encompassing and decontextualizing statement, the document claimed that "there is no evidence that the same pattern [of injection drug abuse] does not exist in Canada [as in the US]" (p. 21). Neither was there evidence that the same pattern did exist.

that some people were at risk due to their membership in a particular group, not due to any particular activities.

Indeed, the second strategic objective was "breaking the chain of transmission of infection through cooperative, targetted behaviour change programs" (p. 17). It was recognized that information which spoke to the context and in the language of these groups would be most effective for its members. And, the assumption was that if the "chain of infection" could be broken within these groups, the population at large would be safe.

Other target populations included women (due to their primary role in birth control matters), prisoners, "ethnic populations," and sex trade workers. Again, it was not clear whether the concern was over transmission to, within or from these groups. Maybe all three.¹⁹⁷

Throughout this discussion of solutions, the role (and rights) of the state as an actor was privileged. The state was the one actor suitably situated to "break" this chain of transmission. The document noted that "the state... has the obligation to control the spread of the infection and to protect the public at large from infection" (p. 15). (This was at odds with the claims that the locus of prevention was within the individual and the most effective method of behaviour change was through community-based education.) Elsewhere, in relation to partner notification and contact tracing, Sadinsky and Associates

¹⁹⁷ The document did not close off either interpretation. In one place it would state that "some of the most successful behaviour change programs have been carried out by gay and hemophilic organizations" (p. 19), and several pages later would note that "there is anecdotal evidence of an increase in the rate of transmission among young gay men, and of the resumption of unsafe practices among some older gay men" (p. 22).

claimed that "the state... has a vital interest in ensuring that partners and contacts are informed of their risk as soon as possible" (p. 25). Given this "vital interest," notification was allowable, whether or not consent was given.¹⁹⁸

In general, there was a strong affirmation of the necessity of education, even explicit education. The authors wrote:

There is somehow in the Canadian psyche the conviction that it is better to risk a child's life, than to talk to that child about penises, vaginas and condoms. The World Health Organization in 1975 referred to the "right to sexual information". The right to information, and the accompanying education in values and ethics, has taken on a life-and-death dimension with HIV infection and AIDS (Sadinsky and Associates, 1989: 27).

The effort to help people, the authors claimed, was inherently moral. It would be immoral to do otherwise.

In terms of organizational solutions, beyond those which currently existed, the report recommended the formation of the Canadian Council on AIDS. The Council would bring various groups together in one context. (The groups would include government representatives, PWAs, labour leaders and members of medical and professional organizations.) The members of the Council would be responsible for implementing the Council's initiatives in their own respective organization. Even if this suggestion was not followed up, it appeared to be an attempt to build some interaction into the AIDS management structure. Noticeably absent from the discussion of the Council was a

¹⁹⁸ Notification of sexual partners was successful only if the sexual partners were known (as in the case of spouses, where the sexual nature of the union was assumed). Contact tracing was almost impossible without the consent of the index person. Thus, the threat to undertake these without prior consent was more pejorative than actual.

description of how it would interact with NAC-AIDS or the Federal Centre for AIDS. This may have been a way of further distancing the work of NAC-AIDS from the government agenda.

Finally, a couple of notes about substantive material in the working document. At one place, the authors stated that prevention programs related to STDs had been relatively ineffective, "as witnessed by the spread of gonorrhea and chlamydial infection in the general population" (1989: 17). Aside from the implication here that such diseases arose outside of the "general population," the figures on gonorrhea show a decline in recent years. According to a Canada Diseases Weekly Report Supplement, at least part of this decline (which has been greater among males than females) "may be related to behavioral changes in the homosexual community as a result of increased AIDS education and prevention efforts" (Health and Welfare Canada, 1988: 5). At least within limits, there was some evidence that public health advice affected both behaviours and rates of infection.

Secondly, the document reported that "there are rare cases of accidental transmission in workplace settings" (p. 26). However, the Health-Care Worker Surveillance Program had not reported any cases of seroconversion among workers who had come in contact with HIV-infected substances. The statement might refer to the United States, where a small number of health care workers had seroconverted.

Finally, one of the most prominent spokespersons for the government on AIDS was Dr. Alastair Clayton. As the Director General of the FCA, he was called upon to explain and justify government response. In his position, he was one of the primary definers of AIDS

and the appropriate solutions. Nevertheless, it was still understood that he was not a policy maker, but essentially a civil servant. For example, during the 1988 Canadian AIDS Conference in Toronto, AIDS activists burned Jake Epp in effigy, not Alastair Clayton. Clayton was criticized for not making the federal AIDS bureaucracy work more toward the interests of PWAs, but not for setting up inappropriate policies.

At times, Dr. Clayton's responses to the press have been either less than forthcoming or open to unfortunate interpretation. Some of the apparently-contradictory positions were undoubtedly a result of adjustments in the message as new information was gathered. However, these adjustments were often rather slow in being integrated. For example, in 1984, a comment attributed to Clayton (who was then director of the LCDC), set out a clear implication of AIDS as a "gay disease" or at least limited to gays.

Clayton says there's no question that AIDS is a serious disease. However, he says that male homosexuals are the only ones who should be really worried (Canadian Nurse, 1984).

By 1984, many were trying to downplay the "gay disease" aspect, both because it was diverting attention from preventive measures that everyone should be aware of and because it simply misrepresented the vectors of transmission.

In a later interview, Clayton responded to a question about the FCA's biggest concern by saying, "I think it is our inability to educate our high risk groups" (cited in Wardrop, 1987). While it was not specified which "risk groups" were not being educated, there was evidence at that time that both persons with hemophilia and the gay community had done considerable work in education and had made changes in sexual practices (cf. Judson, 1983).

But by the time of the V International Conference on AIDS, Clayton recognized the importance of such community work. In his plenary address, he stated:

We know that many people in the gay community are now well-informed and have adopted behaviour changes which seem to have resulted in the containment of the infection. The comprehensive communications resources of this sophisticated community have proven to be a major asset in getting the message across (Clayton and Wells, 1989: 12).

An asset, it should be pointed out, which was neither recognized nor promoted during most of the history of AIDS in Canada.

National Advisory Committee on AIDS

In August of 1983, the Minister of Health and Welfare set up the National Advisory Committee on AIDS (NAC-AIDS).¹⁹⁹ The Committee's mandate was to make recommendations "with respect to federal government leadership in the control, prevention and management of [AIDS]" (NAC-AIDS, 1984: 1). Even after the creation of the FCA, its mandate continued to be the provision of scientific advice to the Minister.²⁰⁰ The

¹⁹⁹ It was supported by the Laboratory Centre for Disease Control, part of the Health Protection Branch of the Department of National Health and Welfare.

²⁰⁰ There were two groups largely responsible for successfully lobbying Health Minister Perrin Beatty to boycott the VI International AIDS Conference in San Francisco (held in June 1990). One was the Canadian AIDS Society (a consortium of Community AIDS groups) and one was the NAC-AIDS. The FCA did not take any leadership on the issue.

Committee was composed of 16 persons, all scientists and physicians.²⁰¹ The members represented the disciplines of immunology, microbiology, epidemiology and infectious diseases. Thus, the kinds of advice given the Minister from NAC-AIDS would be based on the perspectives of these disciplines. Although the Committee made recommendations related to social sciences or public health, these were not areas of their expertise. In spite of the number of scientists and researchers on the Committee, by its second year of operation NAC-AIDS stated that prevention was their primary goal (NAC-AIDS, 1985: 11).

The Committee was chaired by Dr. Norbert Gilmore, one of the most active medical spokespersons related to AIDS throughout this decade. He chaired the Committee until his resignation in February 1989 (accepted by Minister Perrin Beatty in April 1989). Gilmore complained about bureaucratic wrangling and a lack of cooperation between NAC-AIDS and the government, and claimed that:

For years we have been living on the promise that something would be done tomorrow. Well, these people have been at it for more than six years now and we still don't have the programs that we need. No one knows what's being done, who's doing it or what is needed for the future. It's chaos (cited in Ottawa Citizen, 1989B).

His resignation came only months before Canada hosted the V International Conference on AIDS in Montreal -- a time when the Department of Health and Welfare and the FCA were trying to emphasize the effective action that the government had taken against

²⁰¹ This list included some of those who went on to become prominent medical experts on AIDS. For example, Dr. Alastair Clayton (Director General of the FCA), Dr. Norbert Gilmore and Dr. Richard Morisset (Chair of the Programme Committee of the V International Conference on AIDS, held in Montreal). All members served on a voluntary basis.

AIDS.

Despite its small size and modest budget (set at \$1.49 million over a four-year period), the Committee sponsored conferences (the first one within their first year of operation), collected and disseminated scientific information regarding diagnosis and protection for health care workers, procured laboratory equipment for diagnoses and antibody testing, and produced one of the first government pamphlets on AIDS for the public ("AIDS IN CANADA -- What You Should Know").²⁰²

The work of NAC-AIDS was instrumental in developing recommendations to guide health care workers -- from devising a case definition of AIDS to making suggestions on the safe laboratory handling of specimens from PWAs. Thus, its role was initially one of educating the medical and research community and keeping it apprised of developments. This information was published in Canada Diseases Weekly Report as well as Medical Post and Le Courrier Médical.²⁰³ Information such as the guidelines for the investigation and treatment of PWAs were published in the Canadian Medical Association Journal. It was determined that this was the most cost-effective means of disseminating the information to physicians (NAC-AIDS, 1985: 6). Given the uncertainty about AIDS at the time the Committee was formed, it became involved in a wide variety of studies, some of which were more broadly related to immunology and viruses in

²⁰² Two-hundred-thousand copies were distributed in 835 supermarkets across Canada in 1983-84. In 1984-85, 900,000 more were distributed to provincial and local health authorities, hospitals, clinic and schools, including 250,000 which were put in Campus "Grab-it" Kits for college and university students.

²⁰³ The latter two publications have a specialized circulation of about 50,000.

general.²⁰⁴

After the formation of the Federal Centre for AIDS, the responsibility for supporting and assisting NAC-AIDS was given to the Bureau of External Cooperation of the FCA. There were some indications, especially in the latter part of the 1980s, that the committee's role was diminishing. For example, in May 1988, it was reported in the House of Commons that NAC-AIDS had not met for six months, and no plans had been made for a meeting in the near future. This was during the time when the government was re-evaluating the amount of money being spent on AIDS programs, and it would seem appropriate for the advisory committee to have been involved in the process. In addition, the proposal for a new Canadian Council on AIDS (included in the first draft of the National Strategy on AIDS) did not mention NAC-AIDS as a player in the new Council. These pieces of evidence, along with the resignation of Dr. Gilmore, the chair and most visible member of the committee, suggested that the NAC-AIDS was no longer a primary government actor. Its role from the earlier stages of governmental response had been superseded by the National AIDS Centre and later the Federal Centre for AIDS.

Canada Diseases Weekly Report

The Canada Diseases Weekly Report (CDWR) is published and distributed by the Laboratory Centre for Disease Control of the Department of Health and Welfare. It

²⁰⁴ For example, a contract was issued to Dr. Jean Joncas (Montreal) to "provide national reference services for Epstein-Barr virus" (NAC-AIDS, 1984: 8). This was at a time when many other conditions were being considered as possible co-factors in the cause of AIDS.

presents current information on infectious and other diseases for persons working in the health care field. The material, for the most part, represents the government voice on issues such as HIV transmission risks and testing policies. One of the most common topics related to practical precautions which could be taken against HIV infection for professionals, from health care workers (CDWR, 1987C) to funeral directors (CDWR, 1986D). The NAC-AIDS had either authored or adapted many of the articles. As such, this publication was useful in this study mostly for comparative purposes, to note the linkages and gaps between this discourse and others.²⁰⁵

However, a couple of comments are warranted here. Despite the fact that the discussion of the virus was quite complete in many articles, one issue included an announcement for a conference at an Ottawa community college. The conference was called "AIDS: Taking the Fear Out of Cancer" (CDWR, 1986A: 71). This conference, which was claimed to have been "designed to dispel misconceptions about AIDS," was itself perpetuating a misconception -- the designation of AIDS as a cancer.²⁰⁶ While CDWR was not responsible for the conference, it did have a responsibility to its readers to present consistent information regarding AIDS.

In relation to vectors of transmission, one article in the CDWR stated that "in the

²⁰⁵ For example, the CMA position that, in the case that an infected person refuses to notify his/her sexual partners of the HIV infection, the physician has a responsibility to do so, was somewhat upheld by an article on contact tracing (CDWR, 1987A). However, the CDWR held this position specifically in the case of males who would not inform their female sexual partners. Thus, the concern was to warn potentially-pregnant women and prevent perinatal transmission.

²⁰⁶ Some early constructions considered AIDS to be a cancer (sometimes called "the gay cancer"), but by 1986, three years after LAV was first isolated, such views were largely disputed. However, there still were some links between the diseases, as some PWAs suffered from cancers. In addition, the members of the NAC-AIDS has sometimes included oncologists.

majority of cases it [HIV] follows multiple sexual contact among male homosexuals" (CDWR, 1985: 145). No distinction was made here about what kind of sexual contact was risky, or even mention that there was a hierarchy of risk. However, in a later article, CDWR noted that:

condoms should be used during anal or vaginal intercourse, as well as oral sex. This method may prevent contact with semen or vaginal secretions which could transmit infection (1986A: 67).

This was as explicit as the CDWR got about safer sex.

Finally, the information presented was sometimes complex, reflecting the nature of the medical and ethical issues that were being weighed. For example, the discussion of antibody testing defined three conditions of testing (voluntary, mandatory and compulsory) as well as a six-level hierarchy of recommendations (unwarranted, not necessary, may be advisable, recommended, strongly recommended and essential) (CDWR, 1989). Then, these two were put together in relation to a number of situations, resulting in a collection of precise, but complex, policies.²⁰⁷

Canadian Human Rights Commission

In the federal government, one of the final arbiters of human rights issues, including those related to HIV infection, is the Canadian Human Rights Commission (CHRC). It

²⁰⁷ This data was used as source material for mainstream media stories on testing. However, when the media reported on such decisions, they necessarily simplified, sometimes distorting the message of the policy. In the case of the testing guidelines, the Ottawa Citizen headline simply read "Get tested for AIDS, federal guidelines say" (Ottawa Citizen, 1989A).

occupies an intermediary role within society, as well as within this study. While still an arm (however long) of the government, the CHRC nevertheless is mandated with the responsibility of protecting the rights of all citizens against any source of discrimination, as set out in the Canadian Human Rights Act. This includes discrimination perpetrated by government departments. Over half (309 of 516) of the complaints dealt with in 1988 were against departments or branches of the Canadian Government (CHRC, 1989: 60). The Commission does support some of the interests of counter-cultural groups (see below), but it remains a part of the official system of grievance, and speaks with the authority bestowed by Parliament. Thus, it will be considered as a part of the official discourse, with the obvious provision that its actions are sometimes counter to much of the discourse of which it is a part.

As of January 1989, sexual orientation was a prohibited ground for discrimination in only Manitoba, Ontario, Québec and the Yukon. (However, Ontario does not ban discrimination on the ground of sexual orientation with regard to accomodation.) The Canadian Human Rights Commission, in its 1987 Annual Report, petitioned the federal government to adopt "sexual orientation" as a proscribed ground of discrimination (CHRC, 1988A: 10). This recommendation was repeated in the 1988 Report, and CHRC noted that "Parliament has, however, been reluctant to give a lead in this matter and is now in some danger of missing the boat" (CHRC, 1989: 15).

Several disability complaints involving PWAs have been brought to the CHRC.²⁰⁸ These involved discrimination in employment or the provision of goods, services,

²⁰⁸ Two in 1986 and one in 1987. The number for 1988 was not specified in their annual report.

facilities and/or accomodation. The CHRC was also prepared to rule on cases which involved discrimination based on drug testing in relation to employment,²⁰⁹ or discrimination due to fears of casual transmission of HIV in the work setting. The Commission stated, in its 1988 report, that they had so far received very few HIV or AIDS-related complaints (1989: 25). However, they were aware that public concern might result in discriminatory practices against PWAs, and they were prepared to deal with such situations.

A position paper on AIDS, put out to clarify the Commission's policy, raised an interesting scenario. According to CHRC, not only were PWAs and PWHIVs considered to be suffering from a disability, but anyone who received discriminatory treatment due to a perceived assumption that they might have HIV or AIDS also deserved protection.

The exact wording was as follows:

The Commission will deal with complaints that allege discrimination ... due to stereotypical assumptions that an individual is HIV infected based on that individual's membership in a group associated with the HIV infection. The complaint will be based on the grounds of perceived disability and sex, race, colour or national or ethnic origin (CHRC, 1988B: n.p.).

The last sentence suggested the possible bases for the complaint, all of which were current prohibited grounds of discrimination. Noticeably absent was "sexual orientation," but that had not been ratified by Parliament as an official grounds.

However, elsewhere in the same paper, the CHRC stated that the groups associated with

²⁰⁹ Due to the wording of the Human Rights Act, the Commission cannot challenge the need to test for drugs, but it can lodge a complaint if an employer claims that a positive test is grounds for dismissal.

HIV were: homosexual and bisexual men, intravenous drug users, newborn children of HIV-infected women, persons with hemophilia and persons born in "high-risk" countries (where AIDS was held to be endemic). Thus, according to the Commission, these were the "high-risk" groups for AIDS. If a person was discriminated against due to membership in one of these groups, and if it could be shown that the discrimination stemmed from a fear of AIDS, then a valid complaint could be lodged. Through this somewhat circuitous route, the Commission would have a way of prohibiting some discrimination due to sexual orientation. And, given the amount of media (and other) coverage which emphasized AIDS as a "gay disease," such a complaint would not be unlikely.

One note about the position paper on AIDS is in order. The paper used the term "high-risk groups" to describe the groups associated with HIV, and even referred to "high-risk" countries. In the latter case, the paper used quotation marks to set off "high-risk," but not so in the former case. To claim that gays were necessarily in a "high risk" group by virtue of their sexual orientation could be construed by some as prejudicial. It was itself a stereotype.

Provincial Government

In Canada, controlling the spread of HIV infection has been taken to be a federal matter. However, treating AIDS is a provincial responsibility. And, in some cases, provincial governments have been very active in preventive activities as well. In this section, some

of the texts from the Ontario Ministry of Health campaign are discussed. In addition, some comments on the BC government's activities are included, as a way of showing how ideology can obscure the message of official discourse.

Ontario Ministry of Health

According to the October 1989 Surveillance Update, Ontario was currently home for about 40 percent of Canadian PWAs. Since health care provision is largely a provincial matter in Canada, it is important to take the response of provincial health authorities into account.

One of the most prominent of the Ontario Ministry of Health's actions on AIDS has been the "Let's Talk" campaign, which included both print and audio/visual materials. Initiated in March 1988, the two-year, \$7 million educational campaign was developed with two main objectives:

First, to dispel the myths and misconceptions about AIDS that still persist; second, to give people the facts and information they need to take preventive measures and stop the spread of this disease (Caplan, 1989: 7).

The flagship of this campaign was a pamphlet entitled "AIDS: Let's talk." More than three million English copies of this pamphlet were distributed by mail to every household in Ontario. In addition, the pamphlet was produced in French, Chinese, Vietnamese, Greek, Portuguese, Italian and Spanish and was distributed through multicultural organizations. Thus, this 12-page pamphlet probably received the widest distribution of

any government material on AIDS.²¹⁰ The pamphlet was prepared by OPEPA (Ontario Public Education Panel on AIDS).

According to Gary Kinsman, the pamphlet, and other materials in the "Let's Talk" campaign, were directed at heterosexuals (a category which he argued was equivalent to the "general public" in the Ministry of Health's evaluation) and thus "neglect the concerns of gay men, contain no positive portrayal of PWAs, and no explicit discussion of safe sex practices" (1988D: 5). The reason for this focus was explained by Gerry Kane, president of the advertising firm to develop the ad campaign, as follows:

If AIDS is a disease that has the potential to sweep through all sections of the community, you don't want it to be seen per se as a gay disease or a drug users' disease, because most of the people in the community are neither gay nor drug users (cited in Sutter, 1988: 3).

At the same time, there was no scapegoating of PWAs in the campaign, and there was an appeal to be kind and caring toward those with the disease. And Ed Jackson, a community education co-ordinator at the AIDS Committee of Toronto, characterized the campaign (in spite of its bland nature) as being "fairly good," especially in contrast to other efforts undertaken in Canada (cited in Sutter, 1989A).

Due to the lack of explicit detail, several misconceptions were not addressed (for example, the important distinction between "protected" and "unprotected" intercourse). And, since the audience was conceived to be all Ontario residents, the specific context of many people was not taken into account. Thus, they may not have been given the

²¹⁰ In addition to this distribution, the pamphlet received some media attention. For example, the Toronto Star published the questions and answers in full even before the pamphlet had been mailed out (Toronto Star, 1988A: A30).

information they needed on how to protect themselves. But that may be part of the danger of expecting one message to speak to everyone's personal context and experience. In addition, governments are subject to the demands of a wide variety of constituents, some of whom would be quite offended by explicit material. As a mainstream government initiative, the "Let's Talk" campaign was reasonably successful in bringing AIDS to public awareness. As one measure of its success, calls to the provincial AIDS hotline tripled after the campaign began, and were running at about 3,000 per week in mid-1989 (Caplan, 1989: 7).

The pamphlet was organized as a series of questions and answers, and the statement was made that "all the important facts about AIDS are contained in this booklet" (Ontario Ministry of Health, 1988A: 3). This reference to "facts" tried to affirm that scientific knowledge was a way of knowing beyond mere speculation and observation, without acknowledging that facts have factors (agents who mediate the interests of the facts).

This reference to the discourse of neutral science was an important way to silence criticism about the nature of the advice which was presented. For example, if a source used "science" to prove that chastity was the best protection against HIV for adolescents, instead of simply stating that chastity should be a norm for all adolescents, then she/he was less likely to be accused of promoting a moral agenda. The problem with this was that a conservative moral agenda was rendered more credible by presenting itself as public health advice. And sometimes, it was hard to discern the difference between the two.

In answer to the question, "How can I protect myself from the AIDS virus?"²¹¹ the pamphlet gave a list of six strategies (pp. 5-6). It was uncertain what the order of the strategies were intended to indicate, but they did appear to be listed in a hierarchy from "most-conservative" to "least-conservative." In addition, the list of precautions moved from those requiring the most behavioural change to those requiring the least. The second-level changes (those involving barrier methods, such as condoms) were not mentioned until the fourth suggestion.

One could also ask whether the ordering of the list implied that the safest responses were mentioned first, followed by increasingly-dangerous fall-back positions? Did this suggest that everyone should strive toward the number one position? Are the options at the end of the list partial failures of will? Weaknesses of the flesh?

The first advice was to "Abstain from sex." This was tossed out in the manner of a fashion consultant saying "abstain from wearing brown with navy blue!" While the suggestion was appropriate for some, the history of the species illustrates that it is not a universally successful strategy. At some point in most people's lives, they wish to express their sexuality in physical terms with someone else.

The second suggestion was: "If you are sexually active be monogamous. Have only one sexual partner who is not infected by the AIDS virus." This was usually near the top of any official list of preventive measures. However, as mentioned earlier in the pamphlet, it was sometimes difficult to determine if someone was infected with HIV.

²¹¹ Throughout the pamphlet (and other Ministry literature), the term "AIDS virus" is used to mean HIV.

Third, the pamphlet suggested: "Don't have sexual intercourse with anyone who has had a number of other sexual partners." Personal monogamy was not enough, but one should demand a retroactive monogamy from all potential partners. This was similar to the statement that, when you have sex with someone, you are also having sex with everyone in your partner's sexual past. This extended the definition of promiscuity to include anyone having intercourse with a "promiscuous" person.

Thus far, there was no discussion of what kind of sexual intercourse one should or should not have. Or even whether certain practices might be more risky than others.

This information appeared in the fourth suggestion:

If you have sexual intercourse with someone whose past you're not sure of, use latex condoms. To be extra careful, women should use a spermicidal foam **along with** latex condoms. Use a foam that contains the ingredient nonoxynol-9: if the condom breaks, the foam will help kill the virus.

This was the only reference to safer sex in the brochure, and it was barely explicit enough to provide valuable advice.²¹² Kinsman, in reviewing the "Let's Talk" campaign, argued that the government was hesitant to mention safer sex because:

safe sex was pioneered by lesbian and gay AIDS activists, or maybe because mentioning it would break the linkage between sex and danger which is the underlying subtext of the brochure (1988D: 5).

Maybe the piece of advice closest to a safe sex message came in the answer to "I am not in a long-term relationship. Do I have to worry about AIDS?" The pamphlet suggested:

²¹² For example, how are condoms used, when should they be put on, and what are some ways of negotiating their use?

"Find other ways -- besides intercourse -- to express your affection for people. If you're having intercourse, always use a latex condom" (p. 9). It was not specified whether these "other ways" involved any expression of sexuality (for example, mutual masturbation).

The last two suggestions related to intravenous-drug users. First, the brochure advised people not to use needle drugs, and gave the number of the Addiction Research Foundation in Toronto. "If you do abuse drugs," the pamphlet continued, "don't share needles or equipment." No mention was made of inexpensive ways for IV drug users to clean their needles.

The final answer to "How can I protect myself..." was "Don't have sexual intercourse with anyone who has used needle drugs." Once again, sexual intercourse was not defined. Could it be assumed to be penetrative genital intercourse? And why were condoms not mentioned? Like those who have had many sexual partners, needle drug users were to be set outside the boundaries of possible sexual partnership. Since this information was intended for everyone, people in those two groups would have difficulty finding partners, for they were to be shunned as too dangerous for sexual intimacy.

It was stressed that those in long-term relationships need not worry about AIDS. "If you've been with only one person since 1978 -- and neither of you has used drugs or had a blood transfusion between 1978 and November 1985 -- you don't have to worry about the AIDS virus" (p. 9). However, this left a large group of people who should be worried. And what suggestion was made for those? "If you are concerned, you should see your doctor" (p. 11). This recognized the medical profession as the authorized site of response.

However, the brochure also emphasized that HIV could not be transmitted through hugging, toilet seats, swimming pools, sharing of dishes, mosquitoes, kissing or other casual contacts. While the text expressed the impossibility of casual transmission as a vector, all of the pictures represented people in casual situations -- standing on steps, sitting in an outside patio, in a gymnasium or a bar, at a photocopier and in a living room. Why these photos? Did they demonstrate people at risk? Or people who were safe?

Another, more specific, publication of the Ontario Ministry of Health was a booklet entitled Understanding AIDS and HIV Infection: Information for Hospitals and Health Professionals (1987). It was intended for a limited professional audience -- people who would probably be assisting PWAs at some point. The booklet was a guide to diagnosis, evaluation, epidemiological tracing, treatment and prevention. It is included here as an example of one segment of the official discourse speaking to another. It also illustrates how concepts such as "high risk groups" are, at basis, problematic.

In this publication, as expected, the distinction between HIV and AIDS was prominent. The extended discussion of the process of diagnosis of AIDS illustrated how complex such an interpretation might be. The text of the body is not always easily interpreted, and determination of infection is a process of elimination. The case definition for AIDS (taken from the Centers for Disease Control in the United States) was:

A person who has had a reliably diagnosed disease that is at least moderately indicative of an underlying cellular immune deficiency, but who, at the same time, has had no known underlying cause for diminished resistance to the disease (Ontario Ministry of Health, 1987A: 3).

Thus, if a person (referred to as a "patient" here, to reflect the medical division of client/professional) had an immune system disorder not related to any other known cause, then the suspicion of AIDS began. There followed several tests, for antibodies to HIV and for a count of T-helper lymphocytes. However, a case designation could be made, even in the absence of such test results.

The epidemiological tracking of the disease is reliant upon accurate diagnoses at this level. It is during this process of elimination and interpretation of symptoms and test results that a "patient" becomes a "case." It is also at this point that the "case" is reported. Part of the reporting process is a classification, by the doctor, of the "risk category" that the case falls into. These include (for adult cases) "homosexual-bisexual male," "intravenous drug abuser," "recipient of blood or blood products," "heterosexual partner of a high risk individual," "person from an endemic area," and "other/ unknown."

These were presented as distinct and mutually-exclusive categories, but some people fit into more than one. For example, 24 of the 683 persons in the "homosexual-bisexual" category also used IV drugs. But they were included in the first category, with the possible result of slightly inflating the size of the category.²¹³

On the actual form used to report the disease, there was a risk group entitled "Sexual partner or offspring of patient with AIDS, ARC or positive HTLV-III serology" (Ontario

²¹³ Another example of this shifting of categories was shown by the treatment of 26 health care workers who had parenteral exposure to HIV-infected blood and had become seropositive. Only three of the 26, it was claimed, were not already in a "high risk group." Thus, according to the hierarchy of risk categories, they did not belong in the "occupational accident" category. In addition, Morbidity and Mortality Weekly Report (who compile US AIDS data) pointed out that the three remaining persons had not been pre-screened, so their infection was possibly not related to exposure at work (Ontario Ministry of Health, 1987A: 26).

Ministry of Health, 1987A: 22). Did this mean heterosexual partner? If a PWA was gay could he not fit into this category? Presumably, a large proportion of the "homosexual-bisexual male" group contracted HIV as a "sexual partner... of patient with AIDS, ARC or positive HTLV-III serology!"

What this underscored was the assumption that membership in the category of "homosexual-bisexual male" meant that one was intrinsically at risk, regardless of one's activity. Thus, "homosexual-bisexual" took on a diagnostic and epidemiological meaning. The form did not ask about activities, but orientation, as if the latter had a physical manifestation in some way -- maybe decreased tolerance to viruses. To make "homosexual-bisexual" an epidemiological category was to medicalize sexual orientation and obscure the actual vectors of viral transmission. Finally, this document contained a section on safer sex. This was included as health care professionals might be in the position of counselling PWAs about strategies for limiting transmission. It was unfortunate that such information should be limited to professional eyes only.

BC Ministry of Health

In addition to being the province with the highest per capita of PWAs, British Columbia was often singled out by the gay press as an example of a homophobic response to AIDS. While some other government publications contain implicit rejections of the legitimacy of homosexual practice, some claimed that the information distributed by the BC Ministry of Health made this rejection explicit (see Ivers, 1987; Craik, 1987).

Two pamphlets from the BC Ministry of Health will be discussed here. Both were produced by the BC Centre for Disease Control, and received wide distribution (after September 1987). (They were also available nationally, through the Canadian Public Health Association.) For example, these two pamphlets were distributed to employers along with the booklet "AIDS Information For The Workplace."

As with many pamphlets, the authors were anonymous. Rather, the piece was intended to represent the position of the BC Ministry of Health. The only name which appeared on the pamphlets was that of the Minister of Health, Peter A. Dueck, who appeared to officially sanction the information contained therein.

The unifying motif of the Ministry's materials was a rectangular block (in red) with the word "AIDS" and a silhouette of the side view of four faces (in white). Beneath this was the statement "Be Responsible... For Life." This contained two messages -- one being that, in order to preserve your life you needed to act responsibly. (Responsible to whom?) The second message was that, for the entire duration of your life it was necessary to be responsible. If one were to interpret the four figures to be of two males (adult and teen) and two females (adult and teen),²¹⁴ then the subtext of monogamy resonated between the silhouette and the verbal motif. To be "responsible for life" also turned out to be a preferred strategy for AIDS prevention in the literature, second only to chastity.

The interpretation of this recurring motif hinged on the meaning of for life (does it

²¹⁴ There was some ambiguity in interpreting the gender of the silhouettes, however visual cues are evident. There was a size difference in the faces, with two sizes represented (adult and juvenile). Two of the figures had eyebrows and hairstyles which were a part of the silhouette. Thus, a difference was implicated in the graphic, which could well be related to gender.

mean "in order to have" life, or "throughout the duration of one's" life?). But, the two messages were not incompatible, and their very openness for interpretation could be empowering. Taken on its own, the statement "Be responsible... for life" could also be a safer sex message. But, within the context of the BC Ministry of Health AIDS campaign as well as the general policy directions and agenda of the provincial government (called "sexual puritanism and homophobia" by Craik, 1987), then the meaning was clearer: individual responsibility for disease ("Making personally responsible decisions about your own behaviour is the single most important thing you can do to avoid infection") and the moral austerity needed to avoid disease ("TO BE ABSOLUTELY SAFE, YOU SHOULD EITHER ABSTAIN FROM SEX OR LIMIT YOUR SEXUAL ACTIVITY TO ONE PARTNER WHO DOES NOT ENGAGE IN HIGH-RISK BEHAVIOUR... SOMEONE YOU KNOW IS FREE OF INFECTION" [caps in original]).

AIDS was described in the pamphlets as "a viral infection," "this deadly illness," "a devastating illness" and "a sexually transmitted disease." There was continued reference to the "AIDS virus," and no mention of HIV.²¹⁵

In terms of PWAs, there was frequent mention of "carriers." It was estimated, in the pamphlet "What you should know," that there were 10,000 to 20,000 "carriers of the AIDS virus." This "carrier state" was referred to as an early stage of the infection, which might last for months or years. There was the assumption, though, that the infection

²¹⁵ A glossary in the booklet "AIDS Information for the Workplace" claimed that "HIV" and "the AIDS virus" were interchangeable in meaning.

would progress.

The emphasis on personal responsibility throughout the pamphlets could lend support to the position that PWAs were at least partially responsible for their medical condition. In a provincial government which was dedicated to trimming social programs, the concretization of this ideology had very real effects on PWAs -- from fighting attempts at quarantine legislation (Bill 34) to seeking new drug therapies at a reduced cost (the struggle to have AZT included on the provincial drug plan).

As could be expected, the solutions which were put forward tended to be related to individual behaviour. The BC Ministry of Health implored everyone to live a "risk-free" lifestyle -- the only truly effective prophylactic. Some specific recommendations were made, ranging from not sharing a razor or toothbrush with an "infected person" to "avoid anal sex -- it's very dangerous."²¹⁶ While the use of a condom (along with a spermicide) was suggested for vaginal intercourse, no similar recommendation was made for anal intercourse. Maybe it was assumed that the former was a result of "natural human needs," whereas the latter was only a matter of adaptable desires. In the presentation of these pamphlets, anal intercourse must not be performed; it was a behaviour outside the possibility of protection. This had implications for gay sexual practice, and it placed prohibitions on an activity which was generally held to be more common among gays than heterosexuals.

In reflection, while some of the messages of the BC literature were similar to those of

²¹⁶ This concern over anal sex was also reflected in the materials prepared for the Ministry of Health by the BC Medical Association (Craik, 1987) and an AIDS education video produced by the BC Ministries of Health and Education (Ivers, 1987).

Ontario, the provincial contexts were very different. It was this history of privatized economics and sanctimonious moralism in the BC government that coloured perceptions of its AIDS education.

Conclusions

While there were some common sources of authority and evidence within this discourse, that did not inhibit the occasional alternative interpretation. For example, the House of Commons debates included a wide variety of points of view, reflecting the nature of the struggle over meaning in that site. However, official documents, especially those of the federal government, did not exhibit the same plurality of interpretation. The context of the production of authorized knowledge inhibited the emergence of such alternate interpretations.

Authorship was difficult to determine in many of the texts, as they were produced by a variety of people and sometimes went through many revisions in an attempt to get the text to "represent" only the departmental position and nothing more. Sometimes, specific authorial groups could be identified (in the case of the National Strategy on AIDS), but the emphasis was still on the text as an accurate expression of government policy. Thus, there was a strong tendency toward (small-c) conservatism and caution, at least in the government texts.

In terms of the spread of HIV, the figures used in this discourse were cumulative, from the beginning of the disease. This was unusual. This reporting style contributed to the

growing sense of urgency and even futility regarding the disease. The cumulative tally continues to be used, by both the official and the mainstream media discourse. At some point, it will lose its usefulness, as the number of new cases will be lost in the number of cases since the beginning. And, the progress of viral spread cannot be indicated with cumulative data.

Sometimes, the texts in this discourse appeared to be more concerned with protecting the population from the possibility of being offended than with protecting the population from HIV through explicit education. Certainly this was true of the federal government texts, which consistently avoided explicit educational material.

The solutions which were discussed tended to fit in with two major themes: (1) the implementation of government-sponsored programs; (2) the push to emphasize individual adjustments (often ambiguously presented, such as "be careful in choosing sexual partners"). The first theme was expected, given the institutional context of the texts. However, the second theme was ironic for two major reasons. One, this discourse dealt with state policy, and societal adaptations. By placing the onus for action on individuals (and, implicitly, grass-roots AIDS organizations), the state might be able to avoid the criticism of inertia. Secondly, this reticence to provide explicit information actually inhibited individual efforts at prevention. For example, the following "rule" for limiting one's risk of infection from the BC Ministry of Health: "Take the time to know a person and discuss your concerns about AIDS before you become sexually involved." While generally a good idea, it was not clear how effective this sort of protection would be. How would one make judgements about responses? Thus, the preferred strategies tended

3

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

toward moral prescriptions -- chastity, monogamy and caution.

In addition, within sections of this discourse, there was a construction of dangerous and irresponsible "carriers" which then legitimized the use of extra-ordinary regulatory measures. The use of legal injunctions were thus deemed to be acceptable -- legal injunctions which would essentially enforce moral prescriptions.

Throughout the texts, PWAs were consistently referred to as "cases," mirroring a bias toward a more "scientific" approach to the disease. Generally, their experience and advice (usually seen as "complaints" or "protest") was politely accepted, then ignored. And, when PWAs were presented as actors, it was most often in the context of "carriers" who represented a danger to society.

The next chapter continues with the constructions within the official discourse. Some conclusions, related to the entire official discourse, are discussed at the end of that chapter. In sum, this section showed that, within the official discourse, there was still some confusion over the nature and extent of HIV and AIDS, PWAs were morally suspect and thus held as partially culpable for their illness, and scientific medical research was privileged over public education as a solution (even though it was not fully funded).

NON-GOVERNMENTAL ORGANIZATIONS **Chapter Six**

Several non-governmental sources are discussed in this chapter. However, in all cases, they have durable links to the federal government, and their texts on AIDS have become a part of the official presentations on the syndrome. Most of the organizations presented here are non-governmental agencies which are funded by and/or maintain close links to government. However, these agencies are also linked with other discourses of knowledge, such as medicine or academia (or both, in the case of the Journal of Public Health and the Royal Society of Canada).

As in the previous chapter, there is a concern with both the constructions within the discourse (or with how AIDS and PWAs are "set into discourse") and with the ways in which contexts of text production affect the outcome. Or simply, what pre-existing interests of the specific institutional sites are legitimized in the discussions around AIDS?

Canadian Public Health Association

The most important disseminator of public health advice about AIDS on the national level is the Canadian Public Health Association (CPHA). They have produced brochures, posters, television commercials, videos and books on AIDS. They provide a service as a clearinghouse of resources for other public health workers. They maintain links with groups such as the Canadian AIDS Society. And, as the 1988 Report of the Federal

Centre for AIDS made clear:

Until June 1988, the federal government's major funded response for public education was delivered by the Canadian Public Health Association through the Association's National AIDS Education and Awareness Program (FCA, 1989: 9).

Several items from CPHA will be discussed: a pamphlet called "AIDS: The New Facts of Life;" a poster; and, a widely-distributed book written by James D. Greig and endorsed by the CPHA, called AIDS: What every responsible Canadian should know.

The CPHA educational campaign used two phrases quite widely. One was "The New Facts of Life."²¹⁷ This played on the term "the facts of life," which could refer to information about sex. It suggested that the existence of AIDS meant that these "facts of life" were no longer the same. There were now "New facts of life" to guide conduct.²¹⁸ If, indeed, AIDS represented a break with the past history of disease, then that legitimated a re-evaluation of control procedures. Did the presence of HIV necessitate entirely new health precautions, or did it just re-emphasize the value of some already-existing practices?

The second phrase was "Join the attack on AIDS." "Attack on AIDS" was always in red letters which looked as if they were spray-painted, giving them the appearance of graffiti. (The use of the graffiti motif would suggest that this was to be a guerilla attack.) In French, the phrase "Faites la guerre au SIDA" was used. Similarly, it was written in

²¹⁷ In French, this phrase was replaced by "Pour l'amour de la vie...."

²¹⁸ Another play on this "facts of life" phrase was used by the Julius Schmid company, who manufactured condoms under the brands "Ramses" and "Sheik." They produced a "safe sex" pamphlet (essentially an advertisement for condoms) entitled "The Other Facts of Life."

red spray-painted letters. This use of an obvious military metaphor could be questioned on two bases. Susan Sontag, in two books on the use of metaphor in talking about disease, adamantly argued that military metaphors needed to be retired. They skewed interpretations of disease, and did an injustice to those who had the disease. Secondly, under conditions of war, ordinary rights were suspended. If the struggle against AIDS was a state of war, then unusual measures might be necessary in order to win. The "war" against AIDS implied that the disease had a logic and a desire to "conquer."²¹⁹

The pamphlet, called "AIDS: The New Facts of Life," went through a description of AIDS, how many people were infected, the vectors of transmission and provided some safer sex advice. AIDS was described as "a new and frightening disease," and the pamphlet made the link between AIDS and HIV clear. Most of the publication referred to "HIV infection," rather than AIDS.²²⁰

When discussing the extent of HIV, the pamphlet stated "it is estimated that 50,000 or more Canadians are now infected with HIV" (CPHA, 1988: 4). According to a graphic on the next page, this figure did not count persons with AIDS or symptoms of HIV infection. The graphic depicted an iceberg, with only a small proportion of it showing above the water line. The portion showing represented persons with AIDS (1,400 +), and

²¹⁹ A sociobiologist might argue that this was the case -- that viruses protected their own interests in ways which could be interpreted as employing a form of long-term "logic" or "reasoning." Elements of the Deep Ecology perspective within the environmental movement also anthropomorphized viruses and accepted their "legitimate" rights to compete for existence (see, for example, Edmondson, 1987).

²²⁰ This concurred with the concern in the pamphlet over HIV, rather than AIDS. It was the size of the estimated pool of people who were HIV positive, which worried public health officials, not the number who had "full-blown" AIDS.

the portion under the water represented those with HIV symptoms (3,000 - 5,000) and HIV infection (50,000). Thus, the combined total of those with HIV infection was 54,400 - 56,400. No clues were given as to how this estimate was derived.

The pamphlet did not use the term "risk groups" or even "risk behaviours." Rather, when reporting the number and breakdown of PWAs in Canada, it referred to various "characteristics" which distinguished among the PWAs. These included: "Men who have sex with other men," "People who share needles or syringes for illicit drugs," "Recipients of blood or blood products," and "People who have sex with someone in one of the above categories" (CPHA, 1988: 17). Nevertheless, these were less characteristics than they were activities. However, this was certainly an improvement over the use of "risk groups." For example, using the term "men who have sex with other men" included men who might not define themselves as being gay, but who occasionally have sex with other men.

In terms of solutions, the pamphlet emphasized the importance of individuals protecting themselves. The prevention section started off with:

The greatest risk of HIV infection in Canada is from sex with an infected person. Short of avoiding sex entirely, you can protect yourself by... (CPHA, 1988: 12).

The mention of abstinence was very cursory, but it was still there, at the top of the list. The next suggestion was "Choosing one uninfected partner for life." However, the designation of "uninfected" was difficult to interpret. There was the concern expressed elsewhere in the pamphlet that many people who were HIV positive did not exhibit any symptoms. This role of carriers who appeared healthy, but who were able to transmit the

virus, presented unique difficulties. It made the interpretation of the health status of sexual partners very difficult, and thus limited the applicability of this piece of health advice.

The pamphlet then went on to mention safer sex, including references to latex condoms, water-based lubricants and spermicides. Finally, people were advised to avoid intravenous drug use, or at least avoid the sharing of needles. No advice was given on how to clean needles between uses.

The CPHA also distributed a poster, produced in cooperation with Health and Welfare Canada, as a part of the "New Facts of Life/ Attack on AIDS" campaign. The poster had a black background, with most of the lettering in white, with the exception of a newspaper headline and "Attack on AIDS" which was in red (in the graffiti spray-painted style of the pamphlet). At the top, the poster read: "The New Facts of Life." Under this was a mock-up of a newspaper, called The Daily News. The headline of this paper stated "50,000 Canadians may carry AIDS virus." Underneath this was the main text of the poster, in white lettering:

AIDS... The New Facts of Life.
 AIDS is a fatal disease with no known cure.
 More than 50,000 Canadians carry the AIDS virus and many do not know it.
 AIDS is mainly spread by sexual intercourse, both between men and women and between male homosexuals
 AIDS can be PREVENTED.
 Avoid sex with different partners or use a condom correctly to reduce the chance of infection.
 These are the new facts of life.

Beneath this, in larger lettering, was "Join the Attack on AIDS."

Two main observations arise from this poster. First, the use of the estimate of 50,000

was a dominant aspect of the poster. The estimate was the main message of the newspaper headline and it was repeated in the text of the poster. However, there was a slight difference in how the estimate was presented. In the headline, it was stated that 50,000 Canadians may be HIV positive. But in the text of the poster, it was stated "More than 50,000 Canadians carry the AIDS virus" [emphasis added]. The headline was more hesitant and limited the number to 50,000, whereas the text offered the figure as a known fact, and even suggested that the actual number was more than 50,000.²²¹

Secondly, the text stated that AIDS was spread by sexual intercourse, "both between men and women and between male homosexuals." Why not "between men and women and between men and men?" "Between men and women" referred to an activity, and "between male homosexuals" referred to an identity as well.

One of the educational projects which the CPHA was partially involved with was the publication and distribution of the book AIDS: What every responsible Canadian should know. While written by James D. Greig, who had no official connection to the CPHA, it was endorsed by the CPHA. (The FCA also distributed the book.) And the introduction was written by Dr. David Walters, director of the CPHA AIDS Education and Awareness Program.

James Greig was a public relations and marketing consultant, who was working on a novel about a gay man with a disease. While looking for research material for the novel, he noticed the gap in information related to AIDS. He decided to fill this gap by writing

²²¹ This was an inversion of normal journalistic practice, wherein the headline is more sensationalized than the text of the article. Or, put another way, the excitement of the text never catches up to the frenzy of the headline.

a book which would make scientific information on AIDS available to a wide audience. He was able to get the Toronto Sun to publish the first edition of the book. After writing the book, he syndicated a column (called "AIDS Awareness") which was published in over 60 newspapers in Canada.

The book was set up as a series of questions and answers. Much of the information was previously published by the Ontario Ministry of Health,²²² but additional material was provided by selected government spokespeople, Community AIDS workers, Lawyers, insurance workers, and medical personnel. Greig cites nine sources of reference material: editorial pieces from Toronto newspapers; brochures and pamphlets from Canadian AIDS committees; one issue each of Newsweek, John Hopkins Magazine and Nature; and four books -- AIDS Medical Guide (San Francisco AIDS Foundation), Facts on AIDS (For the Public) (CPHA), The AIDS Phenomenon (published by the Toronto Sun and written by Greg Parent) and Safe Sex in the Age of AIDS (The Institute for Advanced Study of Human Sexuality). The objective in listing these sources is not so much to point out the limited range of reference material, but to illustrate the links between various discourses. Mass media messages about AIDS were used in the production of this work, which was distributed with the blessing and under the auspices of CPHA and Health and Welfare Canada (thus representing an official discourse). At the same time, a few materials from the counter-cultural discourse were used as references, in an attempt to bring everything together in a consensus of "What every responsible Canadian should know" about AIDS.

²²² Even the organization of certain sections of the book and the questions used were very close to some of the Fact Sheets put out by the Ontario Ministry of Health.

As expected, due to the extensive consultations on this book (including CPHA scrutinization), the discussion of the virus centred on the role of HIV, and the way in which it entered the T-cells and destroyed the immune system. However, in the answer to the question "What are some of the diseases affecting persons with AIDS?" Greig stated: "Shortness of breath, coughing, fever and a pattern of risk behaviors, are often the symptoms that first lead a doctor to suspect AIDS in a patient" (1987: 37). To refer to "a pattern of risk behaviors" as a symptom could result in medicalizing social behaviour. In addition, it might illustrate a futile diagnostic technique. Certainly, a doctor may take prior activities into account in arriving at a diagnosis, but sexual practice was not a symptom. Not unless one was arguing for a particular standard of moral conduct.²²³

Persons with AIDS were referred to as PWAs in a couple of places, but most of the time the term "case" was used. This could simply be a result of the medical and epidemiological source of much of the information, which used "case." Greig used both the terms "risk groups" and "risk behaviours." This might be a result of taking information from various sources without changing the wording. However, the result was a confusion of the two, and even the implication that they were synonymous.

In addition, there was a separation of the "risk groups" from the "general public." This was a distinction often made in the mainstream media discourse, but which was often avoided in public health discourse. Greig acknowledged that, "In theory, anyone can get AIDS -- it depends on your behavior" (1987: 38). This suggested that no one was

²²³ For example, Dr. Jack van Impe, an American televangelist who has broadcast several programs on AIDS, argued that gay sexuality itself was a symptom of a society turned away from God, and thus inviting disaster.

intrinsically, due to their orientation or personal characteristics, more susceptible to AIDS than others. Thus, the idea of a risk group distorted the nature of the risk.

However, several pages later, in introducing a list of prevention strategies, Greig stated:

The following is a list of precautions that can be taken by the general public and by persons in special risk groups to eliminate or reduce the risk of contracting or spreading AIDS (1987: 42).

Since the list was identical for both groups, it was questionable why the distinction was made in the introduction. It served no useful purpose in further explaining the precautions.

The following excerpt, part of the answer to the question, "Why is AIDS considered a homosexual disease?" provides an example of this confusion over the dangers of creating risk groups in the midst of an overwhelming desire to do so.

While medical researchers and physicians are loathe to tie the disease to any one sociological group, no discussion about the spread of AIDS can ignore that part of our society which has been struck the hardest by the epidemic. Initially described as 'The Gay Plague', AIDS was already epidemic in the homosexual community long before it came under the international spotlight. For many in this community, a lifestyle involving multiple sexual partners and anal intercourse provided the disease with an environment in which to spread effectively (Greig, 1987: 46).

Even as it noted the danger of focussing on any specific "sociological" group, the text suggested that it was precisely one particular group which provided the environment for AIDS. There was a fine line between recognizing the conditions under which a virus was transmitted and arguing that those conditions were in some way responsible for the virus. Ironically, Greig stated that hemophiliacs were not a high risk group (1987: 50). It would

seem that the environment for viral transmission would be at least as inviting within this group as within the gay community. At the same time, prostitutes were cited as a "risk group," without providing any evidence (1987: 86). Studies then, and since, showed that non-IVDU prostitutes were not at more risk of contracting AIDS than other sexually active heterosexual women.

In terms of solutions, the book offered the usual collection of public health tips, starting with abstinence from sex and monogamy. Mention was made of safer sex²²⁴ and the use of latex condoms.²²⁵ The dangers of intravenous drug use were stated, and there was a tip that boiling needles or syringes would not guarantee sterility. The advice did not go on to suggest the use of household bleach.

Other solutions were discussed, such as current and promising drug therapies. AZT (Retrovir) was cited as a drug-in-use, and Ribavirin and Fusidin were also mentioned. The vaccine research of MicroGeneSys Inc. was noted with some optimism. Greig warned against health frauds regarding AIDS, and advised that "Any breakthrough concerning a treatment or cure for AIDS will be announced by Health and Welfare Canada" (1987: 45).²²⁶ Those AIDS activists who had fought to get certain drugs released in Canada might disagree with such a statement.

²²⁴ There was a small section on safer sex, which discussed the different levels of risk for different activities.

²²⁵ There was a series of diagrams that accompanied a discussion of how to use a condom properly. However, the "penis" looked suspiciously like a plumbing pipe and it was pictured at an unusual angle (straight up-and-down). This representation would be unlikely to offend anyone.

²²⁶ Elsewhere, the work of the Federal Centre for AIDS was placed as central to the effective Canadian response to AIDS. The work of community groups was recognized, but not their dominant role in educational and prevention work.

Greig included one quite unusual question: "I'm Catholic. How can I practise safe sex?" The answer, one of the longest in the book, was written by Father James M. Wingle, a Vice-Rector at St. Augustine's Seminary in Toronto and a moral theologian. Generally, the answer condemned genital sexual union outside of marriage and any sex that did not open itself to the possibility of new life. Anything else was a dis-ordered sexual practice.

Thus, while the use of condoms during sex might be a lesser evil than transmitting a lethal virus, it was still evil because the sexual union was not according to God's purposes. This left Catholics with very little option, and no space outside orthodox moral interpretation.

It was stated, in the introduction to the question, that the views of Father Wingle were not necessarily those of the publisher, editors or writer of this book. However, the moral polemic was reproduced in its entirety in the middle of a book which strived toward a scientific interpretation and approach to AIDS. The inclusion of this question and answer re-affirms how a moral position sometimes intruded into "scientific" work.

Canadian Journal of Public Health

The Canadian Journal of Public Health is the official record of the CPHA, the most prominent Canadian organization for public health. The Journal, published bi-monthly, has a circulation of 4,000 (Gale, 1990). Most of the content consists of original articles

on all aspects of public health.²²⁷

Two editorials from this journal are included here as a part of the official discourse. They were written by John Last, Scientific Editor of the Journal and a Professor of Community Medicine at the University of Ottawa.²²⁸ The editorials focussed on public health's responsibility in disseminating information and intervening in health issues, such as AIDS and sexually transmitted diseases. These texts provide an example of the reasoning of the public health authorities.

In his editorials, Last addressed the ethics of public health involvement in AIDS education. This was a pertinent question, as public health education necessarily included suggestions for behavioural and lifestyle changes. As Last stated:

We who practice public health believe implicitly that we know best what is in the public interest -- an attitude that others might describe as paternalistic, amounting at times to gratuitous interference in other people's lives. When, if at all, is such interference justifiable? (Last, 1987A: 3).

In spite of our secular society, where there is little or no consensus on morality, Last noted that society did sanction some drastic interventions in the provision of health care. (Infants or children could be given blood transfusions, against the wishes and religious proscriptions of parents.) In addition, it was widely held among public health educators

²²⁷ In 1988, 45 of the 78 first authors of peer-reviewed articles were either physicians or epidemiologists, and only six of the authors were nurses. However, the largest single group of CPHA members were public health nurses (Last, 1989).

²²⁸ Last had also been very active in the area of public health and his credentials were well recognized. For example, he served as a director of the Canadian Public Health Association (1981-), President of the American College of Preventive Medicine (1987-89), President of the Association of Teachers of Preventive Medicine (1983-84). He was a member of the council of the International Epidemiological Association (1987-90) and the Canadian Vice-President of the American Public Health Association (1988-89).

that sex education should be mandatory for all children, despite what their parents or church might condone.

The first editorial did not refer to AIDS, but it did set the terms of reference for the second editorial: that public health involved the evaluation (and sometimes the overpowering) of moral and ethical positions. At the same time, this ethical evaluation was not always made manifest in public health pronouncements. For example, in both editorials reference was made to the dangers inherent in "promiscuity." The term was not defined, nor was it acknowledged that any definition may involve a culturally-bound (or sub-culturally-bound) morality. Was there an absolute number of sexual partners which would constitute "promiscuity?" Did it matter what one did with their sexual partners? Was serial monogamy (or even serial relationships) "promiscuity?"²²⁹ Given the ambiguity of the term, what was the value of the public health advice to "avoid promiscuity?"

The second editorial related the previous discussion to the specific case of AIDS. The piece was called "Ethics, Mores and Values -- and AIDS," and it focussed on AIDS and gay men. An assumption was made that homosexuality involved promiscuity. For example, Last stated that:

The messages about the spread and control of AIDS have to be directed at specific targets, notably at male homosexuals and all other persons who have multiple partners (1987B: 75).

The construction of this statement implied that male homosexuals also had multiple

²²⁹ In the second editorial, Last implied that serial monogamy was not promiscuity. He stated, "The fact is that a high proportion of people do have intercourse with more than one partner in an extended period of years, and this without being promiscuous" (Last, 1987B: 76).

partners. Last went on to argue that it was not homosexuality itself that he wanted to prohibit. He stated:

It is worth mentioning, however, the very real nature of the love that can exist between homosexuals, a love that finds its expression in the practice of sexual behaviours that many people disapprove of, or find repugnant (1987B: 75).

Despite its rather hesitating acceptance of the validity of same-sex love, this statement reaffirmed Last's position that promiscuity was the enemy, not homosexuality.

But this message was subverted on the very next page of the editorial. Here, Last referred to "non-promiscuous homosexuals," thus recognizing this possible combination of behaviour and sexual orientation. However, he concluded (using "epidemiological evidence") that, in the long term, non-promiscuous homosexuals had the same "risk of AIDS transmission" as the "most promiscuous" homosexuals (1987B: 76). Thus, if "promiscuity" was not the independent variable in AIDS "transmission," the only factor left in this example was homosexual practice.

The ethical dilemma of the editorial revolved around "the extent to which the rest of society should constrain the mores of this subset [homosexuals] of the population" (Last, 1987B: 75). Given this epidemiological evidence of the almost-inevitability of homosexual "AIDS transmission," he concluded that "intervention is not gratuitous, but in the best interests of everybody" (1987B: 75).²³⁰ It was argued that, when the interests of all met in a particular public health action, then the more coercive nature of intervention was gone.

²³⁰ It was not specified what was meant by "intervention," nor was there an explanation of how that would differ from educational efforts. "Education" and "intervention" are not synonyms, except in the most coercive of pedagogical situations.

The use of the term "risk of AIDS transmission" indicated a concern over one group "giving" it to another. "Prevention," on the other hand, stressed individual action in protecting oneself. Was the agenda of public health to isolate the "Typhoid Marys" or was it to insulate the population from them?

The editorial did take a paragraph to touch on the sexual practices of the "heterosexual community." This was mostly to affirm the CPHA attempt at education by using television commercials. An indirect reference was made to the Telecaster Committee decision (rendered around the time this editorial was written) to disallow the CPHA announcements.²³¹

Throughout, there was no mention of HIV, but only of AIDS. Only homosexual PWAs were referred to. And the solution involved intervention, for the good of all. The self-education of the homosexual community, while affirmed, was not held out as any sort of model. The evidence of this activity was reported to be "anecdotal," although there might be some "epidemiological" evidence that transmission had slowed in certain parts of the homosexual community. (This evidence had been demonstrated as early as 1983.)

These editorials served to legitimize "intervention" on the part of public health officials, in an effort to slow the progress of the virus. There was a reassurance that such a course of action was not only necessary, but ethical. While the CPHA did not act on this legitimization, it is still important to note that the theoretical groundwork had been laid.

²³¹ Last wrote: "It serves no purpose at all to censor television messages advising about condom use, on the grounds that this condones promiscuity. The fatuous illogic of this argument is exceeded only by its hypocrisy."

Royal Society of Canada

The Royal Society's major intervention in the discourse around AIDS came in the form of a study which it organized in 1987-88. The study was published under the title AIDS: A Perspective for Canadians and, as the title suggested, the audience was perceived to be "the public, concerned groups, health care professionals, and decision makers" (Royal Society of Canada, 1988: iv). However, the majority of the report was structured as a series of recommendations and thus appeared to be more targetted to decision makers.²³²

This emphasis on policy was understandable, given the genesis of the report. It grew out of a symposium presented at the Royal Society's 1987 annual meeting. After this presentation, the Department of Health and Welfare asked the Royal Society for advice on how to deal with AIDS. After meeting with representatives of the Department and the Medical Research Council of Canada, the Royal Society set up a steering committee and four subcommittees for the project.

The groups met in December 1987 to reach a consensus on recommendations. The exchanges of opinion were described as "healthy" and, despite divergent views, the group agreed on 48 recommendations.²³³ The reporting of this work was claimed, by the

²³² The background papers submitted for the report were also published, in a separate volume. They were no less daunting nor more inviting to the reading public. However, the Royal Society, noting this gap, commissioned science journalist David Spurgeon to write a "nonspecialist" book based on the Report. It was released under the title Understanding AIDS: A Canadian Strategy.

²³³ In the Summary Report, the chair of the steering committee commented that the Royal Society's recommendations were in agreement with those reported in the 19 February 1988 issue of Science, which published the results of a similar process of consultation among experts. Some considerable assurance was taken from this, as the issues were controversial. When experts agreed, it was taken to be a sign of objective truth, not similar socialization or interests.

Society, to be "as objective as possible" (Royal Society of Canada, 1988: v). The process was funded by the Ministry of Health and Welfare and the Medical Research Council of Canada.²³⁴ The cost to the government was \$250,000, and Minister Jake Epp (who took credit for commissioning the study) used the funding of the study as an example of governmental concern over AIDS (House of Commons Debates, 18 May 1988, p 15581). Thus, it is included in this section as an official text.

The recommendations themselves were widely characterized as being progressive, especially given the conservative nature of the Royal Society.²³⁵ They called for increased funding for research and education, no mandatory testing, strong anti-discrimination protection for PWAs, and the free distribution of condoms to prisoners and syringes to IVDUs. Of course, not everyone agreed with the recommendations. For example, the federal Solicitor-General was quick to criticize the proposal to hand out condoms to prisoners, pointing out that "We don't permit homosexual activity in our prisons" (cited in Rites, 1988A).

What follows are some observations regarding the summary report and its recommendations. Despite the presence of medical scientists on the subcommittees and several background papers on the medical character of HIV, the document was largely a discussion of policy responses to AIDS. The presentation of the virus was very cursory. It was only the setting upon which the struggle over public response was waged.

²³⁴ The release of the Royal Society's report was included in a chronology of governmental responses to AIDS published in a "Current Issue Review" from the Library of Parliament.

²³⁵ Even Rites characterized the recommendations in this way. See "News Briefs," Rites, June 1988, p. 6.

The characterization of PWAs was generally even-handed. (They were referred to as "patients.") There was an understanding that some were members of groups that were held in low esteem in society, which might compound their problems. The lifestyle choices of these people were not directly criticized, even if most of society defined their behaviour as deviant or unorthodox.

However, there was an indication that a distinction was made between PWAs who were "innocent" and those who were not. Recommendation number seven stated:

We recommend that compensation be provided to persons infected with HIV through the transfusion of blood or blood products (p. 7).

Why should compensation be limited to these parties? Compensation implied that an injury had been perpetrated against an innocent person. Did this mean that PWAs who contracted the virus through sexual activity were, in some sense, responsible for their disease? Or, it was possible that this recommendation was meant to address the concern that recipients of blood products might be tempted to sue the Red Cross for disseminating HIV-infected blood.²³⁶

Despite the number of scientists involved in the consultation, the use of terminology such as "high risk groups" continued. For example, Recommendation 42:

We recommend research to determine the means by which high-risk groups, such as injection drug users and others operating outside the norm or laws of society, may be most effectively contacted and influenced (p. 24).

This recommendation also showed the continued reference (or inference, in this case) to

²³⁶ Since the Red Cross was not aware of the problem, it would be very difficult to prove incompetence and certainly not malicious intent. Clotting factor concentrates, used by hemophiliacs, were heat-treated (to inactivate HIV) starting in July 1984 (Royal Society of Canada, 1988: 16).

homosexuals as being outside the norms of society, and thus more difficult to "reach" with information. This disregarded the extensive educational work that, by the time this report was published, had already been accomplished by the gay community.

The document argued for increasing educational initiatives as an interim solution -- until medical science developed a cure or a vaccine.²³⁷ As the report argued, "The AIDS epidemic puts the largest responsibility for avoiding illness on individual persons" (p. 1). This assumption could lead to either empowerment (through recognizing that viral transmission was not random) or blaming (if people were responsible for their own health, then they were also responsible for their own sickness). Sometimes it led to both.

At the same time as arguing for providing people with preventive information, the report itself was not forthcoming on what such strategies might be. Even basic safer sex practices, such as condom use, were not mentioned.

At one point in the report, the spectre of the infective folk devils was raised:

There are anecdotal reports of HIV-infected persons who know they are infected yet continue to have unprotected sexual intercourse with one or many unknowing partners (p. 11).

Nevertheless, the Royal Society did not recommend any measures that would seriously erode the confidentiality of medical records. Conversely, they argued that the identity of seropositive people should be protected, through non-nominal reporting. Since neither isolation nor quarantine was recommended, there was no reason for local or provincial

²³⁷ The report expected the development of a vaccine, and discussed the ethical problems which might arise in the case of a vaccine. Recommendation 37 dealt with this, suggesting compensation for anyone injured by vaccination.

medical officers to know the names of PWAs.²³⁸ Names were not a form of epidemiological evidence.

There was also an acceptance that some people continued to engage in "at risk" behaviours due to their social context. For example, prisoners who could not get access to condoms or IVDUs who could not afford sterilized needles. The solution in these cases was to give people the ability to decrease the risk of their activities.

This illustrated the realistic attitude that came through in the report.²³⁹ For example, they singled out educational programs which claimed to be concerned about the sexual transmission of HIV, but stressed sexual abstinence.

Given that the sexual drive is one of the most powerful impulses of the human adult, simple programs promoting abstinence are of limited effectiveness (p. 19).

The Summary Report ended with the modest observation (in bold print and italics) that:

The implementation of these recommendations is imperative if AIDS is to be controlled in Canada and the possibility of a catastrophic epidemic avoided (p. 28).

Canadian AIDS Society/ la Société canadienne du SIDA

The Canadian AIDS Society (CAS) is an example of an organization that lies in the

²³⁸ All provinces have laws providing for some form of isolation or limitation of movement to be enacted against certain persons with transmissible diseases. Quarantine, however, is a federal power of detention. It is not clear how quarantine legislation would stand up against the Canadian Charter of Rights and Freedoms. For example, the Leprosy Act of 1906 confined patients to lazarettos. If patients "escaped," warrants could be issued for their arrest. This Act was repealed in 1971, but it is doubtful that it would have stood under the new Charter.

²³⁹ Maybe it is a measure of the times that "realism" can be mistaken for "progressive."

crevice between official and counter-cultural discourses. This discursive space for CAS is affirmed by its intermediary activities within social space. CAS receives money from the Federal Centre for AIDS, but is constituted by members of community AIDS organizations, many of whom are more aligned with counter-cultural concerns. Thus, CAS is the organizational intermediary which assures that the federal government and the frontlines have some contact with each other. It is possible that, if the Department of National Health and Welfare had a history of aggressively assisting and promoting community anti-AIDS initiatives, the Canadian AIDS Society may not have come to exist.

Given this position, CAS was sometimes the target of the criticism of the counter-cultural discourse. The criticism was part of the larger debate over the respective efficacies of activism or "playing by the rules." For example, in a letter to Rites magazine regarding the International AIDS Conference in Montreal, Steven Maynard wrote:

Where, for example, in all of the activist-organized actions in Montreal, was the CAS? I think it is inexcusable that at an international conference the CAS never once spoke publicly at a demonstration on behalf of people living with AIDS (Maynard, 1989).

CAS had its formation at the Canadian National Conference on AIDS in Montréal in May 1985. The conference was recommended by the National Advisory Committee on AIDS, funded by Health and Welfare Canada and organized largely by the Montréal AIDS Resource Committee. The conference provided an opportunity for community AIDS organizations to come together and network, sharing their challenges with federal government representatives. As a result of that meeting, the Canadian AIDS Society was

formed "to create a national presence lobbying on the AIDS issue and to help community organizations in their fight" (Collins, 1985). It was felt that a national lobbying organization was needed to focus attention on AIDS, even if such a group might run the risk of using some government money which could be used by community groups.

Even at this formative meeting, the tension between activists and non-activists was evident.²⁴⁰ In the final plenary session, a resolution condemning the federal government's delay in responding to AIDS was defeated, at least partially, due to a concern that such a stance would anger the government and result in even less funding. Ironically, Dennis Altman, an Australian sociologist who had written extensively on the politics of AIDS, had earlier given a keynote address at the conference. In referring to our "national character," Altman noted that Canadian responses to AIDS (and government inaction) had been quite polite. He said, "It strikes me as an outsider that you could do with a lot more anger. We have the right to be angry" (cited in Jackson, 1985).

In July 1986, CAS adopted a set of objectives, most of which related to liaising with other organizations dealing with AIDS on various levels, lobbying governments, advocating the interests of PWAs and providing anti-AIDS educational materials.²⁴¹ There are currently about 30 community-based AIDS organizations which make up the membership of CAS. Their 1987-88 budget was \$448,000, all but \$8,000 of which was

²⁴⁰ The difference between the two groups, in this case, referred to procedural preferences, not goals. For example, both groups wanted more government core funding for community groups, but they disagreed as to how to approach government in order to achieve this goal.

²⁴¹ The Society also monitored educational materials. For example, it funded a study of English AIDS pamphlets produced in Canada, prepared by Wendy Skinner and released in August 1988.

from the Federal Centre for AIDS (Canadian AIDS Society, 1988A).²⁴² Meanwhile, 29 CAS Member Groups had a budget, in the same period, of \$6,796,743. Of this amount, \$906,000 came from sources other than federal, provincial, regional or municipal grants. Provincial governments represented the most active grantors, providing over \$4 million to the community AIDS groups in 1987-88.²⁴³

One of the important interventions of CAS was the publication, in December 1988, of Safer Sex Guidelines: A Resource Document for Educators and Counsellors. Using the latest medical and scientific information on HIV transmission, this book assessed the risks of various sexual activities. It was an attempt to develop a uniform standard for education and counselling, which could be used across Canada. As such, it was an intervention into the debates over what activities were safe and which were to be avoided. In addition, given its genesis within an organization conceived and directed by community AIDS workers, the document dealt explicitly with sexual activity and showed ultimate respect for the process of choice which individuals engaged in prior to sexual activity. It was an attempt at a non-condemnatory guide to help people choose their own level of risk.

It was compiled by the Safer Sex Consultation Group of the Canadian AIDS Society. The group included doctors involved in AIDS treatment and community health educators, as well as an observer from the Federal Centre for AIDS. The guide was endorsed by

²⁴² In 1988/89, CAS received \$300,650 from FCA, through the Health Promotion Directorate. For the same period, the Canadian Hemophilia Society received \$350,000 (FCA Bureau of Health and Social Services, 1989: 5-6).

²⁴³ No funding was received from British Columbia, New Brunswick or Newfoundland and Labrador, even though community AIDS groups operated in those provinces.

several persons who were well-known in Canada as experts on AIDS.²⁴⁴ Plans were made to update the document yearly.

The guide emphasized, by way of introduction, that it wished to affirm the place of sexuality in our lives. This was a book of safer sex messages, not a book of anti-sex messages. "AIDS is not caused by sex but by a virus. We aim for a new sexual culture where health and sex can both be celebrated." (CAS, 1988B: 1).²⁴⁵

A second emphasis was on the nature of risk itself -- that it involved chance and probability. While this meant that people might become impatient with educational materials and demand certainties, counsellors must insist on the variable nature of all choices. At the same time, there was a clear hierarchy of risks. During this discussion of risks, the consultation group also critiqued the use of "risk groups," as it stigmatized people who might already feel excluded and it "supports the incorrect notion that HIV infection depends on who you are rather than on what you do" (CAS, 1988B: 6).

Throughout, as an illustration of the intermediary nature of the CAS itself, the document maintained the legitimacy of medical-scientific research, at the same time as it privileged the ability of individuals to responsibly choose from the sexual repertoire. Sexual acts were categorized into three broad divisions, based on both the theoretic possibility of transmission and the scientific evidence of transmission. One of the most controversial of the recommendations was the placement of all forms of oral sex in the "minimal to low

²⁴⁴ Catherine Hankins, Stanley E. Read (both members of the National Advisory Committee on AIDS), Robert Remis and Margaret Duckett.

²⁴⁵ The document also made the point that it did not discuss abstinence because, by definition, it was not sex. Thus, its inclusion in lists of "Safer Sex" strategies was confusing and ill-designed. For, to say that "abstinence is safer sex" was to say that "no sex is sex."

risk" category. This contradicted the advice of some public health educators that, especially if ejaculate was swallowed, oral sex could be a vector of HIV transmission. In fact, after the publication of this manual, some public health officials refused to support the guidelines, based on the classification of oral sex. However, according to the authors, "significant correlations between fellatio and HIV infection only appear in some early North American studies that are methodologically flawed" (CAS, 1988B: 27). Thus, still holding to the primacy of scientific knowledge, the document disputed a piece of widely-held public health advice.

In general, much of the advice contained in Safer Sex Guidelines was similar to that provided in other pamphlets or even governmental publications. But the tone was much different, providing a straight-forward evaluation of a variety of sexual practices. In the very least, the document showed that forms of evidence from the scientific and medical discourse were not invariably used to justify conservative moral positions and restrict alternative expressions of sexuality. Such information still contained the empowering possibilities of emancipatory education. the document disproved the "necessary link" between medical/scientific discourse and conservative morality.

Red Cross

The Canadian Red Cross represented an official, non-governmental organization with a self-interested concern in AIDS issues. As the agency responsible for the collection, storage and distribution of blood in Canada, the work of the Red Cross was affected by

HIV and public fears over AIDS. It took steps to ensure the safety and availability of the public blood supply. This "safety" was assured first through the recommendation that persons in "high risk groups" refrain from donating blood. The Red Cross continued to use the term as a meaningful epidemiological category. According to their pamphlet, "AIDS: New Information for all Blood Donors," these groups included "any male who has had sexual relations with another male since 1977," as well as "a man or woman who has had sexual relations with a prostitute." These groups (and three others) were located under the title "Who is most likely to have AIDS-related virus and therefore must not give blood?" This pamphlet was still provided to donors in late 1989.²⁴⁶

Secondly, and more effectively, the safety was ensured by the HIV-testing of all donations, which began in November 1985. During this time, there was a need to keep the level of donations at a stable level. The fear that HIV could be transmitted by donating blood was consistently critiqued. This section contains a number of further observations of the role of the Red Cross, as an official player in the national context of AIDS in Canada.

Since the Red Cross began mass testing of blood, they have been presented with the issue of who to inform in the case of a seropositive test. The donor? The donor's physician? The donor's lover/spouse/family? In addition, if provincial or local health authorities were notified, how should the donor be identified? In early 1986, representatives from the Red Cross, the Canadian Medical Association and the Canadian

²⁴⁶ One logical extension of the use of the risk group categories was the proposal of a Bill in the New Hampshire legislature to make it a crime for any homosexual to donate blood. The bill did not pass, but it illustrated the danger of ignoring the problematic nature of dividing people into risk and non-risk groups.

Public Health Association met to discuss these issues. They concluded that, in general, public health officials in Canada had a good record in preserving the privacy of individuals with contagious and sexually-transmitted diseases.²⁴⁷ Thus, no new measures were deemed necessary. However, there were provincial differences in how seropositive tests were to be treated. For example, British Columbia did not require that public health officials be informed of positive blood tests, whereas Nova Scotia did. The lack of a consistent nation-wide policy which protected the confidentiality of patient information was criticized.

As the General Counsel for the Canadian Red Cross Society noted, the position of the society was that:

we see no reason to inform public health officials of the name of donors who have a positive reaction to the Western Blot screening test. It is our view that public health officials should be given reports of all positive test reactions in code so that officials do not have access to the patients' names (Ridout and Roher, 1986: 42).

Part of the Red Cross's concern was that some people might be hesitant to donate if not assured of the confidentiality of any information that arose from their donation. It was in the interests of the Red Cross that people maintained confidence in the privacy of their medical records, as donating blood was voluntary. As it was, there were occasional shortages of blood in certain blood groups, and there was some public discussion of

²⁴⁷ Given the composition of this meeting, with mostly representatives of official medical groups, one wonders how any other conclusion would have been reached. The three major groups involved all had a vested interest in maintaining a trust in the confidentiality of medical records under the present system.

extending such services as autologous blood banking.²⁴⁸ In order to preserve the public blood bank, people must be confident in its safety, as well as the safety of donating.²⁴⁹

Ridout and Roher argued that the public impression of a high degree of confidentiality of medical records was not necessarily accurate. They gave the example of Ontario's medical insurance system, under which doctors submitted accurate patient diagnoses in order to receive payment. However, if there was a dispute, an insurance inspector could examine and copy medical records in a doctor's office, without patient consent (Ridout and Roher, 1986: 43). On behalf of the interests of the Red Cross, they had no desire to see confidentiality further eroded by mandatory reporting of the names of seropositive individuals.

As demonstrated, the Red Cross showed a great deal of concern over individual privacy. One result of this was a reliance on the concept of risk groups. The reporting of seropositives was accompanied by data about the individual's "risk group." In addition, certain "groups" were advised not to donate in the first place. For example, "homosexuals" were asked to refrain from donating. Once again, the confusion of "risk activities" and "risk groups" resulted in the medicalization of a social designation.

²⁴⁸ The CMA, in its position statement on AIDS, supported the Red Cross in "its efforts to establish a national autologous blood transfusion service for elective surgery." However, autologous transfusions were useful only for non-emergency situations. Also, there are costs involved which might be higher than public blood banking, due to different storage requirements.

²⁴⁹ Public blood banks are still the dominant mode of blood collection and dissemination in Canada. This differs from the US trend, which is toward a privatization and commodification of blood products. About half of blood and plasma obtained in America is done so commercially (Singer, 1982: 42). Companies purchase blood and plasma from individuals and then sell it to medical users. Many of these donors sell their plasma because they need the money, not out of any altruistic sense of community concern or future personal benefit. In addition, some blood used in the US is imported from other countries, including Third World nations such as Haiti, Zaire, Ghana and the Ivory Coast.

The Red Cross was worried about a lack of liability insurance, in light of the possibility of someone who had received HIV-infected blood making a complaint against them. They could not find a company which would underwrite them, so in January 1986 they became self-insured. There is/was little chance of a lawsuit succeeding in the courts, as all known precautions had been taken by Red Cross.

However, it was announced on December 14, 1989, that the government would provide \$120,000 to each person who had contracted HIV through infected blood or blood products. The money would be distributed in four annual tax-free payments of \$30,000, starting in April of 1990. The government had been negotiating with the Canadian Hemophilia Society (they had wanted a package worth \$340 million, but got one worth \$150 million). 1,250 people (or their estates) will receive the funds. This is almost as much as the \$168 million being spent on AIDS during the years 1987-93. For the next few years, more will be spent per year on this reimbursement package than on all other federal government AIDS programs (\$37.5 million per year) (Kirkey, 1989). The Canadian AIDS Society objected to this move, calling on the federal government to treat all PWAs and PWHIVs equally.

And, it is not Red Cross that pays this, but the government. This shows the link between the Red Cross and the federal government, with the latter being the underwriter and protector of the former.

Despite the fact that all blood donations were tested beginning in November 1985, the numbers of people who have contracted AIDS as a recipient of blood or blood products has risen each year since 1985. As of the FCA Surveillance Report of December 1990,

the following numbers had been confirmed: pre-1983 -- 3; 1983 -- 1; 1984 -- 1; 1985 -- 21; 1986 -- 32; 1987 -- 43; 1988 -- 59; 1989 (incomplete) -- 42. While this was most likely due to the long latency period of HIV, the statistics could be used to indicate an increasingly-unsafe blood supply. The Red Cross has done well to maintain public confidence in the blood supply system, despite the occasional slippages and suspicions in the mainstream discourse.

Finally, one of the things which the Canadian Red Cross has access to is data on the extent of HIV in the blood-donating public. This could be used as one way of determining the spread of HIV. As of January 1986, 87 of 290,030 blood donations showed an indication of having been exposed to HIV (Ridout and Roher, 1986: 42). If this finding could be extrapolated to the entire Canadian population, that would mean around 8,000 seropositive individuals in Canada. However, at the same time (and later), an estimate of 50,000 seropositives was being used by government and mainstream media.²⁵⁰

Further, it was reported in July of 1986 that only 144 of 583,925 donations of blood were found to be positive by the Western Blot procedure (which is held to be more accurate than the ELISA test, which yields many false positives) (CDWR, 1986B: 126). In this same article, it was stated that "the prevalence of antibodies to HTLV-III/LAV in

²⁵⁰ According to Dr. Alistair Clayton, this estimate was derived from a study done in San Francisco. When this author asked him why he did not use Red Cross data to determine seropositivity in Canada, he replied that those who donated blood were a skewed sample. This would be especially true after November 1985, when the Red Cross began to systematically test all blood donations for HIV, and requested members of "risk groups" to refrain from donating. However, the study from San Francisco also represents a skewed sample. The estimate of "50,000" was later deemed to have been too high.

the general population may resemble closely that found in the ... blood donor population" (CDWR, 1986B: 126). If this were the case, then the resulting estimate for the Canadian population would be only about 6,500 seropositive persons.²⁵¹ But, these figures were not used.

The final section of this chapter will consider several other texts and organizations related to the official discourse. In part, it indicates the link between the government and other sites. The section includes an article from a journal of public policy, brief accounts of some positions on AIDS within the medical discourse and a consideration of AIDS policies in one educational institution. As such, the discussions are short and tentative, but they illustrate expanding circles of influence leading out from government and its allied organizations.

Canadian Public Policy

As a journal of academic research on public policy and administration, Canadian Public Policy is a part of that web of informational sources which are used to derive and support policy initiatives.²⁵² In addition, the journal provides selected feedback on certain public objectives. One article was taken from this journal -- "Reducing the Risks of Pleasure: Responding to AIDS in Canada." It was written by Neil Boyd and Margaret

²⁵¹ This figure must be taken with caution, as some of the donors gave blood more than once. However, in 88,134 first-time donors, only 25 reacted to the Western Blot test. This figure, extrapolated to the Canadian population results in just over 7,200 HIV-positive persons.

²⁵² The circulation of the magazine is estimated at 2,178 per issue by the Canadian Advertising Rates & Data (1990).

Jackson, both at the School of Criminology, Simon Fraser University.

As the title suggested, the article related to possible official initiatives on reducing the spread of HIV in Canada. In the précis, the authors stated that:

The behaviours which place people at the highest risk for acquiring AIDS are identified as 1/ multiple partner anal intercourse, 2/ a multiple partner sexual lifestyle, and 3/ intravenous drug use.... Yet, the at risk groups can be particularly difficult to both reach and persuade (Boyd and Jackson, 1988: 347).

This illustrated the contradictions within the text. It started with the refreshing (unstated) observation that it was behaviours that put people at risk, rather than membership in particular groups. Yet, even within the précis, the authors referred to "at risk groups." In another place in the text, Boyd and Jackson listed the high risk behaviours as "receptive anal intercourse, bisexuality, intercourse with multiple sexual partners, and intravenous drug use" (1988: 348). Why was "bisexuality" included as a risk behaviour? Were the risk behaviours of bisexuals so significantly different from those of heterosexuals or homosexuals? This confusing use of both the terms "risk behaviours" and "at risk groups" did not help in illuminating which was the most appropriate. Nor did it fully refute the scapegoating of "risk groups." However, the authors quite explicitly stated that they were not interested in forcing lifestyle changes on those practicing high risk behaviours.

We should not want to limit or control homosexual contact, and we should not want to urge that those practising high risk behaviours limit the role of sexuality in their daily lives.... Simply put, we must accept -- for the most important goal of saving lives -- that receptive anal intercourse, multiple partner sexuality, and intravenous drug use are given in our present social calculus (Boyd and

Jackson, 1988: 349).

This was a clear public health position, that one's moral biases should not prevent the attempt to save lives. They also recognized the marginal position which homosexuals and IVDUs inhabited in society, and accepted that these groups might be justifiably suspicious of public health intervention. But the necessity of public health intervention was stressed, and the article went on to discuss possible educational strategies.

As with many official documents on AIDS policy, the disease and the virus were rarely discussed, except in cursory terms. AIDS was introduced in this article as "a viral plague without a cure" (1988: 347). However, the authors did appear to be fastidious in referring to HIV infection, rather than AIDS infection. The distinction between the virus and the disease was usually made clear.²⁵³

The concern of the article was more with potential-PWAs, rather than with those who were already seropositive. In addition, the focus was on "at risk groups." Generally, the article accepted the existence of such groups, even if it did not affirm their alternative lifestyles. However, when discussing the various forms of persuasion which educational materials could use, the authors stated (without providing a citation) that "about 10 per cent of high risk populations will not change their behaviour, regardless of what techniques, strategies and means of enforcement may be developed" (1988: 354). These people were called "fatalists."²⁵⁴ The construction of a group of intransigent people

²⁵³ No one is perfect, though. They referred to an "AIDS vaccine" (p. 350) and "AIDS transmission" (p. 351).

²⁵⁴ One wonders how many fatalists there were in "not-at-risk groups" who denied the possibility of contracting the virus.

who endangered all of society by refusing to change their behaviours was to set the stage for "folk devils."

This article was interested in solutions. A significant portion was devoted to discussing various persuasion techniques.²⁵⁵ Thus, education was presented as a major part of the solution. In addition, there was mention of condoms, and at one point even the need to "eroticize" their use was discussed.²⁵⁶

Canadian Nurse

The health care workers who are most often in close contact with PWAs are nurses.²⁵⁷ As a result, it is they who must deal in the most concrete way with fears caused by gaps in information, or sensationalist sources. To illustrate one example of the responses of the nursing community, several articles from Canadian Nurse will be discussed.²⁵⁸

²⁵⁵ Contrary to some other literature, the authors accepted the validity and efficacy of fear appeals, especially if accompanied by explicit directions for changing behaviour.

²⁵⁶ However, when discussing risk behaviours, the authors referred to anal intercourse as a risk behaviour, rather than specifying unprotected anal intercourse. The status of anal intercourse with a condom was not discussed.

²⁵⁷ One indication of this is the data on HIV-exposures by occupational group. Nurses account for around 70 percent of all medical personnel potentially exposed to HIV through occupational accidents (CDWR, 1987B: 165; CDWR, 1988C: 198). Therapists, laboratory technicians and student residents accounted for the majority of the rest of the exposures. Physicians accounted for under 5 percent of exposures.

²⁵⁸ Canadian Nurse, established in 1908, is published 11 times per year. The content includes news on patient care and medical research of special interest to nurses. According to Canadian Advertising Rates & Data (1990), the average circulation is 109,786, which gives it the widest distribution of any specialty medical periodical in Canada. While published in Ottawa, almost half of the readership is located in the Yukon, North West Territories, Alberta and British Columbia.

In November of 1983, the magazine published an article called "Understanding AIDS" (by Karen Scholl). At the time the article was written, there were 34 PWAs in Canada, so the majority of nurses had never worked with a person with AIDS.

Much of the article dealt with medical knowledge (or the lack of it) regarding AIDS -- its possible causes, vectors of transmission, and preventive strategies. In spite of the gaps in knowledge (the isolation of LAV by Dr. Montagnier was not mentioned), the article offered some practical advice for precautions when caring for PWAs.²⁹⁹

The article criticized those who interpreted AIDS as a moral judgement but, at the same time, it did not totally discount the role of gay sexual practice in the development of the disease. For example, when discussing the etiology (origin and cause) of AIDS, Scholl wrote:

One theory of how AIDS has evolved is as follows: an unidentified agent, thought to be a virus, has found a means of spreading that previously was not available. Because of the indiscriminate sexual activity associated with some gay bars and clubs, and the various techniques of sexual activity which may or may not be combined with intravenous drug abuse, the virus is able to spread through semen, blood and contaminated needles (1983: 17).

At the same time, nurses were reminded that one of their primary tasks in caring for patients involved moral and psychological support:

Because of the predominantly negative publicity that AIDS has received from the media, these patients may be ostracized by co-workers, friends or even family members.

²⁹⁹ The assumption was that AIDS was caused by a virus, which suggested certain obvious precautions. The extent to which the nature and transmission of HIV could be predicted by applying what was already known about viruses implied that it followed a somewhat predictable course. Thus, it was not, in every sense, a new disease. As the CDWR stated, "the transmission patterns of HIV infection are similar to that of hepatitis B" (1986C: 160).

The AIDS patient needs a supportive network throughout his illness, and freedom to communicate his fears and concerns without condemnation. AIDS compounds the stigma associated with homosexuality. The male homosexual population is being labelled as the source of a "plague" (Scholl, 1983: 18).

The readers were cautioned against letting their own moral perspective affect the kind of care they gave to PWAs.

Nurses, like other health care workers, are influenced by mass media presentations as well as the literature from their own profession. This was illustrated by an anecdote from St. Justine's Hospital in Montréal, cited in a Canadian Nurse article. According to Carole Lavasseur, an infection control nurse, nurses at the hospital had cared for PWAs for four years before they began to voice concerns about their safety. In the summer of 1985, when media coverage of AIDS had increased, staff concern over contracting the disease increased as well (Banning, 1985).

To counteract this, nursing associations engaged in educational programs for their members. Canadian Nurse was a part of this, and it published updates on nursing care of PWAs (see Jackson and Goldman, 1986; Haines, 1987). Reflecting the role of nurses in the delivery of health care, the articles emphasized practical strategies in care based on current knowledge, rather than speculation on the chances of a cure or the possibilities of how widespread the virus might become.

In general, the material from Canadian Nurse represented the most humane of the medical discourses. There was an interest in the psycho-social and emotional problems of PWAs. And, instead of extensive concern over such civil rights issues as confidentiality, there was an effort to offer support and keep the PWAs as comfortable

as possible. The patient was seen as more than just a repository of state-legitimated rights, but also as a human with feelings.

Canadian Medical Association

Often, educational literature about AIDS suggests that those who have any concerns regarding AIDS should consult their doctor. To the extent this is the case, doctors represent the first line of personalized response to those who are worried about HIV, or who may have already contracted the virus. Taylor et al. pointed out that:

physicians' response to AIDS will be a major factor in the outcome of public education programs, will directly affect the cost and quality of medical care for patients with AIDS, and will carry significant policy implications, shaping societal response to the disease (1989: 597-598).

The responses to AIDS among doctors are as varied as responses within the wider population. Medical personnel also get information about AIDS and HIV from the mass press, and can be subject to the same prejudicial opinions about patients as anyone else (see Wiebe, 1986). However, they are in a unique position, in that their personal opinions are given more credibility, due to their professional stature (even if the opinions they give are outside the area of the doctor's expertise).²⁶⁰

²⁶⁰ A rather illuminating study of 1,500 American physicians in private practices was undertaken by MD magazine in September 1986 (Ghitelman, 1987). Some of the results included: 78 percent wanted confidential testing of all high-risk individuals; 51 percent felt that an HIV test was a necessary prerequisite for a marriage license; 28 percent favoured some form of quarantine for PWAs; 34 percent believed that all food-handling employees should be tested for AIDS antibodies; and 45 percent did not trust the public blood supply. In addition, some respondents added comments to the questionnaire. They included: "If it weren't for the political clout of homosexuals, AIDS patients would be quarantined now;" "We used to hate faggots on an emotional basis. Now we have a good reason;"

The responses of doctors are important, as they also set the tone for wider public responses. If, for example, some doctors refuse to treat PWAs out of fear of infection, that re-affirms the fear of casual transmission which other people may have. According to the oath which doctors take, they are to always put the patients' welfare before their own. However, Taylor et al. argued that some physicians believe that the conditions surrounding AIDS legitimizes a less altruistic approach. This position was justified by Loewy:

Are doctors really to be disciplined for showing reluctance to expose themselves to the risk of contracting this terrible disease when the... infection is likely to have been acquired during voluntary sexual perversion or mainline drug abuse? (cited in Taylor et al., 1989: 600).

Such opinions did not represent the "official" positions of professional groups. The Canadian Medical Association, for example, had released an official position on AIDS, published in the Canadian Medical Association Journal. This position was a result of committee and council consultations, and the initiatives approved at its annual meetings.

The CMAJ has attempted to keep its subscribers up to date on the latest developments in AIDS and HIV therapies, as well as provide a forum for discussion of other issues related to treating PWAs. There could be a question as to whether medical press is "official" or "mainstream." In the case of CMAJ, it is sponsored by a medical organization (CMA) and is the "official" voice of that professional group. (In addition, the readership is largely limited to medical and research personnel.)

and "The sad thing is thanks to queers, whores, and drug users, innocent people (such as children) must suffer from a fatal disease."

The position statement was relatively short and direct, covering the main points of education, resources, testing, confidentiality, infection control and occupational exposure (CMA, 1989). Much of it related to the interaction between doctors and PWAs, in relation to testing and confidentiality.

The CMA officially stated that "informed consent must, with rare exceptions, be obtained from a patient before testing" (1989: 64A). The nature of the exceptions was not specified. This policy might be in response to the widely-publicized case of Eric Smith, a teacher from Cape Sable Island, Nova Scotia, who was tested without his knowledge, and then had his seropositivity become public knowledge through a breach of confidentiality. The only situation which warranted mandatory testing involved the donation of blood, body fluids or organs.

The CMA supported non-nominal testing and reporting of results. The information accompanying test results should only be enough to provide useful epidemiological data. There was no need for a person's name to be included as a part of the test results. Otherwise, there was a concern that some people would avoid being tested, fearing that their serologic status would be divulged (along with their names) to various health authorities.

This emphasis on confidentiality was both a natural outgrowth of the tradition of patient-doctor consultations (where privacy is to be respected), and the result of concern over the position doctors occupied in reporting disease. Since AIDS was a reportable disease in Canada, doctors were required by law to report any diagnoses of AIDS to public health authorities. The CMA (along with other groups, such as the Royal Society

of Canada) argued that such reporting should be non-nominal (without patient names), so as to preserve medical confidentiality.

This raised the issue of disclosure and contact tracing. If the doctor was the only one to know both the results of a test and the identity of the person being tested, then she/he was in the position of determining who (if anyone) should be informed of the test results. Non-nominal reporting put the burden of responsibility on the doctor. Recognizing this, the CMA position stated that:

disclosure to a spouse or current sexual partner may not be unethical and, indeed, may be indicated when physicians are confronted with an HIV-infected patient who is unwilling to inform the person at risk (CMA, 1989: 64A-64B).

This was the controversial decision from the 1987 CMA Annual meeting, when the association decided that a doctor could notify a client's sexual partner of a positive antibody test, even without the client's consent. At the same time, the doctor was required to show that the sexual partner had no other way of knowing the risk and had to inform her/his client of the pending disclosure.

In general, the CMA position stressed confidentiality in relations between doctors and patients and non-nominal reporting in relations between doctors and the public health authorities. Such relations could only be deviated from in extreme circumstances.

Canadian Dental Association

One group of health care professionals who have expressed concerns about contracting HIV from clients are dentists and dental hygienists. According to a 1987 survey of a

group of Canadian dentists, 39 percent would not provide care to PWAs and 79 percent had reservations about treating PWAs (cited in Daley, 1988: 826). This was despite the evidence that only one North American dentist, who did not use gloves while performing dental work, had become HIV-positive.²⁶¹

Howard McCurdy, during a statement made in the House of Commons, criticized the position of Canadian dentists. He claimed that they propose preventive measures that are:

more consistent with the superstition of the dark ages than with modern microbiology and medicine.... If dentists are so ill informed about elementary epidemiology, then it is clear that the practitioners of this lucrative health profession are ill trained and their patients ill served, and it is time for reform in their professional training (Hansard, 19 October 1987, p. 10126).

Dr. Tom Daley, in an article in the Canadian Dental Association Journal, expressed surprise in the number of his colleagues in dentistry who feared HIV. He argued that this was due to their refusal to accept scientifically-supported facts. Rather, they chose to believe the more sensationalist coverage of the lay press. He wrote:

Even more difficult to understand is the fear of HIV felt by the dentist, hygienist or assistant who uses tobacco products (Daley, 1988: 827).

As Daley estimated the odds for dental personnel, even the risk of being killed by lightning was 2.8 times greater than that of contracting HIV by offering services to PWAs.

Even among people socialized into a scientific profession, there can be a large gap

²⁶¹ It was estimated that there had been between two and four million dental appointments given to HIV-positive clients through 1987. This resulted in very low odds of a dentist or dental hygienist contracting HIV. (However, this estimate was based on the assumption of 50 to 100 asymptomatic HIV "carriers" for every case of AIDS, which was highly questionable.)

between perceived risk and actual risk. A scientific education is not necessarily enough to inoculate someone against irrational interpretations. The examples from nurses, physicians and dentists show how the mainstream press can affect professional opinions.

Carleton University

Universities are in the position of having to respond to AIDS on three different levels. As employers, they need a policy which will guide actions if any employees contract the virus. As an educational institution used by students, they need a policy on how to integrate students (clients) who may be seropositive, without disrupting the normal course of activities. And thirdly, as a social site for a large population of young people to live, work, socialize, party and explore their sexuality, the university is uniquely situated to affect AIDS education and prevention efforts.

To address the first two levels, Carleton University published a booklet in 1988, which outlined the university's guidelines in dealing with students, staff or faculty who were seropositive. The booklet stated that, "based on the best currently available medical evidence," students or employees with HIV did not pose any health risk to others in the university setting. Most of the booklet affirmed that there would be no discrimination against persons with AIDS or HIV. Of course, this was stated with the usual provision that "the institution must analyze and respond to any case of AIDS in light of its own particular facts" (Carleton University, 1988: 2).

The booklet stated that AIDS was primarily a "disease of behaviour" (p. 2). As a result,

the university recognized the importance of AIDS education. To call AIDS a "disease of behaviour" implied that certain behaviours were disease-producing in and of themselves, rather than simply vectors for transmission of disease. Also, if personal behaviour was at fault, then it was only a short step to "blaming the victim."

The educational efforts, which were seen as so important, were undertaken by various departments, including Athletics, Housing and Food Services and, especially, Health Services. The latter department was responsible for developing educational programs and disseminating materials on AIDS and safer sex. One of the major ways in which Health Services did this was to provide literature for students who used their services. Three pamphlets will be briefly discussed below.

Despite their good points, all pamphlets came from the American College Health Association, and contained no telephone numbers or addresses for Canadian AIDS organizations. This was unfortunate as, otherwise, the pamphlets were quite progressive. Two of them dealt specifically with safer sex, making suggestions for use of condoms as well as developing alternative sexual practice, including the use of fantasy.²⁶² The pamphlets made reference to practices such as rimming, fisting and watersports. Judging from the photos, one pamphlet appeared to be targetting heterosexuals (featuring a man and woman kissing) and one homosexuals.²⁶³

The third pamphlet, "AIDS... what everyone should know," provided more information

²⁶² As one pamphlet stated, "the brain is the largest and most versatile sexual organ" (American College Health Association, 1986).

²⁶³ While no heads were shown in the pamphlet, judging from the distribution of body hair, the representations appeared to be of men.

on AIDS and HIV and how to prevent it. Several important points were emphasized in the publication. For example, it was stressed that:

It is important to remember that "risk behaviors" are much more relevant than "risk groups." It isn't who you are, it's what you do, that matters [in italics in original]. It is inaccurate and hurtful to assume that all gay men are promiscuous, or that all gay men have AIDS. Gay people did not cause AIDS, and the occurrence of this tragic disease is a biological event, not a moral comment (American College Health Association, 1987A).

These statements showed a sensitivity to the ways in which public health advice could have deleterious effects on people, if not understood correctly.

Conclusions

One thing that the past two chapters illustrate is the difficulty in claiming there is ideological conformity within a specific discourse. Part of the business of government communication is to ensure that a coherent and unitary message gets out. However, the official discourse also includes non-governmental sources. Thus, many contradictory, or even subversive, texts may be included as a part of official discourse. In conclusion, the following are some general observations about characterizations in the official discourse.

Even within official texts, sometimes the difference between HIV and AIDS was not fully explained. Terms such as "AIDS virus" were commonly used to refer to HIV. As a result, there was an opportunity for PWAs and PWHIVs to be confused. And, the difference between having HIV and having AIDS was obscured. The contraction of HIV is a separate moment from the onset of the symptoms of AIDS.

AIDS was presented as a qualitatively different disease than anything else that had come before -- it was a new age, with new facts of life. Thus, what was needed was a new set of ways of dealing with disease. This rearrangement was seen in some physicians questioning the relevance of the Hippocratic oath, some dentists questioning whether they were duty-bound to provide care to PWAs and some politicians questioning whether the criminal justice system had adequate sanctions to prevent "carriers" from infecting others.

However, Clayton and Wells (1989) argued that AIDS might follow the trajectory of "normal" epidemics, with a bell curve, a time base of about 30 years, and a peak number of new cases about 1995. They expressed caution about this model, but drew some support for it based on the epidemiological course of AIDS to 1989, and the chances for education and prevention to affect transmission. Thus, this would contradict the message that AIDS was a qualitatively new medical condition.

The texts made reference to estimates of the number of HIV-infected people in Canada. The estimate that 50,000 Canadians were seropositive appeared in many texts, over a significant period of time. If, indeed, the virus were spreading at the rate claimed, then the stability of this estimate was unfounded. The estimate was used for three years without adjustments, during a period when AIDS was supposed to be doubling every year or so.

PWAs were referred to in various ways, depending on the context and the perceived audience. Since much of the concern in the official discourse appeared to revolve around epidemiological issues (the viral spread and projections for the future, to assist in strategic planning), the term "case" was often used. Other terms included "victim," "patient" and

even a few usages of "person with AIDS."

"High risk groups" was used as well, but it was not stated that this meant risk of contracting the disease, not risk of spreading it. Picked up by the mainstream press, this usage became one of the consistent misinterpretations of the coverage of AIDS.

There was a hierarchy of solutions in the official discourse. Chastity was always first in the litany of preventive activity. There was a general myth of fewer partners leading to less risk, without specifying what was done with the partners. Related to this general condemnation of the number of sexual partners was a concern over viral transmission among sex trade workers. For, if promiscuity was the problem, then prostitutes represented a primary at-risk population. Research continued to show a very low seropositivity rate in prostitutes in Canada. However, the implication was that prostitutes were the "folk devils" who would carry the disease into the heterosexual population (if they had not already).

There appeared to be an acceptance of the use of fear in prompting behavioural change. But one could question the efficacy of fear advertising. If people were overwhelmed with the gravity of HIV, and the way in which it was spreading, without receiving positive advice about how to avoid it, then they were not being helped. This might also result in a feeling of futility.

Studies of the effects of fear advertising on smokers showed that "fear tactics were a most ineffective means of encouraging smokers away from their smoking behaviour. On the whole, smokers were much more receptive to messages containing positive reinforcement or encouragement" (Tripp and Davenport, 1988/89: 17). "Fear paralyzes."

In fact, people may respond to fear appeals by becoming even more dedicated to the activity being condemned. Public health advertisements need to show some sympathy/empathy for the difficulty of changing lifestyle -- the problems of altering long-entrenched activities.

In sum, the official discourse provided the base for some of the interpretations to be later disseminated in the mainstream media discourse. In addition, some of the ambiguities were already present here, and were reproduced, without analysis or critique, in the mainstream press.

The media is a site for the discussion and debate of social issues. In Canada, the media are actors in the production and reproduction of the ideas about AIDS. But this discussion is not without some boundaries. The possibilities are limited -- by the interests and commitments of the media system itself, by the socialization of journalists, by the structural constraints of newsgathering and by the reliance on official sources and information subsidies.

Simply put, this project is interested in media representations of AIDS. But are there other ways of representing the "reality" of AIDS? Does the nature of the media determine the messages? To what extent does context determine text?

One way to address these questions is to study a variety of texts, coming out of different contexts. As a result, counter-cultural media sources are analyzed, as well as official and governmental sources. But, even within what is referred to as the "mainstream" media, there are contradictions. While there may be dominant codings, there are also ways of de-coding aberrantly. (If the mainstream press were theorized as a "dominant coding" of official sources, the counter-cultural discourse would then be a critical de-coding.)

In this section, the general context of the media is discussed. Like the medical industry, the media operate with some autonomy within the Canadian political-economic system, and yet the effects of their actions may reproduce and legitimize that system. Medical information, reproduced on the media, may contain more than a single veneer of interpretation. The stripping away of the layers requires not only a critical understanding

of the ideology inherent in modern medical practice but also an adequate theory of the media.

In addition, studies of text are sometimes criticized for ignoring "the socially and historically specifiable agency of its making" (Williams, 1986: 27). Thus, some consideration of the context of text production is necessary as it helps to situate why and how certain messages may be reproduced.

The term "mass media" is often used as a singular noun, implying that it is a monolithic entity with little individual variation. But "media" is a plural word, implying a number of separate entities. Likewise, the media are populated by a plurality of voices. Thus, even the mainstream discourse that is referred to in this research (and which is theorized in this section) should not be seen as totally unified in its approach.

In this section, the media are analyzed in terms of the producers and their production practices, the product and the audience. This roughly coincides with various moments of message production, dissemination and interpretation.

Producers

In Canada, the relationship between the media and the state is one of relative autonomy. The media tries to maintain an arm's-length relationship with the state. It is also in the state's interests that the media be perceived by the public to be autonomous, as that boosts the credibility of media messages (most of which support state structures, if not state policies). With regard to political events (such as elections or conventions), it is often difficult to isolate the "political character" of the event from the "media character." One feeds on, and requires, the other.

While the media system in Canada is not state-controlled, there is a state-sponsored national media system (for both radio and television). And, at times of perceived national crisis, this system will act in the interests of the state. During the "Meech Lake crisis" of early 1990, it was obvious that the CBC had taken a pro-Meech position, and attempted to consolidate a consensus that, despite any faults, the Meech Lake Accord must be passed. The interests of national politicians, if not the national state, were being served.

At one time, and in some circles, there was a view that news was biased toward the ruling ideas, due to a direct influence of the dominant class through the ownership of media outlets (Connell, 1980). But many media scholars have rejected this notion that the media were simply the representational arm of their owners. First, the content of a media outlet may not reflect its ownership. As Porter pointed out, Canadian media broadcast American media products, even though the outlets are owned by Canadians

(Porter, 1965). Second, alternative and critical positions are sometimes taken in media texts, even when the outlets are owned by economic elites (cf. MacDougall, 1988; Cooper and Soley, 1990). Third, ownership may not be as important in determining content as the work practices and professional standards of journalists, who are largely interchangeable among media outlets. Finally, the media can have effects which were not envisioned by the producers of its content. It is a "leaky" system, as there is no assurance that interpretations of media content will align with the interests of the producers. As Collins wrote: "control over the means of production does not insure absolute manipulation of the mode of consumption" (J. Collins, 1987: 25).

However, the political and economic context in which the media operate is important. Studies which ignore questions of politics and economics might also ignore important dynamics of power, domination and hegemony. There might indeed be effects of capitalist ownership of media outlets, and media content can serve the interests of the powerful. For example, the competitive market economics of the capitalist media may result in such tendencies as a lack of diversity, a fear of innovation in content, a non-critical approach to the status quo and a de-emphasizing of the quality of programming. In a capitalist media market, the drive for profits and the desire to sell programming can limit the content. As Hackett wrote:

the economic structure of the modern popular press functions as a form of censorship and social control --one which restricts the political diversity of the media quite independently of the intentions and manipulations of owners (1986: 150).

All of the mainstream media outlets included in this project (and some of the counter-

cultural outlets) operate as for-profit corporations in the capitalist marketplace.

One specific economic factor which supports the media in Western capitalism is the advertising system.

Advertising agencies are an essential component in the "central nervous system" by which monopoly capitalism practices cultural domination through culture -- and communications (Smythe, 1981: 76).

Within Canada, a large proportion of media support comes from advertising revenue. This struggle for advertising dollars may have an effect on the range of media which are available.²⁶⁴ As Williams pointed out, the availability of advertising money has been a major determinant of success in the British press, and some newspapers with large readerships (but little ad revenue) have been forced to close (Williams, 1979: 19).

A second feature of the structure of the Canadian mainstream media is the nature of media workers. Journalists now undergo a training and socialization much the same as that of other professionals. This includes a cultivation of work rules and work ethics, an acceptance of the value and legitimacy of the journalistic endeavour and a proficiency at the technical demands of the job. Richardson noted that, in Canada, while there still were some "bonnie fetchers" still left in the mass media able to investigate a story and sustain a critical argument, most of them "got into the profession before journalism school was erected at the gateway to the newsroom" (Richardson, 1989: 6).

The rise of journalism training has given media workers some empirical measures to

²⁶⁴ It can also affect the content. In terms of the coverage of health issues, advertising sometimes counteracts the positive effects of public service and news programming (Real, 1977). In a study of the British coverage of AIDS, Wellings concluded that it was "a good case study of the ways in which the mass media can do health education a disservice" (1988: 83).

judge a story's "newsworthiness" or "value." Journalists are socialized to believe in the possibility of objectivity -- of "telling it like it is" at the same time as they incorporate an "angle" on every story. This internalized belief allows them to go out into the world, taking events out of their contexts and making them into stories, without entertaining uncertainties about the validity of their actions. Objectivity is a safe haven from which to defend against those who charge that the media is "biased."²⁶⁵

However, James Miller correctly noted that:

Any translation of events, complex historical events, into discourse will involve a narrative recreation or translation of the events, which involves a fictionalization process. Fiction isn't lying. On the other hand, it isn't to be confused with a sort of divine and transparent correspondence between the reportage and what actually happened. So I think objectivity is a kind of red herring. The important thing is to distinguish between good and bad fictions (cited in CBC, 1989: 18).

Objectivity is a process for constructing a story, and not an inherent value of the story after production (cf. Rachlin, 1988: 11). If the process is followed correctly, then the story is judged to be objective. It is a set of professional guidelines, so to look behind "objectivity" one finds only a process and not a truth. Even within "investigative" journalism, this may hold true. What appear to be moral judgements are, in the end, news judgements. And, by following accepted practices, journalists can ignore the fact that their reporting adheres to particular values (Glasser and Ettema, 1989). Thus, in Canadian reporting on AIDS, certain moral judgements (such as the need for chastity)

²⁶⁵ Karp (1989) argued that "objectivity," when operationalized, was really "passivity" -- an acceptance of official definitions.

were reproduced as "objective" facts.

Finally, despite training, journalists are subject to all of the perceptual biases which mark our species. Preconceptions can shape perceptions, illusory correlations can be legitimated, samples can be biased, risks may be over-estimated and causes can be misattributed to dispositional qualities rather than situational factors (Stocking and Gross, 1989). Thus, in the coverage of AIDS, these biases may result in distortions, such as an over-estimation of the risks of HIV or a tendency to correlate the virus with "risk groups" rather than "risk activities."

Newswork Practices

Professionalism not only affects the ideology of journalists, but it also offers a procedure for "doing" news (Tuchman, 1978). News is a commodity -- a product of a social practice and a labour process (Hall, 1972B; Hall, 1973). There is a specific division of labour and a rhythm to the production of media content which assists the journalist in media work. For example, many news events are selected for coverage before they occur. A journalist is assigned to a "story," and is either given or develops an "angle" for the story. The subsequent media work is in developing a validation of that angle (Altheide, 1976). Facts can never speak for themselves, so angles are necessary. This results in the media presenting expectations of what will occur; expectations which structure further coverage on the issue.

This contrasts with the perception that biases and/or distortions are "an addition to the

truth and are therefore identifiable and separable from the truth" (Willis, 1971: 9). Such "bias" might be interwoven throughout the selection, production and presentation of news. And, the media may be very open about specific political stances; for example, there may be an overt acceptance of scientific medicine. In a study of media communication about AIDS, Check concluded that "many of the shortcomings in AIDS reporting have resulted from journalistic conventions, rather than being specific to AIDS" (Check, 1986: 1). This included an over-reliance on certain experts, an unquestioning acceptance of authorities and attempts to make the story "relevant" to everyone, resulting in an amplification of the possible dangers of casual transmission.

Some examples of newswork practices which affect content are discussed below. They include: time and space constraints, an event-orientation, an over-accessing of certain people/positions and a privileging of institutional sources.

Time and space constraints

The limitation of time and/or space is basic to media production, which operates under the conditions of a chronic shortage of time, coupled with a surplus of information. Since all events cannot be included in the coverage of "news," a selection has to take place. This is made with regard to what is considered to be "significant" or "newsworthy" by the editors and producers.²⁶⁶ Since "unusual" events are defined as newsworthy,

²⁶⁶ This designation is partly idiosyncratic, but mostly a result of professional training and the setting of specific news "goals." CBC reporter Eve Savoury, in a discussion on what constituted "sexy" (newsworthy) science, listed six criteria used to determine what stories were chosen: nature doing unexpected things; good, tight (close) pictures; people "playing God"; good news is sexy, but

"unusual" theories about HIV transmission were also defined as newsworthy. Thus, the media more ardently covered the contested terrain of AIDS/HIV theories, rather than what was known with some certainty (cf. Wellings, 1988). This might, in part, account for the mainstream media obsession with the remote possibility of casual transmission of HIV (in schools, etc.).

This response to the surplus of information also includes a practice of classifying, simplifying and structuring stories that come in. Such simplification decontextualizes, but at the same time, the classification of stories gives some meaning to otherwise-isolated strips of reality.²⁶⁷ Thus, a mugging story becomes the story of crime and deviance, and the appearance of a mysterious disease becomes the continuing story of the dangers of deviant sexuality.

Event-orientation

Issues and stories need to be packaged into specific sizes. A journalist often knows how much time or space is available even before researching and producing a story. This may

bad news is absolutely pornographic; good, jargon-free talkers; relevant issues. And Rothenberg, in a study of the New York Times, stated "when the accused [in a news event] is gay, its news. When the victims are gay, it's not" (cited in Spiegelman, 1982/83: 314). While written before the bulk of media coverage of AIDS, the observation still rings true: PWAs as "folk devils" got more coverage than PWAs as "victims" and once HIV was perceived as a threat to heterosexuals it began to receive more serious attention.

²⁶⁷ This simplification can cause problems. For example, the media are notoriously ambiguous on determining how to evaluate "risk." As Brecher (1988) argued, the media never did figure out how to cover the "heterosexual AIDS" story. Articles would cite statistics which showed no significant increases and yet the headlines would call for caution and/or panic.

result in a privileging of "events" over "processes." The media has little time to deal with historical backgrounds or stories which develop slowly over a long period of time (except, possibly, during special reports). Thus, journalists look for "events" which can be quickly isolated and reported as a self-contained package.

The result of this may be the view of society as being in a constant state of "crisis," as events are pushed into the public consciousness and then quickly disappear. No patterns are discernible -- only a series of random scenes. In addition, social processes do not produce a good picture, so they might be replaced by pictures of (possibly staged) activity. The media is more likely to cover the marching part of a demonstration than the speeches, even though the latter would better explain the goals and desires of the marchers. Or, a small counter-demonstration to a larger event may be treated as the most newsworthy aspect of the occasion (Franklin, 1990: 22). And more attention may be paid to the form of dissent, rather than its content (Murdock, 1973).

Over-accessing of Certain Sources and Information Subsidies

Due to time pressures and the desire for "objectivity" in reporting, there is a tendency toward "systematically structured over-accessing... of those in powerful and privileged institutional positions" (Hall et al., 1978: 58). These spokespeople become the primary definers of events, and are called upon whenever something happens which is within their realm of "expertise." If a journalist wants a representative of a certain viewpoint, s/he

may call on someone who is widely known to hold that position.²⁶⁸ Thus, that person becomes a voice for a particular point of view, and is able to set the frame for discussions around pertinent issues.

Or, if the media want a response to an issue, the tendency is to go to someone who is in an institutional position set up to attend to such matters. For example, Dr. Alastair Clayton of the Federal Centre for AIDS was often a spokesperson for the federal government's position on AIDS. He was quoted more often than the Minister of National Health and Welfare.

Thus, the media relies on the news-producing groups in society, not only for stories, but for prepared content as well (e.g., news releases from public relations firms). This necessarily includes a reliance on the primary definitions of these groups. Gandy (1982) referred to this privileging of official sources as an information subsidy. Organizations (such as government departments) make information available to the media at a cost lower than what the media would spend to produce it. In many cases, this assures at least some coverage of the issue, and it sometimes results in an almost-direct reproduction of the source's point-of-view. To assist in this subsidization, press releases are written in a format that conforms to that of a newspaper article.

As a result, the coverage of AIDS issues in the mainstream press was closely related to the official discourse on AIDS. In sum, the media practices themselves contribute to shaping content. This is the case with textual, aural and visual media. As Corner (1984)

²⁶⁸ In addition, people who know and speak the media language are prized. Sam Donaldson stated that "their [experts'] ability to speak in TV terms is not as important as what they have to say, but it is a factor in deciding who you go to" (cited in Cooper and Soley, 1990: 25).

argued, media information is in a processed state -- it is not a copy of "reality." Likewise, this project often refers to the media construction of AIDS, rather than the media coverage of AIDS. The former implies that the process of media presentation always has effects on the content, and the nature of this construction is affected by specific sources (which have their own assumptions and constraints).

Media Content as Framework

[the news] creates for the eye and ear a "rendition" rather than an "actualité". Yet for people all around the world the image of what is going on, of what is important, is primarily shaped by the pseudorealities of images (Franklin, 1990: 22).

The media is, at base, the producer of messages. But, this product still reflects the organization of production practices, and results in a particular frame of reference. Embedded in the coverage is a picture of the world and a system of meaning to accompany it. What is constructed is a scaffold, around which a framework for the social world can be built. Baker (1986), in a study of early New York Times coverage of AIDS, concluded that the media influenced the emergence and definitions of AIDS as a social problem. Not only was it put on the agenda, but the structure for setting AIDS within the context of other problems was provided.

In some cases, this framework is very difficult to discern. For example, the use of actualities (film footage and news photographs) masks the structuring that went into the preparation of the product. The media become transparent, as viewers see the events,

instead of the coverage of the events.

Media Content as Consensus

One of the most enduring aspects of the nature of the media product is a "consensual" view of the world. The media attempts to present itself as both a neutral space for the discussion of events and as the representation of "moderate public opinion" (Connell, 1980). But this consensus is shaped and "constructed in the unequal exchange between the unorganized masses and the great organizing centres of power and opinion" (Hall, 1977: 342). The consensus is a forced agreement on what is "normal, praiseworthy and acceptable" and those who deviate are seen as beyond the boundaries of society (Cohen and Young, 1973: 341). This imaginary unity may work against resistance to the status quo or serious attempt for broad social changes.

The repetition of the "limits" of the consensus can build a "panic" over those outside the boundaries, which then expresses itself in an intolerance (Cohen, 1980: 84). In the case of AIDS reporting, the repetition of anecdotes about HIV-positive people "spreading AIDS" to unwitting partners fuelled a panic over "carriers."

Media Content and Deviance

Economic interests can be served -- more newspapers can be sold -- by including the stories of boundary-breakers. Thus, coverage of deviance is a core ingredient of media

news.²⁶⁹ According to Ericson et al., "deviance is the defining characteristic of what journalists regard as newsworthy" (1987: 4). And Katz noted that "crime news is experienced as interesting by readers because of its place in a daily moral routine" (Katz, 1987: 72). During the process of this daily ablution, the reader is channelled through anger and fear.

In addition, such news can actually serve to reinforce consensus.²⁷⁰ For example, Cohen pointed out that news about deviance was a:

main source of information about the normative contours of a society. It informs us about right and wrong, about the parameters beyond which one should not venture and about the shapes that the devil can assume (1973: 342).

Along with a presentation of deviance, there is a characterization of the "deviants." This necessarily includes a process of "blaming," either explicit or implicit. In discourse on AIDS, there has been a "blaming" of people who contracted HIV through sexual activity (more specifically, homosexual activity) or needle sharing. People who acquired HIV were marked as "other," a boundary was set up between "risk groups" (almost always headed by "homosexuals") and the "general population." Watney argued that this isolation of PWAs as deviants fit in with larger constructions of social life:

²⁶⁹ Disease could be included under this category, as it involves a "deviation" from the normal, and it is used to define boundaries and stereotypes. In addition, homosexuality (or any sexuality outside of monogamous heterosexuality) is also constructed as deviant. Thus, the coverage of AIDS had two powerful reservoirs of "deviance" to draw from. Albert (1986) argued that the media found it impossible to separate AIDS as a disease from the stigmatized groups who were the first to be dramatically affected. As a result, coverage reflected a moral as well as medical ambiguity about the disease.

²⁷⁰ Durkheim, Mead, Marx and others noted the functions of crime in reinforcing a sense of community solidarity (cf. Halloran, 1978).

Aids is effectively being used as a pretext throughout the West to "justify" calls for increasing legislation and regulation of those who are considered to be socially unacceptable (1987: 3).

This is a familiar pattern with sexually-transmitted disease. Nelkin and Gilman (1988) pointed out that syphilis was also considered to be a disease of "others:" to the Germans, it was the "French" disease; to the French, it was the "Italian" disease; the Japanese called it the "Portuguese" disease; the Persians called it a disease of the Turks; and, at various times, syphilis was considered (in Europe) to have come from either Africa or North America.²⁷¹

Media and Moral Panics

One approach which brought together these hypotheses about the media constructing frameworks of reality which were intimately concerned with questions of deviance and consensus was the "moral panic" theory. A "moral panic" is a situation in which: a threat is perceived, defined and isolated; the people involved are stereotyped ("folk devils"); educators, editors and other moral entrepreneurs respond with moral indignation; socially-accredited "experts" are accessed and their definitions of the situation are adopted by the media; and all the while, people may develop a vague uneasiness and fear over the forms

²⁷¹ Sontag argued that in the modern metaphoric understanding of disease, the "move from from the demonization of the illness to the attribution of fault to the patient is an inevitable one" (Sontag, 1988: 11). In the history of venereal disease, this stigmatization of the "guilty" resulted in particular quarantine practices. During World War I, the United States incarcerated 30,000 prostitutes in internment camps in an attempt to control the spread of disease. It had no effect on the rates of STDs (Brandt, 1988).

of "deviance" from which the moral panic stems (Cohen, 1980). The panic is first defined by the control culture (forces of law and order, institutional religion, education), and the media reproduces (and re-structures) that concern. The control culture can then rely on the media messages and reproduce them, reinforcing their belief that they are acting in the interests of the "consensus" (the informed, reasoned opinion of all right-thinking people). Thus, a moral panic can take on a life and importance far beyond what would be warranted by the actual threat. The "panic" itself might go through stages, leading toward increasingly punitive state control (Watney, 1988).²⁷²

Images of deviance may be reported, even if there is no real basis for them. And events which do not conform to media prophecies are not presented as examples of the media's ineptitude, but as evidence of the effectiveness (and necessity) of control culture intervention. Not only do frameworks shape current perceptions of events, but they also structure expectations for the future. Thus, media coverage can "sensitize" its audience and mold their reactions.

In terms of AIDS coverage, there was much attention to the possible "dangers" of casual contact leading to HIV infection. This occurred throughout the 1980s, despite continuing evidence that it was not a risk factor. In addition, the danger of sex trade workers was almost a sacred litany. Evidence that HIV infection among non-IV drug using prostitutes was very low (even non-existent in many studies) had little effect on the actual media coverage.

²⁷² The "classic" examples of moral panics included: the mods and rockers of the mid-1960s; anti-Vietnam war demonstrations of the late 1960s; and mugging in the early-mid 1970s. Anytime a significant gap between actual danger and perceived danger exists, and the knowledge of most people is a mediated knowledge, then one may suspect the presence of a "moral panic" in operation.

Bias and Ideology

According to Hackett (1986), the distinction between "bias" and "ideology" is very important in media studies. By focussing on bias, one can miss the more important ideological content and role of the media. Traditionally, bias was seen as a distortion that was added to normal, objective reporting. As such, it was a departure from typical programming. To claim the existence of bias, one also claimed its non-existence somewhere -- that there was the possibility of doing media work from "nobody's point of view." Bruck (n.d.) contended that bias was no longer a useful concept or variable in media studies. Assuming that bias was a distortion of reality, it existed in all media work -- due to the nature of the task and the limitations of production. Since bias held no promise of distinguishing among cases, the concept was relegated to meaningless argumentation. One person's bias was another person's principled conviction.

The move to a more common usage of the concept of "ideology" has helped to clarify the nature of the media process. With ideology, there is no direct, conspiratorial intervention; that would occur only if the ideological system broke down. The origins of ideology are more amorphous and non-personalized than those of bias -- they could be production practices or the segmentation and structuration of the world that occurs on a news program.

Ideology, however, is itself a broad and sometimes ambiguous term.²⁷³ In one usage,

²⁷³ There is a danger, with such ambiguity, of "ideology" becoming a watershed for all untheorized processes and forces. Sholle (borrowing from Foucault and Williams) noted that: "ideology becomes the explanation called upon whenever gaps show up in the Marxist theory of determination" (Sholle, 1988: 29).

often associated with the more orthodox strains of Marxism, it could be seen as an apologetic body of ideas and justifications about the world, biased toward a particular class (usually the "ruling" class). This shares some similarities with the concept of bias; but, instead of being an addition to "reality," ideology may be seen as a partial view of "reality." Individuals come to share this partial view and embrace it as "reality," even if it is not borne out by their own life experiences. In this view, the media is the executive of the dominant class and media frameworks represent the interests of the status quo. The role of ideology is to persuade individuals to become willing participants in a particular organization of social life.²⁷⁴

This concept of ideology as a disguise of the "real" nature of the world led to the concept of false consciousness. For the oppressed class, the dominant ideology did not relate to their material conditions; thus, it was a "false" awareness -- divorced from their "reality" (Marx, 1972A). Discussions of false consciousness and the "duping" of the proletariat also led to an unsavoury intellectual elitism.

This position on ideology was dealt a serious challenge by postmodernism. In this line of inquiry, it was asked whether there was an overall, totalizing "reality" which could be mis-represented? The answer was "no." There was no Master Narrative, so there could

²⁷⁴ This property of ideology to "universalize" thought relates to some usages of "myth." Heck wrote: "Myth therefore differs from connotation at the moment at which it attempts to universalize for the whole society meanings which are special to particular lexicons... myths are connotations which have become dominant-hegemonic" (Heck, 1980: 125). In mythology, the socially specific is reproduced as universal and normal. By putting the two together, myth can be seen as the trojan horse of ideology.

be no fundamental miscarriage of its nature.²⁷⁵ According to Mohun, much of modern Marxism had been "concerned with establishing the differences between knowledge and ideology and the relations between the two" (Mohun, 1979: 250). Postmodernists countered that Marxism was an ideology in itself. Like all others, it set out a division between the "true" and the "false," but it was to be no more privileged than any other totalizing theory. Despite criticisms,²⁷⁶ postmodernism was able to tarnish the Enlightenment gloss that there was one reality which could be known. In the process, by problematizing several former assumptions, it supplied correctives to the study of communication.²⁷⁷

This project affirms the criticisms of this "ideology as persuasion" approach and theorizes ideology as being tied to questions of legitimation and praxis. First, ideology's work is the legitimation of the social order itself (Smythe, 1981; Gerbner and Gross, 1976). This was echoed by Garnham (1979), who argued that, as the material wealth of a society grew, there was more superstructural autonomy. At the same time, there was a tendency toward the industrialization of the superstructure and its use in legitimating society and masking exploitation (although this work is never totally successful).

Second, ideology is the praxis that joins reality to consciousness and practice to theory.

²⁷⁵ In addition, the belief in the existence of the status quo as a static force ignored the contradictions in society between stability and change. In addition, there are no homogeneous, fully-formed bodies in society that act as "classes-for-themselves," so there is no single "dominant class" (Connell, 1978).

²⁷⁶ For example, Kellner pointed to the postmodernists' problem of trying to represent the non-existence of authentic representation (Kellner, 1988: 257). And Latimer (among others) lamented the lack of praxis in postmodernism (Latimer, 1984).

²⁷⁷ For example, the construction of the subject, clarifications in the workings of power within discourses and the political uses of knowledge were all problematized.

It is the representations through which individuals relate to the world. It is the link between a political-economic system and consciousness that connects the two, and in so doing, tries to hide the contradictions. It is both a way of knowing and a way of not knowing. It is "the systems of representation... to make sense of, define, figure out and render intelligible the way society works" (Hall, 1983: 59).

Thus, ideology is not a mystifying force, but rather a socializing force. It is not a covert set of frameworks and processes, but a manifest part of media content. This makes an ideological reading eminently possible. There is nothing mystical about the displacement which ideology produces.

It is not imposed directly as a body of persuasion, but it is a site of struggle and, at times, resistance. The media, as bearers of ideological messages, become sites of negotiation, where particular meanings are contested (Hall et al., 1976). (Just as economics is considered to be a site of class struggle, so is ideology.) Media messages are encoded with certain "preferred" readings intact. A decoding is done in line with the audience member's own experiences and frameworks, and a "successful" ideology is one that has some resonance with the audience's experience. This is made easier by the fact that an individual's prior experiences and frameworks were also mediated and interpreted by ideology. The subject is set (and constructed) within the same structures that later "hail" her/him time and again.

Ideology's main task is thus not to obfuscate exploitation or social reality, but to explain it and to provide interpretive frameworks that can be used in the future. As such, ideology is a system of inclusions and exclusions that becomes "natural" (Knight, 1982).

Social facts are collapsed into natural facts.²⁷⁸

Since ideology is not the conscious product of a single class, it can be as contradictory as class relations themselves. In other words, a whole field of contradictions may be reproduced within ideology, leaving open the possibility of opposition and emancipation. Ideology is a leaky system which may aim toward Althusser's famous "teeth gritting harmony," but it always falls short -- the lonely moment of the last instance never comes.

This view of ideology relates to the concept of "hegemony." More orthodox concerns, such as that over "false consciousness," are set aside for a more dynamic, interactive model of power and domination. In "hegemony," forms of domination and subordination are integrated with "normal" processes of social organization. Coercion occurs only in times of crisis; otherwise, control is achieved through the cultivation and maintenance of a consensus.²⁷⁹ Textual interpretations, when "hegemonic," may be dominant, but they are neither total nor exclusive.

Ideology is only one set of determinations in society. It does not govern, in a unitary way, all of social life. Rather, it is a part of a structure of determinations, including economics, politics (both personal and corporate) and so on. For Hall, this structure is not a hierarchy, but a system of interconnected and mutually-influencing determinations (Hall, 1977). In reproducing dominant ideologies, the media also reproduces the

²⁷⁸ Ideology may "naturalize" social, historical conditions in such a way that the interests of a dominant class are protected, but the relationship is not "vulgar" (there is no one-to-one relation between ruling class interests and media content).

²⁷⁹ Given the pleasure that people derive from the media, it would not be accurate to theorize media messages as "invasions" or "coercions," but rather "tentative invitations." Rarely are people coerced into attending to the media, the exception being high school social studies courses.

contradictions that are a part of everyday experience. This allows for audience resistance to dominant ideologies, aberrant decodings of messages and the media's lack of closure with respect to meanings and significations.²⁸⁰

Despite institutional sources of news, ideological distortions and journalistic conventions, the mainstream media does not present one singular "line" on AIDS which relates to a dominant, scientific-medical and conservative moralistic approach. However, the issue is set within a particular framework which allows people to think through the relationships presented -- health and disease, behaviour and its ramifications, infection and safety, risk groups and the general population, etc. This takes ideology to the doorstep of "discourse" and "discursive formations." And rightly so, for the theory and practice implicated in an ideology can itself function as a "discursive formation" by presenting both a view of the world and a prescription for action.

Audience

The history of the mass media is both a history of an industry and a history of the development of an audience (Golding, 1974: 14). But the audience was often forgotten, and much research dealt with a receiver-less communication. One can read the history of media studies (at least in North America) as a history of the theories of audience. "Audience" was the often-unstated dynamic which modified the approaches.

²⁸⁰ As the next two chapters on the mainstream media discourse illustrate, there was a lack of total closure of meaning related to AIDS and PWAs. While there were recurring themes and constructions, a few mainstream texts allowed for the possibility of alternative (and sometimes subversive) interpretations.

Early media theory hypothesized that the audience was on the sharp end of the "hypodermic needle" of mass communication. This denied the possibility of a critical practice among receivers.²⁸¹ This project views the audience as being active. Thus, it is recognized that the interpretations the media texts used in this study will not be shared by all audience members. There is always the chance of alternative de-codings. Likewise, there is also the chance that the gaps and stumbles of the media texts will be ignored by readers, and dominant de-codings will prevail.

Audience De-coding

A study of the media would be incomplete without a discussion of audience decodings of media messages. This emphasis on the "power" of audiences provides a balance to the view of the media as a producer of society's dominant definitions and images. Both processes are operating simultaneously, in a somewhat dialectical relationship.

One of the major ways in which audience members act and exert some influence in the process of mediated communication, is through the moment of decoding. Encoding (production) and decoding (consumption) are autonomous moments, meaning that successful completion of one does not guarantee the success of the other. The act of encoding is one of delimitation, whereas the act of decoding can involve deconstruction and expansion.

²⁸¹ Theories reflect social realities. The hypodermic needle approaches gained prominence after massive World War I propaganda campaigns and widespread radio development (Gitlin, 1978).

The encoding process involves the use of a "preferred" reading or code. The social order and its structure of legitimations is embedded in the encoded messages.²⁸² If the receiver uses (or occupies) the same code (configuration or map of meanings) as the sender, then the dominant, preferred reading is the interpretation of the receiver.

We say dominant, not 'determined', because it is always possible to order, classify, assign and decode an event within more than one 'mapping.' But we say 'dominant' because there exists a pattern of 'preferred readings'; and these both have the institutional/ political/ ideological order imprinted in them and have themselves become institutionalized (Hall, 1980B: 134).

Likewise, Streeter stated that "polysemy" did not mean that the interpreter chose from a set of equally-weighted options. Rather, some were shared and some privileged, thus allowing us to "penetrate the mist of infinite possible interpretations" in order to communicate (Streeter, 1984: 81).

Hall specified three possible positions of decoding. The first is a dominant-hegemonic position, where the audience member works within the dominant code. In this case, the encoding/ decoding process is transparent. The second position is a negotiated code, which is a mixture of adaptive and oppositional elements. The dominant code might be accepted for the global situation, but a local exception is made. The third position is one

²⁸² People are often able to easily recognize this dominant coding. Steiner (1988) argued that, due to this ability, columns such as "No Comment" in Ms. were successful. The column re-printed objectionable articles from other sources. In a context of re-appropriation and ridicule, the hegemonic positions of the text became very obvious. Likewise, an Ottawa-based lesbian/gay publication (GO Info) published extracts from the mainstream press, without comment, in a section called "Straight from the Press." And Olson, in an article on meta-television, suggested that a media-literate audience was attracted to the reflexivity and auto-deconstruction of programs which made direct reference to the artifice of the medium. Audiences were able to "get the joke" of these "postmodern" shows because they were adept at decoding media content (Olson, 1987).

where the audience member understands the discourse, but decodes it in a "globally contrary way." For example, "national interest" may be decoded as "class interest" (Hall, 1980B: 136-7). This position relates to Eco's (1972) description of "aberrant decodings," wherein people interpret the media messages according to codes which were neither preferred nor expected by the senders.²⁸³

There is a question whether the term "re-coding" would not be more appropriate. This emphasizes the audience activity in deriving meaning from the media texts. Steiner maintained that the use of "recoding" was closer to the actual process of decoding, at least of aberrant decoding (1988: 3). For Steiner, the term "decoding" was too tied to a transmission model of communication to fully incorporate the nuanced activity of developing contested meanings from mainstream messages. But, it is assumed that at least the latter two decoding positions require audience activity which brings both social and individual elements to the text.

The movement from the use of a dominant-hegemonic code to the use of an oppositional code is a significant movement. It is in the facilitation of this change that one can find an element of critical praxis. As Eco wrote:

In political activity, it is not indispensable to change a given message; it would be enough (or, perhaps better) to change the attitude of the audience, so as to induce a different decoding of the message -- or in order to isolate the intentions of the transmitter and thus to criticize them (1972: 121).

A role of a media researcher, then, could be to help make the audience conscious of

²⁸³ It is imperative to caution that aberrant decodings are not necessarily progressive and thus not all alternative decodings are to be celebrated. They can also be misogynist or homophobic or intolerant (cf. Rakow, 1986).

alternative codes to use in interpreting media messages. This type of "semiotic guerilla warfare" could have effects which were more immediate than trying to change the source of the messages. (It is also more pragmatic -- counter-cultural discourses provide this sort of education.)

Finally, the realization that ideology is a site of struggle and that audience decodings are examples of resistance provide both an optimism for future possibilities and a route to praxis, both of which are noticeably absent in mainstream media research. In this project, the counter-cultural discourse provides an illustration of active resistance to dominant codings.

Conclusions

Texts are embodiments of social reality and social practices (Sholle, 1988: 18). Thus, they are a means to study cultural and discursive formations (Johnson, 1986/87: 62). A study of the texts on AIDS, then, is also a study of social and cultural constructions and responses to the disease and those it has affected.

In sum, the theory in this section emphasizes the effects of production practices on media content. The goal is to understand the media as a social process (a set of procedures and relationships that are socially constructed and reproduced). There is also a recognition of the importance of all levels of the media process, from the socialization of the producers to the interpretations of the audience. As the literature on moral panics illustrates, the media present an inventory of images and a lexicon of ideologies that map

the normative contours of society, classifying events and constructing a consensus which is ultimately accepted, negotiated or rejected by members of the audience.

In terms of the entire project, the media are used not simply as a source of texts or a surface for power relations at play. Rather, I would concur with Carey, when he wrote that scholars should focus on the mass media:

as a site (not a subject or a discipline) on which to engage the general question of social theory: How is it, through all sorts of change and diversity, through all sorts of conflicts and contradictions, that the miracle of social life is pulled off, that societies manage to produce and reproduce themselves? Put in a slightly different way, how is it through communication, through the intergraded relations of symbols and social structure, that societies are created, maintained, and transformed? (Carey, 1985: 33).

In specific terms, the media is the site, and AIDS is the subject. AIDS as a disease, but also as a signifier and condensor around which a range of authorities speak and social, sexual and psychic anxieties are spoken (cf. Watney, 1988). And the goal of the textual analysis is to uncover, highlight and question these meanings.

Between consciousness and existence stand communications, which influence such consciousness as men have of their existence.... In so far as people live beyond their immediate range of contacts, it is in this world [media] they must live (Mills, 1951: 332-334).

According to a survey of Ottawa-area residents done in March 1987, 77 percent of respondents cited the news media as their primary source of information about AIDS (Provencher, 1987A). For many people, their first (and maybe only) exposure to information about AIDS came through the mainstream media. Thus, the messages of this discourse were important in the construction of the public discussion of AIDS and surrounding issues.

In this chapter, there is an accounting of these messages in four Canadian newspapers. (The next chapter discusses several Canadian magazines.) Part of the exercise is to follow the messages through to their conclusion; to where the gaps may show through. For example, advice such as "get to know your sexual partners" was presented in a variety of contexts within this discourse. But what does such a statement imply about people's ability to judge? About the physical manifestations of disease? And about the presumed link between a person's character and their health status?

In addition, the question of how contexts affect texts is quite relevant in this discourse. For example, do the production practices (referred to in the previous chapter) influence the newspaper content? Are there differences between feature stories and news stories taken from wire services? Or between the coverage of specific events and the coverage

of continuing issues? As the next two chapters show, there appears to be a difference, depending on whether the article attempts to "contextualize" AIDS. In such cases, the interests of the discourses show through very clearly.

The following analysis is in two parts. First, a set of articles were chosen, based on the sample design discussed in the methodology chapter. (However, not all sources published a story on each of the particular events in the sample.) The second part includes a selection of feature reports (and editorial comments) on AIDS. These are analyzed together, and the discussion is focussed on the three areas of the virus, PWAs and possible solutions. This comparative analysis affirms and expands the findings of the earlier section, and provides a sense of the way in which feature stories contributed to the media construction of issues around AIDS.

In practical terms, the analysis started with three basic questions: how is the virus presented? How are PWAs characterized? What is the nature of the solutions proposed?

Beyond that, other matters such as the implications of lexical choices, the creation of equivalences and oppositions within the text, the attribution of causes and the distribution of legitimized actors were noted and analyzed.

Before beginning the analysis, the following is a brief introduction to the four newspapers. Information on circulation was derived from either of two sources: Canadian Advertising Rates & Data (October 1990), referenced as "CARD, 1990;" or, Gale Directory of Publications and Broadcast Media (1990), referenced as "Gale, 1990."

The texts used in this chapter come from four Canadian daily newspapers: the Globe and Mail, the Toronto Star, the Ottawa Citizen and Le Devoir. As one of Canada's oldest

continuously-publishing newspapers (first published in 1844), the Globe and Mail occupies an important role in Canadian journalism. While published (but not totally printed) in Toronto, it still attempts to provide a national focus, and calls itself "Canada's National Newspaper." The average daily circulation of the newspaper is 330,030, but Ontario readers account for 228,640 copies (CARD, 1990). For many Canadians, of various political sympathies, the Globe and Mail is their "newspaper of record."

In December 1988, the Toronto Star (the newspaper with the largest circulation in Canada)²⁸⁴ received a significant accolade from the AIDS Committee of Toronto. The ACT newsletter Mediaaction stated:

In 1988, the Toronto Star established an outstanding record of editorials about AIDS. It indicates one news organization's concerted effort to encourage the most useful, sensitive and intelligent responses to AIDS -- and to damn those reactions that are fearful and ignorant (Mediaaction, 1988).

There followed a list of 23 editorials related to AIDS that the star had printed in 1988.²⁸⁵ Nevertheless, as the following discussion will show, the earlier news coverage of AIDS in the Toronto Star sometimes exhibited the same gaps and assumptions as other news organizations.

The Ottawa Citizen, a daily newspaper, has published in the national capital region since

²⁸⁴ Average Monday-to-Friday daily distribution is 523,388. The Saturday edition sells 786,281 copies (CARD, 1990). In the Toronto market, the Star has more readers than the Toronto Sun and the Globe and Mail combined.

²⁸⁵ The number of editorials during this one year indicated the amount of information on AIDS in the Toronto Star. In addition to editorials and regular coverage, the newspaper published special features on AIDS, some of which covered almost entire sections (e.g., "Insight" section on 14 December 1985).

1843. Currently, it is a member of the Southam chain of newspapers. Average Monday-to-Friday circulation is 184,563, and Saturday sales average 246,763 (CARD, 1990). This is over four times the circulation of the only other current Ottawa daily, the Ottawa Sun.

The Citizen has published a large number of stories on AIDS. For example, 43 articles on AIDS were published in 1983 alone. Most other media outlets were only minimally aware of AIDS at that time. The majority of these stories were from news wire services, and many were based on findings published in journals such as Lancet, Science and the American medical journals.

In Quebec, AIDS coverage (at least in the early part of the 1980s) contained the possibility for a different focus than in the rest of the country. This was due to the number of Haitians in the Montreal area who had contracted the disease. Thus, one French-language newspaper from Quebec was included in the sample, to consider the ways in which the disease was constructed there.

Le Devoir is a daily morning paper, based in Montréal, which was founded in 1910 by Henri Bourassa. It considers itself to be Montreal's "serious" daily. Unlike most other newspapers, it does not carry a comics section, or even a sports section. And recently, it has dropped the stock exchange figures as part of a campaign to re-focus business news and change its "economic" coverage to "socio-economic" coverage (Dougherty, 1990). Average Monday-to-Friday circulation is 28,206. Saturday circulation is slightly higher, at 32,257 (CARD, 1990).²⁸⁶

²⁸⁶ This makes Le Devoir a rather distant competitor to the tabloid, Le Journal de Montréal, which sells an average of 321,575 copies per day.

Stories Chosen Using Sample Design

First Story. The first story on AIDS in the newspaper sample appeared in the Ottawa Citizen on 21 July 1982. Written by staff writer Margaret Munro, it was titled "Baffling disease kills 4" (Munro, 1982). The article referred to a new disease, which was called both "acquired immune deficiency disease" as well as "the gay plague." The disease, which was said to "knock out" a person's immune system, was considered to be "baffling," "mysterious" and "may be contagious."

The first two articles on AIDS to appear in Le Devoir were also published in July 1982. The authorship of the articles was not specified. The first, titled "Deux Montréalais meurent d'une maladie appelée <<la peste gaie>>," discussed the recent appearance of AIDS in Montreal (Le Devoir, 1982A). In both the title and the text, the disease was referred to as "la peste gaie." This linked the disease with homosexuality. The link was reinforced when the article noted that AIDS was most widespread among homosexuals and that it was in the American gay community that it was first diagnosed.

On 15 January 1983, the Toronto Star published an article by Patricia Hluchy titled "Killer disease linked to blood" (Hluchy, 1983). The theme of the story was the possibility of transmission through blood, and thus the possible danger to hemophiliacs and blood transfusion recipients. A viral agent was suspected, but it had not yet been proven. Again, AIDS was called "mysterious" and a "deadly new disease." However, the article also stated that the incidence of AIDS was fairly low, even if the mortality rate was high. A Toronto doctor was quoted as saying "Certainly it [AIDS] hasn't spread like

wildfire."

The Globe and Mail first reported on AIDS in an unsigned Canadian Press note published on February 19, 1983 (Globe and Mail, 1983). It was a very short piece titled "15 Canadians have died from syndrome in a year." The virus was described as "mysterious" and "often-fatal," and was also referred to as the "gay plague." Thus, there was a repetition of both the use of "gay plague," as well as a recognition of the "mystery" surrounding AIDS.

Both the Globe and Mail and the Toronto Star identified PWAs as male homosexuals, Haitians, IV drug users and hemophiliacs (the four-H's).²⁸⁷ No explanations were yet available on why these particular groups would be affected, and the Star noted that membership in these groups did not imply automatic susceptibility. The Citizen noted that AIDS was "particularly prevalent among homosexuals and drugtakers." In all four newspapers, PWAs were referred to in general as "victims," or as "patients" ("victimes" and "malades" in Le Devoir).

Only the Citizen story referred to any possible solutions. Two theories were discussed in the article, each of which implied a different solution. First, there was a suspicion that the disease was a toxic reaction to amyl nitrate (or "poppers," used to enhance sexual orgasm). Thus, by avoiding these, one could be safe. (This theory was later discounted.)

The second theory was that some organism was involved. The implication of this was that it could possibly be passed on to others. Given the fact that some "non-

²⁸⁷ Some medical wits had referred to this group (Haitians, Homosexuals, Heroin-users and Hemophiliacs) as the "4-H Club." The 4-H organization, in protest of this use of their name, threatened to take legal action.

homosexuals" had been affected, this latter theory was suspected. The question then revolved around the specific routes of transmission.

In general, the first stories published on AIDS referred to the mystery of the disease and cultivated a fear of the virus. This initial characterization also remained a significant theme in later coverage. The "newsworthiness" of AIDS was affirmed by this focus, even though it often bordered on sensationalization.

Second Story. The second article published by Le Devoir appeared two days after the first (Le Devoir, 1982B). It described the reaction to the previous article, especially to the use of the term "la peste gaie." Since the publication of that article, there had been a marked increase in concern among members of the Montreal gay community. According to the second story, the article had created a feeling of panic. Dr. Pierre Turgeon, a local physician, criticized the use of the term "peste." He felt that, by comparing AIDS to the plagues of the middle ages, it exaggerated the danger. He pointed out that, in a small note in Le Devoir the day after it had called AIDS "la peste gaie," the newspaper stated that 28,000 Canadians had died as a direct result of tobacco usage. But, no panic was provoked by this more significant statistic.

The article also repeated Dr. Turgeon's statement that the use of the term "peste gaie" implied a culpability for the disease on the part of the gay community. Thus, the second article published in Le Devoir contained an inherent critique of the way in which the media had portrayed the disease and provoked panic.

The second Ottawa Citizen story on AIDS appeared on 21 December 1982. Written by

Roswitha Guggi, the article was initiated by the existence of three PWAs from Ottawa (Guggi, 1982). The disease was described as being "baffling" and a "mystery," and was referred to as both AIDS and the "gay plague." However, there was some speculation that a virus was involved.

In the Toronto Star's second story on AIDS, it was called an "incurable and fatal" disease which destroyed the body's immune system and, in the process, "turns harmless germs into killers" (Toronto Star, 1983A). This latter description, while providing an engaging metaphor of turning the body against itself, had a questionable medical basis. (T-cells were not "harmless germs.") Nevertheless, the premier was quoted as saying, "we don't want to cause unnecessary fears or perceptions of epidemics." In spite of the serious nature of AIDS, there was a rejection of the term "epidemic" and all that it might imply.

The Globe and Mail's second article, by Jane Gadd (1983), provided more information on AIDS. For example, there was some notion of how it was spread -- through blood or through "intimate contact." However, as the article stated, the disease had not yet been conclusively linked to blood or blood products. Nevertheless, AIDS was characterized as a "deadly communicable disease" and the major theme of the article was the need to restrict blood donations.

The term "gay plague" was rejected in this story. Gadd wrote that the disease "was once known as 'the gay plague'." In fact, as recently as three weeks before this article, the Globe and Mail had itself referred to AIDS in such a manner.

Both the Citizen and the Star referred to the main "risk groups" -- "homosexuals, illegal

drug users who use needles, Haitians and hemophiliacs."²⁸⁸ People with AIDS were referred to as "victims" or "cases."

The Globe and Mail article also referred to persons in "high-risk" groups, and suggested that they should refrain from donating blood. It began by listing these groups as "promiscuous male homosexuals, drug abusers and Haitians" (Gadd, 1983). However, there was some discussion about the first category. Later in the article, the word "promiscuous" was dropped, widening the category to include all men with a same-sex orientation. But it was clear that it was only the "promiscuous" who were being warned.

Dr. John Derek of the Red Cross was quoted as saying:

Sexual transmission [of AIDS] is related to the high degree of promiscuity in the male. Active male homosexuals or bisexuals with multiple partners would be the classification we'd be most concerned about.

The article then quoted a response from Edward Jackson, a member of the Body Politic newspaper:

We are concerned that this might stigmatize the gay community. But all homosexuals are not being told not to give blood; only the very sexually active gay people seem to be at high risk.

Thus, by quoting a source from the counter-cultural discourse, the article illustrated the debate over meaning, and the recognition of the implications of certain word choices.

The article was ostensibly about a "solution" to AIDS. It was the isolation of "high-

²⁸⁸ At the time, 7 of the 16 confirmed PWAs in Canada were Haitian, and 10 of the 15 who were male were also identified as being gay. Thus, there was some overlap in the two risk categories.

risk" groups from the potential blood donor population.²⁸⁹ Without a blood test, this was perceived as the only procedure to ensure the safety of the blood supply. Even without solid evidence of transmission through blood, there was a perceived need to protect the nation's blood inventory. There is at least a metaphoric link between charges of poisoning the wells in times of bubonic plague and charges of "poisoning the blood supply" in our own times.

In the Toronto Star (the other newspaper to mention solutions), there was a discussion of providing funds for medical research. The suggestion was made that lottery funds could be used to support such research. The solution was thus distributive as opposed to substantive.

NAC-AIDS. All four newspapers reported on Health Minister Begin's appointment of an advisory panel on AIDS. Both the Ottawa Citizen (1983C) and Le Devoir (1983) used Canadian Press reports, and the Toronto Star (1983B) published an unsigned report. The Globe and Mail's article, by Charlotte Montgomery (1983), included a comment from Michael Lynch (of the AIDS Committee of Toronto) that representatives of the groups most concerned with AIDS should be included on the panel. However, it was not clearly specified whether this was the case with the present panel.

AIDS was referred to in similar terms: a "rare but often deadly disease" (Globe); a "rare, but often fatal condition" (Citizen) and a rare, often fatal, disease whose origin was

²⁸⁹ It was not suggested that HIV-positive people would consciously attempt to donate blood and infect other people. The measure was necessary only because people may not be aware of their own seropositive status.

unknown (Le Devoir).

People with AIDS were called "victims" or "AIDS victims," and the link between AIDS and homosexuality was maintained. For example, both the Toronto Star and the Ottawa Citizen stated: "AIDS is most often found among promiscuous homosexual males."²⁹⁰ This statement both singled out homosexuals as the most prominent at-risk group, and added the proviso that it was promiscuous homosexuals who were in danger. Thus, promiscuity continued to be constructed as being closely linked to the spread (and maybe even the "cause") of AIDS.

The creation of the panel was constructed, in the newspapers, as legitimate government action toward finding a solution for AIDS. The interests of the state (to be perceived as acting) were upheld. However, none of the articles gave any specific advice as to how individuals could protect themselves.

First Public PWA. On 18 August 1983 the Ottawa Citizen published an article by a staff writer, Laura Robin, about Peter Evans, the first PWA in Canada to speak to the media about his medical condition (Robin, 1983B). In the article, only Evans' first name was used, in an effort to protect his family from harassment. Three weeks later, the Globe and Mail published an article on Evans by Hilary Mackenzie (Mackenzie, 1983). And in January 1984, the Toronto Star reported the death of Evans in a Canadian Press story titled "Homosexual who helped publicize AIDS is dead" (Toronto Star, 1984A).

By this time, AIDS was described (by the Globe) as an infectious agent, and possibly

²⁹⁰ At the time, 17 of the 33 PWAs in Canada were gay males.

a virus. The Star referred to it as a "mysterious" and "deadly" disease. (Those two modifiers were present in most of the Toronto Star's early coverage of AIDS.) Added to this was the projection that AIDS would become a much more serious problem -- it was cited that the number of PWAs was doubling every six months. (The Globe had claimed that AIDS was not yet an epidemic in Canada.) The Citizen characterized AIDS as a "deadly immunological disease" which could be spread through semen and blood. A listing of groups most at risk was provided, but it was noted that the inclusion of Haitians on the list was a matter of bewilderment. Nevertheless, they appeared on the list.

The major topic of the articles was a specific PWA, Peter Evans. He was referred to as a "victim," and in fact, the Globe quoted Evans as saying:

I resented the initial media concentration on the promiscuity of AIDS victims. Gays don't have a monopoly on promiscuity.

Here he used the term "victim," even though his personal example was one of rejecting the helplessness that accompanied the term. Ironically, the media attention on Evans helped both to present an empathic portrayal of a PWA and to challenge the stereotype that PWAs were "victims."

The Toronto Star also gave prominence to the fact that Evans was homosexual. Both the headline and the text contained this description, implying that this designation was considered to be a significant characteristic of Evans. However, no conclusions were directly drawn from it. Not even a speculation on how Evans contracted AIDS. But the inclusion of the description of his sexual orientation did suggest that it had something to

do with getting the disease.²⁹¹

In the Ottawa Citizen article, there was an aberrant decoding of the term "risk groups." Evans was quoted on how he was the one at risk of getting sick from being around other people, not the other way around. This was due to his increased susceptibility to infection.

In addition, the article noted the difficulties which PWAs experienced, in terms of discrimination. There were examples of discrimination against Haitians. And, just the fact that Evans did not want to use his last name indicated that his family might be subjected to prejudicial treatment. (And they were, when his name was revealed.)

In terms of solutions, the Globe article contained some safer sex advice. Since it was suspected that semen and blood were possible vectors for viral transmission, gays were advised to use condoms. The article singled out gays, illustrating the still-common perception that AIDS was somehow a "gay disease," even if the term "gay plague" had been abandoned.

In general, the coverage of Evans illustrated that the earliest constructions of individual PWAs were positive. The story of Evans was of a "responsible" person who was fighting back against a stigmatized disease. There was never any suggestion that he, as a PWA, was a "danger" to society at large. This construction of individual PWAs changed significantly in later years, as the media privileged the stories of "carriers" who were perceived to be a threat.

²⁹¹ This insistence on identifying Evans as a "homosexual" was repeated in a later article (Toronto Star, 1984B). In the article, he was referred to as a "28-year-old homosexual theatre designer."

In addition, the newspapers' insistence on linking Evans with homosexuality illustrates one of the newswork practices discussed in the previous chapter. Given that homosexuality was defined as "deviant" in Canadian society, it was no surprise that it became a major "angle" in the story of Evans.

Heterosexual Transmission. The Ottawa Citizen reported on the heterosexual transmission of HIV earlier than most media outlets (Ottawa Citizen, 1983B). In a short article from Associated Press, published on 19 May 1983, the paper cited a study from the Journal of the American Medical Association. According to the study, AIDS was no longer limited to the "previously identified high-risk groups such as male homosexuals, heroin addicts and Haitians."

However, the article also suggested that the virus could be passed among members of the same household, without sexual contact. In spite of the implication of the article, which was that AIDS should be seen as a threat to the "general population," the article was very short and appeared on page 22. No suggestions were made as to possible solutions or methods of protection.

On 3 February 1984, the Toronto Star reported on the possibility of the heterosexual transmission of AIDS in an article by Ellie Teshher (Teshher, 1984). At that time, no such cases existed in Canada, but US authorities had investigated "20 or 25" cases. While the article noted that the rate of increase of the disease was slowing down, it also stated that: "news about the still-baffling killer swings from better, to bad, to downright disturbing." The implication of heterosexual transmission would be that a far greater number of people

would then be in the "high-risk groups." However, the change was not in the disease itself, but in estimates for the future. Nevertheless, it meant that the social boundary, which had been presumed to be an epidemiological boundary as well, no longer "protected" those outside of the "high-risk groups."

The Globe and Mail reported the evidence of heterosexual transmission of AIDS on December 1984 in a three-article feature by Martin Stuart-Harle on the "Science/Medicine" page.²⁹² The major article was titled "Evidence is increasing on spread of AIDS through conventional sex." Here the message was clear -- that "conventional sex" and "heterosexual sex" were equivalent. (In the text, the term "conventional heterosexual intercourse" was used.) Again, the coverage illustrated that the social boundary between conventional and deviant sexuality would no longer protect people from AIDS.

In addition, the perceived direction of the spread of the virus was explicitly stated in the article:

Homosexual men probably passed it on to bisexual males, who infected some female prostitutes, who then gave AIDS to heterosexual men.

If this were the case, then the fears of some gays that heterosexuals would "blame" the homosexual community for AIDS, fears that were expressed in the article, may have some basis.

In addition, the second article in the feature section provided more fuel for this

²⁹² One of the articles dealt with the heterosexual nature of AIDS in Africa, one covered the possibility of the immune system of gays being different than that of heterosexuals and one article was a general discussion of AIDS and "conventional" sex. Only the latter actually had a byline, so it is referenced as "Stuart-Harle, 1984." Due to ambiguity about authorship, the second article is referred to as "Globe and Mail, 1984B."

"blaming" of gays. It began:

Research is showing that homosexual males have unusual immune systems, which might possibly make gay men predisposed to AIDS (Globe and Mail, 1984B).

If, indeed, the bodies of gays and straights were different, and the former were predisposed to disease, then that supported the theory that homosexuality was both socially and physically unnatural (or, at least, non-adaptive). The article went into some detail about studies which suggested that such fundamental differences existed. For example, one medical researcher was quoted as saying:

Male homosexuals have abnormalities the general population doesn't have, including antibodies that kill their own lymphocytes.

Apart from reinforcing the boundary between male homosexuals and the "general population," this statement reaffirmed the nature of the "difference" between the two. Male homosexuals, according to this, possessed suicidal antibodies, and their bodies were marked by a battle between antibodies and lymphocytes which predisposed them to AIDS. Arguing for a gay predisposition to AIDS is only a step away from arguing that the gay community "incubated" (or even "deserved") AIDS. Ironically, if gays were "predisposed" to AIDS, then what of the spread to heterosexuals explained in the previous article? The two messages, at least in some ways, cancelled each other out.

In April 1986, Le Devoir published a story, from Agence France Presse, about the heterosexual transmission of HIV (Le Devoir, 1986). It was gleaned from a letter published in the New England Journal of Medicine in which two Cleveland doctors discussed the case of a bisexual man who allegedly passed HIV on to his spouse, who

later passed it on to another man. Thus, the transmission had been both male-to-female and female-to-male. This case was said to "démontrent" (demonstrate) the heterosexual transmission of HIV. However, the article also cited that only 45 of 19,181 cases of AIDS in the United States related to heterosexual contact. The contrast between these statistics and the anecdotal "proof" from the Cleveland doctors was not discussed. This illustrated both the complex nature of transmission, and the hesitancy in the media to know how to cover the story of heterosexual transmission.

In the article, heterosexual relations were referred to as "traditional sexual intercourse" ("rapports sexuels traditionnels"). This shared some similarity with the Globe's use of the term "conventional sexual intercourse." Elsewhere, Le Devoir used the phrase "frequent, but traditional, sexual intercourse." The use of this term ("traditional") displays a social currency rather than any medical precision. It clearly implied that the other forms of sexual intercourse which were involved in HIV transmission were not "traditional."

Toronto Star referred to "victims," as well as "AIDS-risk people" in relation to those in risk groups. But the Globe and Mail referred to certain PWAs as "carriers." Significantly, the reference was to a group of prostitutes who were seropositive. And, in a graph accompanying the article, there was a distinction between AIDS "carriers" and "incubators." Thus, prostitutes, like bisexuals, could be characterized as being potentially responsible for "carrying" the virus (incubated and cultured by the homosexual community) across social and sexual boundaries.

In spite of the ramifications of the information in these articles, solutions were not

discussed. While there was evidence presented which linked HIV transmission with blood or semen exchange, no methods of prevention were suggested. However, it was implied that sexual intercourse, even "traditional" or "conventional" intercourse, was becoming increasingly dangerous for people. The use of such terms implied a media construction of a "consensus" about "normal" sexuality. This included a distinction between homosexuality and heterosexuality. The discussion of a gay "predisposition" to AIDS underscored this distinction, and also provided an implicit judgement on the maladaptive nature of such behaviour. And, by referring to the spread of HIV from homosexuals to heterosexuals, the newspapers reinforced a sense of the danger of "deviant" activity.

Viral Discovery. The Ottawa Citizen's coverage of the discovery of HIV began earlier than in most media outlets. The first story on a virus was published in May 1983, shortly after it was reported in the scientific press. The information came from the Reuter news service (Ottawa Citizen, 1983A). In the article, a team of researchers at the Pasteur Institute in Paris were said to have isolated a virus that could lead to AIDS. However, the article added that a research team in the United States, headed by Dr. Gallo, had also isolated "a cancer virus from AIDS victims." The use of the term "cancer virus" was unusual. If true, it would place AIDS in a category of diseases which was well-known but also highly feared. The article did not follow up on the politics of the two viruses, stating instead that the French and American viruses were different.

Le Devoir reported on the Pasteur Institute's finding of LAV two days before the news

conference when Robert Gallo was credited for discovering HTLV-III.²⁹³ The story came from the Agence France Presse service (Le Devoir, 1984). The results were characterized as being "promising" and "convincing." Instead of citing French experts, the story quoted American researchers (from the CDC). This gave the theory more credibility than if those with vested interests in the discovery were to be used as sources.

A day later, on 23 April 1984, the Ottawa Citizen printed a front-page article by Lawrence Altman of the New York Times (L. Altman, 1984). In this article, Altman reported further on the French discovery of LAV. He cited an interview with Dr. James Mason, who was then the head of the Centers for Disease Control (CDC). (He later became the Secretary of Health under President Bush.)

This "scoop" came only one day before the press conference with Secretary of Health Margaret Heckler where she announced the "discovery" of HTLV-III and the imminent development of a vaccine. Altman, who wrote the first story, was a former CDC staffer. Gallo worked at the National Cancer Institute. Shilts speculated that the CDC announced the French finding in order to upstage the NCI (Shilts, 1987: 450-452).

Then, on 24 April 1984, Toronto Star (1984B) and Ottawa Citizen (1984) both printed Associated Press stories on the "discovery" of HTLV-III, and the Globe and Mail (1984A) printed a Reuters story. Actually, the Star article barely mentioned the discovery, focussing instead on the long, difficult process ahead in trying to develop a cure or

²⁹³ At this news conference, US Secretary of Health Margaret Heckler announced Dr. Robert Gallo's "discovery" of HTLV-III, almost a year after Dr. Luc Montagnier published his "discovery" of LAV. Later, these two viruses were recognized as being the same. With the active intervention of US President Reagan and French President Chirac, it was announced that Gallo and Montagnier were "co-discoverers." The virus was renamed HIV.

vaccine for AIDS. The article's headline echoed this: "AIDS vaccine may take years despite virus find, MDs say."

The Citizen story reported on the press conference with Heckler and Gallo. According to the article, the findings "closely parallel work by French scientists." However, there was no suggestion of impropriety, and the competition between the two groups of scientists was not discussed. Given the fact that the Citizen had covered both breakthroughs, such discussion might have been expected. However, this scientific rivalry was met with silence.

The Globe and Mail report also covered the previous day's press conference. In the article, it was recognized that AIDS was probably caused by a virus. As a result, a cure was claimed to be as close as two years away, and a blood test would be "widely available" within six months.

Thus, the tone of this article (reflecting that of the press conference itself) was one of optimism. While the findings would not help those who had already contracted AIDS, they would assist in preventing further transmission. Heckler was quoted as saying "today's discovery represents the triumph of science over a dreaded disease." The solution was seen as emerging from the medical science laboratories.

In contrast, the other three newspapers stressed caution in approaching this finding. While the isolation of the virus was presented as an important step, no effective medical action against AIDS was imminent. As the Citizen article stated: "producing a cure can still be a long, difficult process. Preventing the disease may be easier." The headline of the article reflected this caution: "AIDS cure could be years away despite medical

breakthrough." In retrospect, even that statement was overly optimistic.

Even the Globe and Mail story noted that prevention might still be the easiest method of control. As a result of the discovery, a vaccine and a method to test for the virus were expected. The former would protect "high-risk" people, and the latter would protect the blood supply.²⁹⁴ However, there was no mention of safer sex and the ways in which such information was also an important aspect of AIDS prevention. Thus, the "prevention" referred to still involved medical science, rather than public health measures.

In general, the newspapers ignored the political ramifications of these two viral "discoveries." Even when a newspaper covered both of them, there was no discussion of the possible conflict. This showed the media's unwillingness to question the sources of their information subsidies, as well as the lack of actual investigative journalism.

Blood Testing. In a front-page Canadian Press article on 15 April 1985, the Toronto Star (1985A) announced the Red Cross's intentions to test blood donations for HIV antibodies. The headline, "Red Cross set to test blood for AIDS virus," only referred to the set-up of a technical process, and did not comment on whether the Canadian blood supply did contain HIV. The tests of the blood donations were discussed in the context of other tests being done to determine the extent of AIDS in Canada. Thus, the tests were seen as more of an information-gathering exercise than a protective measure.

The first sentence, in a rather confusing manner, illustrated this secondary focus of the

²⁹⁴ Initially, the HIV test was designed to test blood, and not people. However, within the year it took before it was widely available, the possible usages for the test had expanded. The later conception was that it was a way to test people, rather than a way to test blood. This reversal was the basis of the gay community's suspicion of the HIV test.

article:

Health officials are reaching out to blood donors, university students and prostitutes in hopes of preventing AIDS from becoming a threat to the general population.

It was not clear why the three groups mentioned would not be a part of the "general population." A term such as "entire population" might be closer to the message of the article. The use of imprecise language such as "general population" also left an implication that these groups, for some inherent reason, were "extra-ordinary."

On 2 August 1985, both the Globe and Mail (Kelly, 1985) and Le Devoir (1985) published stories on the imminent testing of the Canadian blood supply. The Globe, in a lead story by Caitlin Kelly, reported that the testing would be in place within 12 weeks (elsewhere in the article cited as "four months"), and all people who tested positive would be identified by "a special code, understandable only to Red Cross staff." But the information would also be passed on to the patient, the patient's physician, and the provincial and federal governments. This concern over the possible invasion of privacy later became a central issue in discussions of HIV testing. However, it was not addressed in this article.

The article in Le Devoir, compiled through Canadian Press, Agence France Press and the newspaper's own files, characterized the action as a method of tracking down the virus ("un programme de dépistage"). Similar to the Star's coverage, Le Devoir presented the blood test as more than a screening or protective measure, but also as a significant method of constructing epidemiological knowledge.

One rather unfortunate piece of information in both the Globe and Mail and Le Devoir

4

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

suggested that AIDS could be transmitted via saliva. For example, Le Devoir stated:

At the present time, the experts estimate that the disease can perhaps be transmitted by saliva as well as through sexual contact or blood transfusion [translation by author].

And the Globe stated that AIDS was "transmitted through blood, saliva and semen." This left the impression that "casual" contact could be a risk. No distinction was made between the virus being present in saliva and saliva as a medium of viral transmission, which was a critical differentiation. Such reporting helped to support later fears of the "casual" transmission of HIV, and the need to isolate "carriers."

Rock Hudson. On 26 July 1985, the Globe and Mail (Ganley, 1985), the Toronto Star (1985B) and the Ottawa Citizen (1985) all published articles on the AIDS diagnosis of the American movie star, Rock Hudson. The Globe story was written by Elaine Ganley, an Associated Press writer based in Paris, and was titled "Confusion about Hudson is ended." The Star article was compiled from Associated Press and Reuter reports, and the Citizen story used the Los Angeles Times and United Press International as sources.

One of the major themes of the first two articles was speculation on how Hudson may have contracted AIDS. Both newspapers quoted Hudson's publicist as saying: "He [Hudson] doesn't have any idea now how he contracted AIDS." The Globe noted that AIDS most frequently affected "homosexuals, intravenous drug users and recipients of blood transfusions." Thus, Hudson was most likely a member of one of those three categories. But no further inferences were drawn about Hudson's sexual orientation or sexual past. And the Star article stated:

It [AIDS] is most likely to strike homosexuals, abusers of injectable drugs, and hemophiliacs. It apparently is spread by sexual contact, contaminated needles and blood transfusions, but not by casual contact.

Thus, if it was assumed that Hudson's case was no different from others, then the form of transmission was limited. He was not known to have hemophilia, and any recent blood transfusions would probably have been immediately implicated. The conjectures could be drawn, even if they were not directly present, and the Hudson story shifted from a discussion of his health status to speculation of his sexual orientation as the "cause" of his disease. In fact, after Hudson's diagnosis of AIDS, an almost-larger story emerged - the question of whether he was gay. This story of how Hudson acquired HIV was one of the major preoccupations of the media coverage of Hudson's final months.

Both the Globe and the Star referred to AIDS as an "often fatal virus" for which "there is no known cure." Thus, Hudson's diagnosis of AIDS was taken to be essentially a diagnosis of imminent death.

On the other hand, the Citizen story differed from the other newspapers' coverage, as it discussed how Rock Hudson's diagnosis had focussed more attention on AIDS as a disease. Rather than provide information about the news conference where Hudson's publicist made the announcement, or speculate on how Hudson contracted the virus, the article discussed the positive aspects of this tragic event.

The report covered the responses of several national gay organizations and AIDS organizations in the United States. Ironically, the article noted that Hudson's diagnosis "has focused nationwide attention on the incurable epidemic now reaching into the heterosexual population." The later public discussion of Hudson's sexual orientation may

have affected this attention.

The story of Rock Hudson's diagnosis was a significant media event, at least in English Canada. It was deemed "newsworthy," partly due to Hudson's previous position as a "newsworthy" person. But the announcement that this macho screen idol had been struck down by AIDS also shocked people. It was seen as an indication that HIV had spread outside of the original "risk groups." However, once his sexual orientation was accepted, the coverage shifted from "Hudson the PWA" to "Hudson, the closeted gay screen idol."

Donna Jean Newman. As expected, the Ottawa Citizen covered the Donna Jean Newman story rather extensively. Between 10 May 1986 and 13 April 1989, the newspaper published 20 stories and one editorial on Newman.²⁹⁵ Six of the stories were accompanied by her picture. In one case, the picture was of Newman running away from media cameras.

In the end, Newman's defence lawyer claimed that the media needed to bear some of the blame for her sad end. By the extensive publication of her name, her picture, her activities and her seropositive status, the media made it difficult for Newman to receive assistance. Detention centre officials, drug treatment facilities and potential employers exhibited a fear of Newman, and an unwillingness to help. The story of how Newman was mistreated by the system was generally ignored, at least until after her death.

The first story on Newman, by Citizen staff writer Ian MacLeod, was published on 10

²⁹⁵ Newman died on 6 April 1989, from a cocaine overdose. Her name was released to the media without even contacting her next-of-kin. Her parents found out about her death from a radio newscast.

May 1986, the day after she was arrested for soliciting (MacLeod, 1986). The front-page article was titled "Hooker is AIDS carrier, doctors warn customers." It began with the following paragraph:

Ottawa police have arrested a prostitute considered to be an AIDS carrier, prompting the regional health unit to warn people who have had sex with Byward Market prostitutes in the past few weeks to get examined by a doctor.

First, the article made it appear as if the police had arrested a known carrier -- as if they had been previously aware of her health status. However, she had been arrested under the new anti-soliciting regulations, for communicating in a public place for the purpose of prostitution. Second, Newman informed the police of her HIV-antibody status of her own volition. Her own cooperation with authorities was not fully acknowledged, here or in subsequent stories.

In addition, the health unit did not make the blanket recommendation that appeared in the first paragraph (or in the headline). The closest to that statement was a personal comment by Dr. Steve Corber (the regional medical officer of health), that if he had had sex with a prostitute without using a condom, he would want to be tested. In fact, due to the low potential of HIV transmission via prostitutes, local health officials were not concerned about a dramatic rise in the number of cases. However, this information was buried near the end of the article.

Thus, even within the article, there was contradictory information which was left ambiguous. In one paragraph, it was noted that there was a "good chance" that she had passed the virus on to her "unsuspecting customers." Elsewhere, it was noted that the exposure to the virus needed to be fairly intensive, so the risk to her clients was

theoretical but not high. And, in one place the article stated that Newman had rarely insisted on the usage of condoms. Two paragraphs later, it was stated that most of Newman's clients had used condoms.

The article included an explanation of the virus and the disease -- some of which was unusual. For example, it stated that HIV was transmitted through "blood and blood products, such as semen." Semen is not generally considered to be a "blood product." In addition, there was a discussion of the possibility of heterosexual transmission of HIV, "if there's a cut or abrasion on the man's genital area " What this referred to was actually female to male transmission through heterosexual intercourse. The theoretical possibilities of male to female transmission were much higher. What this implied was the assumption of the woman as the person with HIV, and not the man. The people most at risk were prostitutes, not the clients of prostitutes.

In this article, PWAs (and Newman in particular) were referred to as "carriers." A medical officer was cited as saying that "most people who have the antibodies are definite AIDS carriers." This added an ambiguity to the term "carrier." It suggested that there were some HIV-antibody positive people who were not "carriers."

In this article, Newman was presented as a dangerous icon of the irresponsible "carrier." Whether this danger was real or not (and there was some question within the text), it set the stage for her later media treatment.

The solution, as presented in this situation, was to restrain Newman. Even the very obvious advice that potential clients of prostitutes should agree to the use of condoms was not a part of the message.

As mentioned, the Ottawa Citizen continued to cover the court appearances, probation breaches, disappearances and re-appearances of Newman over the next three years. The newspaper began to refer to her as the "AIDS hooker" or "AIDS prostitute." This was especially evident in headlines. However, Newman did not have (nor did she ever develop) the symptoms of an AIDS diagnosis. She was only HIV-positive. The distinction between these two conditions did appear in some news stories, but it did not stop the newspaper from promoting their own medical diagnosis.

In the "obituary" for Newman, also written by Ian MacLeod, it was stated that she "was dubbed the 'AIDS hooker' and her photograph appeared in newspapers and squad rooms across Canada" (MacLeod, 1989). However, the media's central role in this characterization was not admitted. To use the passive voice ("she was dubbed...") rather than the active voice ("the media dubbed her..." or, more accurately, "we dubbed her...") obscured the culpability of the media.²⁹⁶

The Globe and Mail (1986) covered the Donna Jean Newman story after she was arrested in Montreal for breach of bail conditions in late August 1986. The Globe also referred to Newman as an "AIDS carrier," both in the headline and the text. For example, it was stated that she "has acknowledged she is an AIDS carrier."²⁹⁷ Police in Montreal

²⁹⁶ The "obituary" also included such statements as "The tiny young woman with the bright eyes and infectious smile had become a loaded human gun." It was ironic that her smile should be described as "infectious" -- as a metaphor for the contagion within her body. And, the note about the "loaded human gun" ignored the fact that no new cases of AIDS had yet been traced to Newman. The obituary was headlined, "The agony of Donna Jean."

²⁹⁷ Testing seropositive was not, in itself, a "crime." However, the coverage of Newman (and the later coverage of Scott Wentzell) implied that seropositive status in itself could be, in some situations, a reason for the intervention of the state's legal apparatus.

had advised anyone having had "relations" with Newman to see a doctor. And health officials in Ottawa were cited as believing there was a "good chance" that Newman had "passed the disease on to others."²⁹⁸

The article did not question whether Newman herself was a "victim." Rather, the combination of her health status and her occupation made her a possible threat to the "general population," and subject to legal restrictions and/or incarceration. She represented a "folk devil."

Nor did the article note that the transmission of HIV through Newman was in no way a "casual" transmission. The clients of street prostitutes were not discussed. The state's only actions toward them was to warn them of the added health dangers. Isolating and detaining Newman would again make the streets "safe" for Johns, and thus represented a "solution." Instead of counselling clients of prostitutes to avoid certain activities (unprotected penetrative intercourse), activities which would also protect prostitutes, clients were counselled to avoid certain persons. This gap was reproduced in the coverage of Newman, instead of being questioned.

Throughout the coverage, especially in the Citizen, one of the subtexts was the conflict (or apparent conflict) between Newman's rights and public safety. For example, a Citizen staff writer, Elizabeth Holland (1986), commented:

The pretense that the law protects society from irresponsible individuals who can knowingly expose others to deadly disease may have vanished with Donna Jean Newman.

²⁹⁸ Earlier, the article had noted that Newman did not herself have AIDS ("the disease"), but only had antibodies to the virus. Thus, she could pass the virus on, but not the disease.

The argument here was that the police and courts had failed to suitably restrain Newman, and the public was subsequently in danger. In the same article, a University of Ottawa professor of law and ethics was quoted as saying that the government had a responsibility to protect the public by invoking punitive measures against threats to public health.

No matter how much education we provide, we'll always have a number of irresponsible people in our society... [the disease is] too highly contagious and too fatal [to ignore].

Here, the "need" for strict punitive measures against "carriers" was promoted. This dilemma between individual rights and public safety remained at the core of many later AIDS policy discussions. The earlier coverage of Newman may have provided a concrete example for those who argued for restrictions on individual liberties.

Several of the Citizen articles ended with a litany about how the virus was most commonly transmitted -- "by anal intercourse among homosexuals and the sharing of intravenous needles" (c.f., Barron, 1986).²⁹⁹ Curiously absent from this list, given the context of the articles, was transmission via prostitutes. According to this accounting, Newman did not pose a major public risk.

The coverage of the Newman case allowed the media to maintain both a high public awareness of a public health "danger" from certain PWAs and a further stigmatization of prostitutes (and not their clients) as sites of infection. Ironically, in the midst of this coverage, the Citizen published a story on the results of HIV-testing among Canadian prostitutes. The study found that none of the women in the study tested positive for HIV

²⁹⁹ This statement also underscored the media's practice of keeping sexual orientation in the forefront. It would be as accurate (and maybe more educative) to refer to "anal intercourse," without limiting it to "anal intercourse among homosexuals." This threw the orientation into suspicion, rather than the sexual practice.

(Ludlow, 1987). This illustrated the gap between the characterization of Newman and the evidence presented. The contradictions were downplayed in light of the moral panic surrounding AIDS.

CAS Conference. Both the Toronto Star and the Globe and Mail covered the second Canadian AIDS Conference, held in November 1986. Both newspapers featured stories on a seminar where seven PWAs talked about their experiences. And both articles presented a positive characterization of PWAs.

The Star article, by Lillian Newbery (1986), consisted mostly of quotes from the PWAs, interspersed by short descriptions of their lives and situations. The headline suggested the theme of the session: "Don't pity us, patients tell AIDS conference." Ironically, the text stated that PWAs did not like the term "patients" used as a general epithet.

This contradiction between the headline and the text was also evident in the Globe article (McInnes, 1986). While the article emphasized that PWAs consciously rejected the term "victim," the headline of the article was "AIDS victims bring message of hope, love to conference." For those only scanning headlines, one of the most important messages of the article would be missed.³⁰⁰

The article presented the paradoxical position of PWAs: faced with a generally-fatal disease and constantly reminded of this, they must decide whether to choose to be a "victim" or whether to be a "person with AIDS." According to McInnes, those

³⁰⁰ This incongruence is even more striking, since McInnes used the term "people with AIDS" in the text, and never once referred to them as "victims."

represented in the article chose the latter course, and in so doing, chose life and courage.

They have every right to despair, yet theirs is a message of hope. They are sentenced to death, yet their voices are filled with life.

Thus, this coverage introduced the notion of the courage of PWAs into the discourse. Both articles provided a sympathetic characterization of PWAs, some of whom were later covered in other stories (Jim St. James, Kevin Brown and Warren Jensen). Here the PWA was hero -- a rare representation in the larger scheme of media coverage. This coverage illustrated the openness which sometimes occurred, even in mainstream media accounts.

Telecaster Rejection. On 11 March 1987, the Toronto Star (1988A), the Globe and Mail (Breckenridge, 1987A) and the Ottawa Citizen (Hunter and Atherton, 1987) all published front-page stories on the Telecaster Committee's rejection of the CPHA AIDS announcements.³⁰¹ The Star used a Canadian Press report, whereas the other two newspapers published stories by their own staff.

All three articles supported Health Minister Epp and condemned the Telecaster decision. For example, the Globe described the decision as having been made by "a subcommittee composed of vice-presidents of sales for the major private broadcasters." And by the point in the article when the Star quoted a spokesperson for the committee, a number of

³⁰¹ The Committee had earlier insisted that the ads be changed: a woman wearing a form-fitting leotard in a gymnasium context was to wear a sweat suit, and an 11-year-old boy was to be removed from a family scene. These changes had been made, but the committee still rejected the ads. Health Minister Jake Epp had asked the committee to review their decision but the committee had declined. Effectively, this meant that Telecaster member stations were encouraged to refrain from running the announcements.

counter-arguments had already been presented.

The newspapers were especially critical of the Telecaster claim that the ads promoted casual sexual activity. The "proof" for this, according to the committee, was located in one line of the commercial -- "Sex with different partners is risky. You either avoid it, or use a condom for protection." According to the Committee, the use of the term "or" gave the two options an equivalent value. The newspapers disagreed, and the committee's opposition was portrayed as petty, especially in light of the critical need to inform the public. As the Star and the Citizen both noted, even Epp, who was well known for his conservative moral positions, had supported the announcements. He was quoted as saying: "if they [the ads] did [condone casual sex], I wouldn't have endorsed them."³⁰²

The newspapers also questioned the motivation of the Telecaster Committee. In the Toronto Star article, Sheila Copps noted that the Telecaster decision would have been different if the ads had been paid announcements rather than public service announcements (which are run without payment to the television station). The article quoted her as saying that "the committee might be a little less hypocritical if they were getting the cash." Indeed, the next day the committee approved an advertisement for Trojan condoms (Breckenridge, 1987B)!³⁰³

³⁰² While the ads did mention the use of condoms, that was not the primary message of the ads. An Ottawa Citizen article had stated that the ads were "aimed at all Canadians, but especially high-risk groups such as homosexuals and intravenous drug users" (Atherton and Campbell, 1987: A2). However, given the mainstream nature of the ads, it was highly unlikely that this was the case.

³⁰³ However, there was some evidence that the committee later changed its view on AIDS announcements. The second wave of television ads for the Ontario government's "Let's Talk" campaign included reference to (as well as visuals of) condoms. The ads were approved and aired without a problem (Sutter, 1989D).

The articles did not refer to either HIV or PWAs. In terms of solutions, it was assumed that education represented one way of limiting the spread of AIDS. However, it was obvious that information about AIDS was not simply a matter of health education. It also involved a struggle over moral attitudes.

In the end, the media coverage surrounding the Committee's decision prompted an extended public discussion of condoms, and even of casual sex. Coverage such as that in the Globe and Mail, which included the publication of the entire scripts for all of the ads, assisted in this rather ironic twist to the Telecaster Committee's decision.

It was also significant that the newspapers were united in their condemnation of the Telecaster Committee. The latter was, after all, an agency devoted to the surveillance and support of the television media. However, the quick response of Health Minister Epp, the Federal Centre for AIDS and the Canadian Public Health Association, including media interviews and press conferences, provided plenty of material. And these latter organizations were regular (and credible) media sources, whereas the Telecaster Committee was almost unknown outside of the television industry.

CMA Disclosure. On 26 August 1987, both the Globe and Mail (McInnes, 1987) and the Ottawa Citizen (Campbell, 1987E) published front-page stories on the Canadian Medical Association's decision to amend their code of ethics. The amendment authorized doctors to inform a patient's (real or assumed) sexual partners of a positive HIV test. Both newspapers treated this move as a serious change. The Globe article noted that this "would allow them [doctors] to break their patients' confidentiality." While the divulging

was to be done with the patient's knowledge, "not mentioned [was]... the question of the patient's consent to such a disclosure." The Citizen headline ("MDs vote to break ethics code on AIDS") and the beginning of the story ("Doctors may violate patient confidentiality...") both suggested the serious nature of the decision: that it represented a break with the past tradition of medicine. On the other hand, the CMA referred to it as "discreet disclosure," which implied that an element of confidentiality remained.

The amendment's purpose, according to its supporters, was to protect the sexual partners of PWAs and PWHIVs. However, in the Globe article, doctors were quoted making statements such as: "We should not be hornswaggled or fearful of what lawyers will say and what they will do" and "We operate in a risky profession. We have to call the shots as we see them." And in the Citizen story, when it was suggested that doctors could face court challenges by breaching confidentiality, one doctor replied that they should "call the shots as we see them... [if doctors] don't like the risk, get out of medicine." According to the article, the chair of the ethics committee had stated that "doctors should not be allowed to hide behind their oath of confidentiality while AIDS runs rampant."

Thus, both of the articles suggested that the doctors were more concerned about the response of lawyers and the government than the response of patients and PWAs. The reticence to adopt the amendment related to apprehension about the official or legal response, not anxiety over the ethical message of the amendment.

As the Citizen presented the CMA's position, the tradition of doctor-patient confidentiality could sometimes prevent doctors from taking "ethical" actions. Confidentiality was not taken to be an "absolute" good. While the article did not

comment on this inversion, it did present the CMA decision as a significant change in doctor-patient relations. However, the question of whether this "solution" would actually limit the spread of AIDS was left unanswered.

The Globe and Mail devoted the latter part of the article to the response of Dr. Norbert Gilmore (chair of NAC-AIDS) and Dr. Margaret Somerville (director of the McGill Centre for Medicine, Ethics and Law). Both were concerned that this measure would actually assist the spread of HIV, as people would be less likely to seek help from their doctor if their confidentiality was not assured. Thus, without directly stating it, the article questioned the medical efficacy and ethical propriety of the amendment. However, the newspaper still utilized members of the official discourse in order to support the criticism. No one from outside of the medical field was quoted in opposition.

In September 1987, Le Devoir published a response, written by Pierre Billon, to the CMA decision (Billon, 1987). The item was published in a section called "Libre Opinion," and Billon presented a sustained argument against the CMA action, calling it "irresponsible." The article represented a direct challenge of the medical discourse's decision and underlying justification.

First, several procedural problems were pointed out. For example, how would a doctor determine who the patient's sexual partners were? If only legal spouses were informed, then that would treat married patients differently from single patients. And, how could the doctor determine if the patient were acting "responsibly" or not?

Secondly, the action was seen as a first step toward other possible measures. After deciding that the patient's confidentiality could be breached what would come next? The

author suggested tatooing, surveillance, banishment and castration.

Thirdly, the article argued that the most important element to slowing the spread of AIDS was a continued perception of trust between medical and public health practitioners and the public. On an individual level, this would translate as a willingness to enter into the medical system for evaluation and/or treatment. Without this, the disease would only go "underground" as people would not be willing to consult medical workers. Consent was a much more efficient mechanism than coercion in medical treatment. The actions of the CMA contributed to the erosion of that trust.

Finally, the article referred to "des porteurs sains" -- those who are contagious without being sick.³⁰⁴ This group was divided into two -- those who did know and those who did not know their HIV status. Of these groups, the former was seen as the least dangerous. It was assumed that most people, when aware of the possibility that they might be a "carrier," would modify their sexual practices. However, those who did not know, would not make the same changes. Thus, while the article did refer to "carriers," it was not a stigmatization. In fact, it assumed that they would act in a responsible manner, rather than becoming a public danger.

The newspaper coverage of the CMA decision contained at least a muted criticism of the actions of the CMA. Except in the case of Le Devoir, the critique was based on the position of other authorized medical experts. Thus, the coverage took the form of presenting "both sides" of the issue, rather than actively arguing for one position.

³⁰⁴ The word "contagious" was used rather than the more appropriate "infectious."

Patient Zero. In a Special Report section on "The global battle to beat AIDS," the Ottawa Citizen reported on Randy Shilts' theory of "Patient Zero." The report, published on 21 November 1987, was in the form of a reprint from Shilts' book. In December 1987, the Toronto Star also published a major article on Gaetan Dugas, which was also a series of excerpts from Shilts' book, And the Band Played On. The article was titled "Patient Zero: The airline steward who carried a disease and a grudge."³⁰⁵ In both cases, the newspaper article was a series of excerpts about Gaetan Dugas from throughout Shilts' book, brought together as one coherent essay. Since the book was arranged chronologically, there were scattered references to Dugas, depending on what was occurring at the time. However, in the Star and Citizen stories, many of these references were brought together and edited into one coherent account.³⁰⁶ In fact, the Toronto Star story came from 16 different locations in Shilts' book. This was neither stated nor implied anywhere in the introduction. Thus, by putting these references together, the article was able to add a structure to the story of Dugas that was not present in the original book.

In the introduction to the excerpts, the Citizen did note that the theory about Dugas

³⁰⁵ The article is referenced as "Shilts, 1987B," as he was the major author, even he did not arrange it in this fashion. Shilts was generally allowed to speak freely within the mainstream media discourse. His voice and perspective was reproduced, often unaltered. He was, of course, probably seen as one of the most credible of sources: a researcher, an expert and a journalist.

³⁰⁶ These were not the only newspapers to do this. For example, the Chicago Tribune published a set of excerpts in early November 1987. This particular account was then widely reprinted as part of the Social Issues Resources Series (Vol. 1, Article 73). The article was subtitled "Wherever Gaetan Dugas paused, gay men began to sicken and die." In addition, the introduction to the Tribune story was almost the same as the introduction to the Toronto Star story. However, the former also mentioned that Shilts' book was about "a disturbing pattern of neglect in institutions that might well be expected to protect the public from AIDS." Readers of the Toronto Star could be left with the impression that Shilts' book was only about Dugas.

belonged to Shilts, and not to scientists who tracked the disease at the Centers for Disease Control. One AIDS researcher from the CDC was quoted as saying that the speculation about Dugas "is not a CDC speculation." Thus, the story was premised by a cautionary note about the accuracy of the information.

The Toronto Star also introduced the excerpts briefly, repeating the statement about Dugas carrying both a disease and a grudge, and referring to it as a "harrowing story" of how Patient Zero was "tracked down." However, as Shilts' account illustrated, Dugas was actually well known to many of the early AIDS researchers. He was not, in any sense, "tracked down." Rather, what was being untangled was the possible mode of transmission of AIDS, not who was spreading it.³⁰⁷

In addition, in spite of the insistence of this article's headline, it was not clear what Dugas' "grudge" was, or who/what it was against. The headline of the second page of the article repeated this theme. It read "Tracking down patient zero, a man with a grudge." Possibly the "grudge" referred to was an unwillingness to admit that his disease was fatal. Or that it could be passed on to others through sexual contact. However, the context of current information must be taken into account. At the time, medical knowledge was incomplete. And, according to Shilts' rendering of the Dugas story, he was told to stop having sex altogether -- not to stop having unprotected sex.

The graphic accompanying the Toronto Star article was also of note. It was a drawing of a frightened man, cowering from a number of fingers pointing at him. In the

³⁰⁷ To be fair to the Toronto Star and other media outlets which sensationalized this story, Shilts himself aided in the distortion. For example, in his engaging narrative style, Shilts eulogized: "At one time, Gaetan had been what every man wanted from gay life; by the time he died, he had become what every man feared" (Shilts, 1987A: 439).

background, one could see nine hospital beds, each of which contained a body under a sheet. There was also a spotlight shining on the man. While the message of the man's (Dugas') guilt for the (dead?) bodies was somewhat unambiguous, the graphic did open up the possibility of empathy -- a possibility which was noticeably absent in the text. The man was obviously in anguish, and the pointing fingers could do nothing to bring the bodies in the beds back to life. This reading of the graphic was at variance with the dominant position of the text.

Thus, the Patient Zero story constructed an image of a "carrier" with an attitude problem. The danger of this "carrier" was not only in the disease that resided in his body, but that he was unwilling to modify his lifestyle to protect others. He became the prototypical "folk devil." It was intriguing that out of the mass of information and personal stories that were a part of Shilts' 600-page book, the story of Dugas held such fascination.

Part of this attention came from Shilts' own conjecture that Dugas was "responsible" for AIDS coming to North America. Shilts wrote:

Whether Gaetan Dugas actually was the person who brought AIDS to North America remains a question of debate and is ultimately unanswerable.... Gaetan travelled frequently to France, the western nation where the disease was most widespread before 1980. In any event, there's no doubt that Gaetan played a key role in spreading the new virus from one end of the United States to the other.

Toronto AIDS Conference. The Ottawa Citizen (Campbell, 1988A), the Toronto Star (Toughill, 1988A) and the Globe and Mail (Surtees, 1988) all covered the 1988 Canadian

Conference on AIDS in Toronto. The Citizen published a story on each day of the conference, all written by Cathy Campbell. Taking all three of these short articles together, the major theme of the coverage was the attack on the federal government for not spending enough money on AIDS, and not spending it in effective ways. The government efforts were characterized as "abysmal," and the AIDS groups were referred to as bitter, angry and tired. The opposition to the government took the form of both debate during the conference and public demonstration (where an effigy of Epp was burned).

The Toronto Star story, by Kelly Toughill, also emphasized the protests against perceived government inaction. Accompanying the article was a photograph of protestors burning Health Minister Jake Epp in effigy. The article stated, "the volatile protest capped a day of emotional speeches and angry tirades." While the article stated that not everyone supported the protest, the issue of the federal response to AIDS was still considered to be the major focus of the conference.

The Globe and Mail's lead story on the conference also emphasized how this growing frustration over the government's response to AIDS was leading to a politicization of the issue. As a dramatic symbol of this, the article (and the headline) stated that the president of the Canadian AIDS Society, Michael Phair, had resigned. The headline was "Leader of AIDS group quits amid frustration at government inaction." However, as the text revealed, he had only decided not to seek another term of office as president, which was very different from resigning. In addition, the reason he gave for this decision was that "I'm in need of a rest."

Nevertheless, the focus of the article was supported by other evidence. For example, the executive director of the AIDS Committee of Toronto was cited as saying "I think we're definitely through being polite about our concerns," and other people were quoted as being sympathetic to the frustration of the community AIDS organizations. While the previous conference coverage marked the legitimization of the concerns of PWAs (see "CAS Conference," above), this coverage affirmed a more political direction for AIDS workers.

At the same time, there was an intimation that more radical elements were "taking over" CAS. The article stated that five members of the CAS board were not planning on renewing their commitments, which left the organization open to more radical influences, according to "some observers." Michael Phair himself denied that he had been "ousted by more radical members." Thus, the Globe article's position on this politicization was not entirely supportive. The threat of a takeover by radicals was upheld.

Although it was an AIDS conference, none of the coverage made more than passing reference to the virus or the disease. Primarily, it was a conference on responses to AIDS.

Individuals with AIDS were referred to as "victims" (Citizen), "patients" (Globe) or "people with AIDS" (Star). "Carriers" was not used in any of the articles, even though the Star noted that up to 50,000 Canadians were "infected" with HIV. Community-based AIDS organizations were referred to as either "AIDS groups" (Citizen) or "AIDS patient groups" (Globe).

The coverage was ostensibly dealing with one possible solution to AIDS -- that of

increasing government funding for both research and for community-based groups. The Globe stated that new drugs should be licensed quicker. And the Citizen suggested that the federal government's hesitancy to provide funding was related to the fears of an anti-gay backlash -- that the government perceived they would lose votes if they allocated more funds to fighting AIDS.

In the Toronto Star article, the term "AIDS activist" was used to refer to those who demanded (through various methods) more action on AIDS. The coining of this term reflected the recognition of a change in methods of protest as well as an increased insistence on immediate action. Characterizations such as "angry tirades" or "emotional speeches" on the part of AIDS activists suggested at most a marginal acceptance of the agenda and tactics of the activists. They were constructed as being outside the boundaries of the "consensus," especially in terms of the form of their protest. The term has continued to be used by the mainstream media.

Scott Wentzell. The Globe and Mail first covered the Scott Wentzell case on 19 September 1988 with a front-page story by George Emerson titled "Search for AIDS-virus carrier raises legal, ethical questions" (Emerson, 1988). As the headline suggested, the article focussed on the legal and ethical issues surrounding Wentzell's case. This included speculation on the admissability of certain evidence,³⁰⁸ the nature of the charges against Wentzell and the right of police and the courts to detain him.

³⁰⁸ The discovery that Wentzell, who was identified as HIV-positive, was living with (and having unprotected intercourse with) a woman came about through a leak of confidential information. Since the woman he was living with never brought charges against Wentzell, the Crown's evidence was limited.

The Ottawa Citizen provided only minimal coverage of the Scott Wentzell case. On 21 September 1988, two days after the Halifax Chronicle-Herald broke the story, the Citizen reported in a short note from "Citizen news services" that the search was continuing for an "AIDS suspect." This ambiguous term was used in other media as well. For example, the Toronto Star's coverage of the Wentzell case began on 25 September 1988 with a Canadian Press story titled "Canada-wide manhunt begins for AIDS suspect from Halifax" (Toronto Star, 1988B). The term "AIDS suspect" was repeated in a later story, announcing Wentzell's surrender to the police. Given other media usage of the term (for example, "robbery suspect" or "murder suspect"), this implied that Wentzell was suspected of having AIDS.³⁰⁹ However, this was not why he was being sought by the police. In the least, the term "AIDS suspect" bestowed AIDS, the disease, with the facade of illegality.

One of the most enduring messages of the coverage was the use of the term "carrier" for Wentzell. The Star called Wentzell "a man carrying the AIDS virus," "a bisexual, male prostitute" and an "AIDS carrier." This reinforced the link between "carriers" and deviance. And he was described, in the Globe, as a "very promiscuous bisexual man who works as a prostitute" and who was "knowingly spreading AIDS." Thus, he epitomized the category of "folk devil" -- a carrier and a prostitute who had infected a woman and her child: a moral and physical outsider who had "polluted" a family.

While the coverage was ostensibly about a particular situation, it also implied the

³⁰⁹ But Wentzell did not have AIDS, he had only tested positive for the presence of HIV antibodies. The inability to discriminate between AIDS and HIV was evident throughout the media coverage of this story. For example, in a later Citizen story, it was claimed that Wentzell had been arraigned on a charge of "spreading AIDS."

legitimacy of a particular solution -- the use of the legal and criminal justice system to restrain some people with HIV.

International AIDS Conference. Despite the competition for news space around the time of the opening of the Fifth International Conference on AIDS (held in Montreal), the conference coverage in all four newspapers made it to the front page.³¹⁰ Most of the initial coverage emphasized the protests of AIDS activists. The headline in Le Devoir, "La Conférence s'ouvre par des cris de révolte," was accompanied by a picture of protesters holding signs and shouting (Cayouette and Rowan, 1989). The protesters were referred to as "manifestants" in most cases. However, members of ACT UP (New York) were called "contestataires."³¹¹ The complaints of the protestors centred around government inaction, and the need for quicker access to treatment for PWAs. The article stated that "the demonstrators truly captured the limelight on this first day of the annual conference on AIDS" [translation by author]. Three of the opening speeches were discussed, including that of Prime Minister Mulroney. The article noted that he promised

³¹⁰ The weekend of the opening of the AIDS conference coincided with a number of major international news stories: the massacre of Chinese students in the Tiananmen Square area of Beijing; the death of Iranian leader Ayatollah Ruhollah Khomeini; the Solidarity victory in the Polish elections; and a catastrophic train accident in the Soviet Union. (Not to mention the grand opening of Toronto's Dome [or doomed?] stadium.) In fact, some of the journalists at the AIDS Conference were visibly restless, complaining among themselves that the "real" career-building stories were elsewhere that week.

³¹¹ "Manifestants" can include the connotation of participation in an event, rather than simply opposition to it. The two terms, "sidéens" and "manifestants," were, at least once, used as synonyms. The protesters, as a whole, were referred to as "sidéens." (This is a term often used in the press for "People with AIDS.") However, in one case, the term "personnes atteintes du SIDA" was used. (This was the term which the Canadian AIDS Society recommended.) This occurred in reference to a number of PWAs who had been invited to the conference, to represent their own position and interests.

money for projects in Haiti and Africa, but did not mention any new programs for Canada. This appeared to justify the complaints of the protesters, who claimed that the Conservative government had not responded adequately.

The Globe and Mail article, by Michelle Lalonde and Andre Picard, identified the protesters as "U.S.-based" AIDS activists who "hijacked" the proceedings as they "chanted slogans," "stormed the stage" and "heckled," "berated" and "screamed" (Lalonde and Picard, 1989). In contrast, the article noted that Prime Minister Mulroney "made a moving speech about the civil rights of AIDS patients." Portions of his speech were reproduced in the article.

Thus, the Globe emphasized the way in which the political struggle between AIDS activists and government officials was the primary site of debate. Later coverage did relate to scientific and medical developments in AIDS, but the political acrimony between activists and government bureaucrats and scientists continued to be a major theme.³¹²

The Toronto Star coverage also featured the speech of the Prime Minister, who was "heckled and jeered" (Doyle, 1989). The demonstrators were not identified, nor were their demands explained, other than that they were "intent on interrupting the conference's opening ceremonies." Rather, they were presented as a fringe element with little support. For example:

"This illness is everyone's business... everyone has an interest in beating AIDS," he [Mulroney] said to loud

³¹² For example, a later Globe story stated that "through a series of protests and interventions since the conference began Sunday, the New York-based group [ACT UP] has shifted the entire focus of the event to the trials and tribulations of people with AIDS" (Picard, 1989).

applause while a woman among the demonstrators screamed.

The juxtaposition of actors here was quite illuminating. Mulroney was making an inclusive and tolerant statement about the need for everyone (including himself?) to work against AIDS, the delegates (with "loud" applause) were showing their assent, but a demonstrator was screaming. Thus, the demonstration itself was devalued, and emptied of its specific political challenge, as its supporters both exhibited inappropriate behaviour and refused to accept a tolerant consensus about the need for a unified "attack" on AIDS.

While the Star story provided no information on the virus, PWAs, or possible solutions, it did draw the reader's attention to a further story on page A8 of the same issue which promised "More chilling statistics." Indeed, the second article was filled with "chilling statistics" about the estimated number of people who are or who will become HIV-positive (Toughill, 1989B).

Aside from the obvious cultivation of fear through the repeated use of such words as "chilling," there was an implication that the virus was following an inexorable course (or even a "semi-conscious" strategy). The current role of researchers and scientists was presented as simply predicting this "path" (a word used twice in the article), and not in reversing or at least diverting the path. There was no mention of measures which had resulted in a lower-than-expected infection rate.³¹³ This reflected the pessimistic feeling

³¹³ This unwillingness to accept positive research results as a sign of hope was also expressed in an article, by Kelly Toughill, published on 4 June 1989 (Toughill, 1989A). The article reported on some research showing that gay men in Toronto had "dramatically changed their sexual behaviour." However, more was made of the fact that almost four in 10 still engaged in receptive anal intercourse. The implication was that researchers would not be happy until the practice of anal intercourse had been totally extinguished. And, the major "angle" of this article was that the "AIDS epidemic" had been underestimated, due to reporting errors.

at the conference that the virus was still setting the agenda, and science (and education) was still following. Thus, to speak of "solutions" would be premature.

The Ottawa Citizen covered the opening with a story by staff writer Jane Wilson, titled "Protest disrupts AIDS meeting" (Wilson, 1989). The protests were not characterized as simply ends in themselves, but as a means to an end. The article mentioned some of the demands of the protestors -- improved drug testing and rights for PWAs. In addition, the Montreal Manifesto, an international code of rights for PWAs which was unveiled at the Conference, was mentioned.

But the protest was only one theme of the Citizen article. Much of the story discussed the speeches of the opening session, thus downplaying the significance of the protest.

In sum, each of these articles displayed (to various extents) the media tendency toward covering the form of protest, rather than the content of protest. The form (chanting, waving signs, shouting, occupying seats reserved for dignitaries) of this protest was discussed at greater length than the content (the Montreal Manifesto).³¹⁴

Feature Stories

In this section, some feature articles (and editorials) from the four daily newspapers are considered together. The discussion is structured according to the three major questions which guided the analysis: "what is the nature of the virus," "How are PWAs portrayed,"

³¹⁴ This was even more pronounced in the case of television coverage, which almost exclusively focussed on visuals of AIDS activists chanting and scrapping with security guards.

and "what solutions are legitimized?" In doing so, this section provides a comparative analysis of how this segment of the mainstream media discourse covered AIDS.

The Virus

Especially in the earlier coverage of AIDS, newspapers claimed that AIDS had originated in either Central Africa or Haiti. For example, in a Globe and Mail story, Lavigne (1983) suggested that AIDS had originated in Haiti. This was published at the time that Haitians were still considered a "risk group." But, even as late as 1988, a Toronto Star feature story referred to the African or Haitian origin of HIV (Toughill, 1988B).

Such statements generally appeared without much reflection or critique. However, one feature article in Le Devoir, titled "Le syndrome de la panique," provided a wider context for the discussion of AIDS in other countries (Leclerc, 1986). The stigmatization of Africa as the origin of AIDS was criticized as being unnecessary and unhelpful as it resulted in a defensive response in Central Africa. The spread of AIDS in this area was claimed to be a result of medical practices (the re-use of unsterilized needles) and economic pressures (massive re-location of workers, not enough money for sufficient spending on health care), as much as a result of sexual practices. And, the extent of the virus in those countries should not be taken as evidence of its origin in those countries.

As the article suggested, one effect of locating the origin of HIV in Africa was a

reticence to allow immigrants from there to enter Canada. However, Leclerc noted that "sex tourism," where Westerners travel to (usually) "Third World" countries for the express purpose of buying sex, was a more significant contribution to the spread of disease. It was considered ironic that authorities would suggest the testing of immigrants and yet ignore the effects of certain tourist practices.

The two major modifiers for HIV in the newspaper coverage were "mysterious" and "deadly." For example, the headline of an August 1983 story in the Toronto Star was "AIDS: Deadly mystery threatens Canada" (Teshar, 1983A). AIDS was referred to in the text as "a baffling new killer," "the mystery condition" and "the often fatal syndrome." The article started with the statement "Only the deaths are certain." A later article by Teshar (1983B) also returned to these metaphors. For example, "A killer has cast a shadow over Metro's homosexual community." This, along with the image of it "stalking" people, anthropomorphized the virus.

A 1984 report in the Globe and Mail began with: "In the past three years, a mysterious deadly killer virus... has stunned the world" (Mackenzie, 1984). Terms such as "deadly disease" and "dread disease" were repeated in the text. An Ottawa Citizen article on AIDS in a global context began with the following scenario: "AIDS: The world's most frightening four-letter word. It's a synonym for death, suffering and humiliation" (Campbell, 1987A). This emphasized both the danger of the disease (also called a "killer" and "very, very scary" in the text) and the position of fear in the face of the disease.

Le Devoir accepted the validity of the term "epidemic" in 1983, even when the number of people affected was relatively low (Provost, 1983). At the same time, as a later article

illustrated, there was a concern over the cultivation of panic in the face of the epidemic. An article by Leclerc (1986) stated: "the panic has begun to gain ground in the fight against AIDS" [author's translation]. Leclerc noted that, paradoxically, the panic around AIDS had pressured governments to spend more on research, resulting in a spectacular leap in the knowledge of immunology. However, it had also provoked a bewildering backlash within society and made it harder to develop and implement preventive strategies. The struggle of public policy was how to balance those two. What were the human costs, Leclerc pondered, of allowing such panic to continue?

A Toronto Star article also noted that "panic is what everyone is trying to avoid" (Teshler, 1983A).³¹⁵ But the article still constructed a sense of anxiety about the future, even within the scientific community. Dr. Colin Soskolne, head of a Toronto AIDS research group, was quoted as saying:

It's [AIDS] by far the most aggressive epidemic in North America since polio. It's horrific, taking so long to identify the agent that causes it. It's like an insidious evolution. We have no knowledge where to go from here.

To present the scientific community itself as both mystified and terrified by AIDS served to underscore the validity of those two positions in relation to the disease.

One important issue with regard to the virus was whether it could be transmitted "casually." Usually this referred to transmission via saliva. In some cases, in the early

³¹⁵ However, the Star also published an Op-Ed piece in 1987 titled "The prudent reply to AIDS is panic." The writer argued that the "level-headed" courses of action currently being espoused would result in thousands of deaths. Rather, governments and other authorities should be involved in whipping the population into a frenzy of fear of AIDS. As a result, prostitutes would be driven underground, sexual puritanism would return, and mandatory blood-testing would take place. While some freedoms may be limited under this regime, the author argued that the action was necessary to stop AIDS (Kaus, 1987).

years of coverage, saliva was mentioned along with blood and semen as possible vectors of infection (see, for example, Teshler, 1983A). The use of ambiguous language such as "avoid the exchange of bodily fluids" supported this concern. As a result, saliva was categorized with other "bodily fluids," precipitating fears of viral contraction and suspicion of PWAs. As the later discussion shows, the construction of the conflict between individual rights and public safety relied, at least in part, on the possibility of casual transmission of HIV.

Finally, in relation to HIV, there was a question over how many people had been infected. Usually, government figures (such as the 50,000 estimate) were used. But sometimes other figures were used, and sometimes the same article would give different estimates without explaining the variance. For example, in a Toronto Star article on AIDS among heterosexuals, Toughill (1988B) introduced one woman as "one of hundreds of Canadians who picked up the deadly AIDS virus during vaginal intercourse with an infected partner." However, the article was accompanied by a chart of the number of heterosexuals being diagnosed with AIDS every year in Canada. According to this chart, only 125 Canadian heterosexuals had contracted AIDS. Of these, 87 were from areas of the world where AIDS was considered to be endemic. This left only 38 cases currently traceable to heterosexual intercourse, in Canada. And, at another place in the article, Toughill noted that 142 heterosexual Canadian adults had AIDS, 92 of whom were from areas where AIDS was endemic.

In sum, there was a general cultivation of fear in the face of the virus, accompanied by a lack of explicit information. This created a particularly powerless subject position for

readers, if they were to decode the coverage according to the dominant code. The discussion of casual contact then served to compound these fears. As a Le Devoir article asked, what were the human costs of allowing this panic to continue?

People With AIDS

In feature stories, as in the rest of the coverage analyzed, there were four predominant terms for PWAs: "victims," "patients," "sufferers," and "carriers."³¹⁶ Le Devoir used "victimes," "malades" and "porteurs sains." Other terms did appear in some stories. For example, the Ottawa Citizen referred to PWAs as "the lepers of the '80s" (Campbell, 1987A). And the term "PWA" or "Person with AIDS" was rarely used, except during stories about people who insisted on the use of the term.

Sometimes these terms were treated as having different denotations. For example, a Globe and Mail article distinguished between "sufferers" and "carriers" (Mackenzie, 1984). The latter term was used in reference to those who might pass the virus on to others, as if "sufferers" were not capable of this. While they were not distinct medical

³¹⁶ A distinction was sometimes made between "guilty victims" and "innocent victims." As a Globe and Mail article argued, since hemophiliacs had to rely on "luck" or "fate" for protection, when they contracted the virus they were "victimized" by fate. On the other hand, it was argued that gays could do something to protect themselves. So, if they contracted the virus, then it might be due to ignoring the necessary changes (Lavigne, 1983). This was predicated on the assumptions that people had perfect information (which was not the case) and that desire was always subject to conscious control. However, this distinction was more pronounced in the magazine coverage of AIDS than in the newspaper coverage.

(or epidemiological) categories, they were at least presented as distinct social and ideological categories.

The term "carrier" generally carried a sense of foreboding, suspicion and/or culpability. In reference to "carriers," an Ottawa Citizen article stated: "No one knows how many one-night stands in Ottawa singles bars have turned their participants' bodies into ticking time bombs" (Campbell, 1987B). The implication of the use of the term "carriers" was one of the focal points for the critical intervention of the counter-cultural discourse.

In the case of Le Devoir, the term "porteurs sains" was used in several articles (for example, Nau, 1984). While these "carriers" were considered to be "dangerous" (since they did not exhibit any signs of infection), there was no indication that they were "irresponsible." The term "porteurs sains" was used simply to denote the condition of being both healthy and infectious. Thus, the implications of "porteurs sains" and "carriers" were not equivalent.

PWAs were often referred to as either aggregate statistics or as members of "risk groups." The four major "risk groups" were identified as gay men (sometimes bisexual men as well), intravenous drug users, people with hemophilia and, in earlier coverage, Haitians. Homosexuals and bisexuals were claimed to be at risk, mainly due to anal intercourse and hemophiliacs and intravenous drug users were at risk due to blood exchange. Haitians, on the other hand, presented an enigma which was rarely discussed. In fact, by the mid-1980s, they began to disappear from the list of risk groups.

People in these risk groups were presented in opposition (textual, at least) to the "general population." For example, in a Toronto Star feature, after listing the risk groups,

Tesher (1983A) stated: "The average Canadian is being told, so far, that there is no reason to fear contracting AIDS." This message was repeated in a highlighted section. In this case, members of "risk groups" were not included as "average" Canadians.

Sometimes the list of risk groups was more extensive. For example, in a Globe and Mail article, Mackenzie (1984) claimed that these groups included the following:

Homosexual men, Haitians, Africans, women and children as well as hemophiliacs, intravenous drug users, people given blood transfusions, and including even previously healthy people [who] have suddenly found their normal immune defences not working.

The list was somewhat ambiguous. For example, it was not clear why "women and children" would be at risk. (Was it inherent, in some way, to their existence as "women and children?") And, why the mention of "even previously healthy people?" One could assume that most PWAs were "previously healthy" at some point. Did this imply that "Homosexual men, Haitians, Africans," etc. were not previously healthy? This illustrated the problem of providing a list of groups at risk and using descriptions which had little to do with the actual methods of HIV transmission.

Again, Le Devoir presented a different picture, at least in its feature reports. A 1983 article by Gilles Provost discussed risk groups. However, instead of listing groups of people, the article listed the known methods of transmission. Thus, there was an emphasis on risk activities, rather than risk groups.³¹⁷ Nevertheless, some of the activities were very broadly defined; for example, "relations sexuelles." No distinctions

³¹⁷ There was some concern expressed that a few of the PWAs had not engaged in any of these risk activities, and so they represented a challenge to this list.

were made, nor were there any suggestions for protection. (This was not exceptional, given the early date of the article.) Thus, even though the article followed the counter-cultural discourse's practice of listing risk activities, rather than risk groups, it still resulted in providing ambiguous information.³¹⁸

The presentation of certain PWAs (and PWHIVs) as "carriers" contributed to the construction of the "dilemma" between public safety and individual liberty. More specifically, the conflict was seen to be between the safety of the "healthy, non-HIV-positive" public and the liberty of "carriers." This question was often addressed in newspaper editorials. For example, the Globe and Mail (1989) questioned what should be done with people who wilfully spread HIV. The editorial was inspired by the court case of an HIV-positive Calgary man who was charged with aggravated assault for having sex with two women. The charges were changed to common nuisance, as the women refused to testify.³¹⁹

This editorial introduced the possible necessity of the government to take repressive action against certain individuals. Such action was constructed as an important part of the government's fight against AIDS. There was some recognition that both partners in a sexual encounter take some risks, and both should then protect themselves: "it makes sense in this age of high risk to assume that every unfamiliar partner is a potential carrier,

³¹⁸ In the least, this construction was not easily distorted into a bifurcation of "risk groups/activities" and the "general population," as "relations sexuelles" are widely considered to be practiced by members of the "general population."

³¹⁹ The decision of the women was characterized as "misguided" by the judge, and was called a "worrying aspect" of the case in the editorial. The Globe and Mail maintained that the women had a responsibility to participate in the punishment of their former lover, so as to safeguard others.

and to practice safe sex." Nevertheless, the burden of guilt was still put upon those who engaged in sex without fully informing their partners of the consequences.

The Ottawa Citizen also published a number of editorials related to the "public versus PWAs" issue. One, published on 10 October 1987, was initiated by the reinstatement of Eric Smith, a Nova Scotia teacher who had lost his job due to his HIV-positive status (Ottawa Citizen, 1987A). The editorial stated:

As the deadly virus spreads, public safety concerns will increasingly come into conflict with the civil and human rights of the afflicted.

However, the editorial later acknowledged that, in this case, there had been no conflict, and even noted that people often react with a "lack of objectivity, even hysteria" when they find out about a PWA in their own community.

Ironically, this statement was followed by the re-introduction of information about Donna Jean Newman, a local prostitute. The editorial suggested that Newman's actions probably constituted a reckless indifference to public safety.

It was significant that the editorial should bring these two cases together, without emphasizing some obvious differences between them. By equating the actions of Smith (wanting to teach) with those of Newman (who was allegedly continuing to work, although the use of condoms was not mentioned as an intervening factor), the editorial painted all carriers with a rather broad stroke.

The second Citizen editorial on the same topic was published on 23 March 1988 (Ottawa Citizen, 1988D). This time the substantive issue was the actions of James

Thornton, a local man who had donated blood after testing positive for HIV.³²⁰ The major theme of the editorial was the abdication of responsibility on the part of both the Crown and the local Health Authorities. According to the Citizen, Thornton should have been restrained because he was a public danger:

is no one authorized, under the criminal justice system or provincial health legislation, to protect the public from people who would wilfully spread a deadly disease? If not, is such authorization not justified in the public interest?

Since neither the criminal or health system would take action, the Citizen supported the decision of the Ottawa Police to call a press conference and release the name, photograph and home address of Thornton. They recognized that it might cause him some public hostility, and even abuse, but that "the need to protect the public was paramount."

The editorial assumed that the current system of legal sanctions were not enough to prevent "carriers" from posing a real danger to society. As a result of this "new" threat, a "new" set of regulations were needed. The editorial ended with:

AIDS has created grave, new dilemmas for our public health, criminal and privacy laws. We must update these to reconcile the competing needs of public safety and civil liberties.

The Ottawa Citizen also covered the story of James Thornton as part of its regular news reporting. In an article published on 16 March 1988, Citizen staff writer Ian MacLeod reported on a police news conference which named Thornton (MacLeod, 1988). In fact,

³²⁰ The police began their investigation after receiving a tip that someone had "knowingly" donated infected blood. They seized Red Cross records, and subsequently were able to determine the identity of the donor. The Red Cross had not made any complaints, nor did the organization get involved in the investigation or the court case. (His blood donation had been discarded after it was found, during routine tests, to be HIV-positive.) The police charged Thornton with common nuisance. Other possible charges considered for Thornton were "mischief" and "administering a noxious thing."

the police had also decided to release Thornton's picture, and the Citizen dutifully published it on page 2, with the caption "James Charles Thornton: Contaminated blood."³²¹ (In addition, his street address, minus the house number, was provided.) The only reason given by the police for releasing the photograph was: "By issuing a photograph, hopefully that will identify him." However, the purpose for identifying him was not explained. And, since the article did not suggest that he posed any direct public danger, the Citizen was a party to the harassment of Thornton by publishing his picture without full justification.

In some cases, it was acknowledged that this conflict between individual rights and public safety was not a major issue. For example, a feature story in the Ottawa Citizen called "AIDS: Whose rights rule?" included the statement: "the real enemy is fear, and the forgotten victims are the civil rights of everyone -- diseased and healthy" (Egan, 1987). Here the rights of both PWAs and society were seen to be linked. In spite of this, most of the coverage (including editorials) continued to state the problem in terms of "public versus PWAs," or "victims versus society."

The mainstream media discourse legitimated the link between AIDS and gay men. In many ways, this link was "naturalized," or seen as an understandable outgrowth of gay life. On the other hand, the link between heterosexuals and AIDS was seen as unusual and a cause for concern. When the coverage finally admitted that many PWAs were heterosexual, there was a sense that such information added a qualitatively new dimension

³²¹ The Citizen also published his picture in August 1989, when the final results from his court case had been handed down. He was sentenced to 15 months in jail.

to AIDS.

In some cases, there was a recognition of the effects of such labelling. In July of 1983, the Globe and Mail published a major article by Yves Lavigne titled "Gays afraid AIDS spells repression" (Lavigne, 1983). It was a sensitive account of the fears of the gay community that "the disease will ravage not only bodies, but also their way of life." After a decade of steady growth in rights and freedoms, AIDS had already resulted in more anti-gay rhetoric (especially among the religious right). The stigmatization of the gay community often meant a parallel condemnation of the gay "lifestyle" and gay sexuality. On this point, Ed Jackson of The Body Politic was quoted as saying:

The dilemma for gay health care workers is conveying caution to people without questioning the validity of gay sex. We fought long and hard to gain that validity. The moralists out there would like to see it called the cause.

Here, the use of a counter-cultural source provides "both" sides to the issue, but the article does not integrate the opposing positions. In fact, the article also provided some information which "naturalized" the rise of HIV within the gay community. Studies from Canada and the United States were cited, which showed that 75 percent of all PWAs "are promiscuous homosexual and bisexual men." As an indication of promiscuity, Lavigne claimed that some homosexual men had up to 1,000 sexual partners in their lifetime. This number of partners was said to have become an integral part of the gay "lifestyle." Lavigne then referred to "the ugly death promiscuity can bring" and later in the article stated "Freewheeling sex... [is] believed to be the easiest way to contract AIDS." This linked AIDS with promiscuity and the gay "lifestyle."

The Toronto Star also published an early story on AIDS and the gay community.

Written by Ellie Tesher, it discussed the way in which AIDS had affected the Toronto gay community (Tesher, 1983B). The headline was "AIDS: The terror stalking Metro's gays."³²² As in the Globe story, the link between gays and promiscuity was upheld. The subtitle read: "Killer illness has caused homosexuals to be less promiscuous."

The response to this "terror" was said to be both a change in behaviour and a sense of anxiety. In relation to the former, the article noted that many gays had stopped "active sex-seeking, associated with AIDS," and there was more "socializing" and less "sexualizing."

At least a part of the anxiety of the gay community was a fear of a strong anti-homosexual backlash within society. Coverage of AIDS had brought the gay life into focus in the media, "with uncomfortable scrutiny of sexual activity levels, sexual acts and use of drugs." Thus, in a subversion of the meaning of the headline, it could be said that the "terror stalking Metro's gays" was also a fear of the societal stigmatization and hostility that accompanied AIDS.

Sometimes this link between AIDS and the gay community was criticized. For example, in a later editorial (written at least partly in response to Rock Hudson's diagnosis), the Globe and Mail (1985) claimed: "AIDS points no moral fingers; it is the product of no divine judgement." The stigmatization of groups was criticized. For example, the editors stated: "AIDS has been labelled a 'homosexual disease,' but homosexuality is a red herring."

³²² It is significant that the word "gays" was used, especially in the headline. The Toronto Star preferred the word "homosexual." The term "gay" was also in the text, but as a part of a quote.

However, these corrections still did not totally avoid stigmatization themselves. A doctor was quoted on how anal intercourse was not a physically "normal" act, and thus subject to the transmission of disease.

The question of whether such characterizations had any effect on media audiences is beyond the scope of this project, but there is some limited evidence that they did. During a week-long series of feature reports on AIDS, the Ottawa Citizen published the results from a poll of residents of the region. The article was titled: "Who's at fault for spread of AIDS?" (Provencher, 1987A). Even the mere fact that such a question was included in the survey implied that someone could be deemed culpable, and that fault should be a legitimate area of determination.

According to the survey, a third of all respondents agreed that gays were "principally responsible" for spreading the disease. And 54 percent felt that "casual sex with different partners" was the primary cause. Only one percent of the gay sub-sample agreed with the claim that gays were principally responsible, and 78 percent believed that casual sex was the danger.

It was interesting that these two answers ("gay community" and "casual sex") were presented as discrete responses. To separate them put a further stigma on the gay community as being, in itself, responsible for spreading AIDS, apart from particular sexual practices.

As the preceding discussion has shown, the use of particular terms for PWAs both implied particular constructions regarding their "culpability," and also suggested certain solutions. "Carrier" was used in reference to legal sanctions, whereas "victim" was not.

In addition, the link between homosexuality and PWAs was maintained, even in spite of contradictory information in some articles. In some cases, the same story would contain the message that AIDS was not "a gay disease" at the same time as it argued that gays were inherently susceptible. Given the position of homosexuality in society, the marking of most PWAs as "deviant" was understandable.

Solutions

A number of different solutions were put forward in the newspaper feature stories. The preferred final solution was a medical/scientific breakthrough, such as a vaccine or a cure. Thus, medical research was the best way to "fight" AIDS. In the meantime, it was incumbent upon society to act in a moderate manner. As for the government, it should clear the regulatory path when new treatments were developed (Tesher, 1983A; Globe and Mail, 1985). At the same time, a medical solution was not immediately evident:

A cure is distant. A vaccine, believed to be the only hope of stopping the scourge [AIDS], faces huge technical and ethical obstacles. It will be at least three years, perhaps decades before an effective one is produced. If ever, says some experts (McIlroy, 1987).

As a result, prevention and education were necessary stopgap measures. As an article in Le Devoir stated: "Consequently, in the meantime, prevention remains the only means of restraining the spread of AIDS" [author's translation] (Leclerc, 1986).

However, there was some question about the value of Canada's mass media educational programs. In an Ottawa Citizen article, the government-sponsored programs were

criticized for being "puritanical" and for "only obliquely refer[ring] to casual sex and condom use" (Campbell, 1987C).³²³ Thus, their effectiveness was called into question. (This criticism was also a part of the coverage of the Telecaster Committee's rejection of the CPHA AIDS announcements.)

In some feature stories, there was a willingness to mention safer sex suggestions, such as the use of condoms or limiting the exchange of "bodily fluids" (for example, Tesher, 1983B). However, the media were more adept at calling for safer sex education than at providing it.

In addition, some of the advice presented might be of marginal use. For example, the repeated suggestion to reduce one's number of sexual partners. In a Globe and Mail article, Lavigne (1983) claimed that current solutions to AIDS, at least for gay men, revolved around reducing the number of sexual partners, rather than adjusting sexual practices.³²⁴ And, in a Toronto Star article, Tesher (1983B) related one particular "solution" to the spread of AIDS: "what's certain about the deadly illness is that risk to homosexual men is increased by the number of sexual partners." In addition to this advice, the article noted that gays should use condoms, avoid anal intercourse, and refrain from sexual activity with partners from areas of the United States where AIDS was very

³²³ This article also acknowledged the news media's role in educating the public. Campbell argued that it was through the media's continuous coverage, more so than government-sponsored commercials, that the public had become aware of AIDS and methods of prevention such as condoms.

³²⁴ This, despite the statement in the article that anal sex was especially dangerous. Thus, it was believed that there was a hierarchy of risk, so the number of partners was not as significant as the activities with each partner.

prevalent.³²⁵ However, there was still no suggestion that the use of condoms and other safer sex practices might supplant the concern over "promiscuity." The limiting of sexual partners, while acceptable to dominant morality, would not necessarily protect individuals. As one man, quoted near the end of the article, stated: "It really upsets me, the reports about promiscuity. It only takes one encounter to get AIDS."

After the development of the HIV antibody test, a new form of "solution" then became possible. As Hilary Mackenzie (1984) stated in a Globe and Mail article: "a means of testing would allay very real fears of getting the dread disease." The article mentioned that not only blood donations could be screened, but people as well. A test would also make possible the "mass screening of people who might be carriers of the disease." It was not stated how these possible "carriers" would be marked, nor whether all of society would be subject to testing.

In addition, there was no recognition of the stigmatization that might arise if tests were mandatory and the results were widely available. (Not to mention the difficulty of false positives.) Thus, while the existence of a test might appear to be a "solution" in some cases (resolving ambiguity about whether blood might be infected), it would also introduce a new array of questions. These questions were not recognized or addressed in the article.

Finally, the intervention of the police and the legal system was legitimated as a necessary element of the "solution" to AIDS. As mentioned previously, this was most

³²⁵ In an earlier article, Teshler (1983A) also suggested that sexual partners from New York or San Francisco -- cities "rife with AIDS" -- were especially to be avoided. Thus, gays from "less promiscuous" cities like Toronto were less at risk than those from cities like New York.

pronounced during the discussion of "carriers." For example, a Globe and Mail (1989) editorial which supported the use of courts and the police to isolate PWAs who might have sex with "unwitting" partners. This "solution" related only to a limited number of incidents. In Canada, there were only three cases (both pending and in process) which were affected by this. In all cases, it was the Crown that initiated and followed through with charges. Thus, this was neither a widespread problem, nor a major source of new infection. However, that slim evidence did not dissuade the Ottawa Citizen (1988D) from editorializing that Canada needed significant changes in existing laws; changes which would allow some form of restraint or incarceration to be visited upon "carriers," in the name of public safety.

In addition, such discussion presented the opportunity to comment on the dubious character and faulty judgement of some PWAs. And it also legitimized a "need" for sweeping state powers of isolation and restraint in order to protect the public. As the Citizen editors commented:

AIDS has created grave, new dilemmas for our public health, criminal and privacy laws. We must update these to reconcile the competing needs of public safety and civil liberties.

Here the intervention of moral entrepreneurs and members of the control culture was upheld as a legitimate response to the "panic" over AIDS.

Conclusions

After considering these four newspapers, some general conclusions can be made. More

comments, regarding the mainstream discourse as a whole, appear at the end of chapter nine.

As expected, some of the characteristics of the current media context were expressed in the coverage on AIDS. There was a reliance on institutional sources of information which privileged scientific or medical knowledge. This coincided with a devaluing of personal experience (especially of PWAs) as a source of legitimate knowledge. There was an unwillingness to accept new information that significantly differed from prior constructions. For example, a story could report on a drop in infection rates at the same time as it cultivated an increased level of panic. Or, the evidence that HIV had, since its beginning, affected both gay and straight people did not immediately remove the term "gay plague" from usage. In fact, the link between HIV and homosexuality has remained one of the more predominant themes of the mainstream media discourse.

Also, in attempting to satisfy the perceived need to get "both sides" of a story, the mainstream media sometimes provided a forum for reactive social forces. For example, those who advocated the regulation of sexuality (or even the abolition of homosexuality) were sometimes accorded space along with those who insisted on the need for tolerance and compassion. The result was, at best, an ambiguous message and, at worst, a valorization of extreme positions.

In addition, the source of news stories appeared to affect the nature of the story and the characterizations it contained. In the case of the coverage of specific events, which might be related to a late-breaking story, there was a reliance on news wire services. For example, the formation of NAC-AIDS, the "discovery" of HTLV-III and the diagnosis of

Rock Hudson were covered by wire services. These stories were very "fact-based," with little explicit layering of interpretation. However, some "common sense" characterizations were reproduced without critique. For example, the use of terms such as "high risk groups" or "general population," and the confusion between HIV and AIDS. These constructions were related to production practices: a serious time constraint, resulting in careless word choice and an unquestioning acceptance of official definitions.

On the other end of the continuum, there were the feature reports, which involved a significant layout of both staff resources and newspaper space. In these stories, contexts and other discourses were often allowed to speak clearly. For example, there were entire sections of articles on the moral dimensions of AIDS, or on the nature of the gay "lifestyle," which would reaffirm the conservative discourse on sexuality. In the attempt to "contextualize" the disease and the people it had affected, such features illustrated a discursive construction of experience and of social life. After all, to "interpret" means that one must rely on past knowledge and training. Thus, the feature stories were more likely to show the effects, and bear the interests, of the contexts and discourses of knowledge which spoke to the issue. When the media provides interpretation and "context," they do exactly that -- the biases of the prevailing panics are allowed to intrude into the story.

In addition, some observations regarding authorship are appropriate. As expected, "breakthrough" stories tended to be covered by wire services, indicating the lack of reporters who were assigned to a regular "AIDS beat." In fact, none of the journalists included in the sample continued to write on AIDS for more than two or three years at

the most.

Two of the newspapers (Toronto Star and Le Devoir) relied on wire services to a significant extent. Half of the Toronto Star articles (in the sample), and over half of Le Devoir's articles were from wire services. But, even with a common source, such as Canadian Press, there were differences in what was selected as newsworthy. For example, the difference in the coverage of the formation of NAC-AIDS. The Globe and Mail emphasized the setting up of the committee itself, whereas the Ottawa Citizen commented on AIDS and PWAs. Even in the case of wire stories, there are authorial decisions made by newspaper editors and staff writers.

It was also significant that, especially in the early 1980s, the majority of signed articles were written by women. One reason for this could be the concentration of women in "health" or "medicine" beats. On the other hand, the "science" beats might be dominated by men. Thus, there might be some connection between the gender of reporters and whether AIDS was defined as a "health" or a "science" story. This might account for the increased participation of male reporters in the latter half of the 1980s, when scientific research on HIV received more coverage.³²⁶

Some comparisons can be made in terms of individual newspapers, especially with reference to feature stories and editorial comments. The Globe and Mail was generally supportive of the legitimacy of state intervention in social matters. It was assumed that

³²⁶ Such a shift was especially evident in the case of the Globe and Mail. Of the first eight signed articles (in the sample), six were by women. Of the last seven authors, only two were women (including one co-author). In the case of the Ottawa Citizen, while the majority of authors were women, the longer features tended to be written by men. And, in signed articles, Le Devoir used male authors almost exclusively.

people had a civic duty to act "responsibly," and the state had the right to ensure this individual conformity. Thus, there was a concern in the coverage for the effects of AIDS on society. The Ottawa Citizen provided plenty of coverage, with a special fascination for local angles. At the same time, many of the earlier stories were reprints and updates from medical sources. They were published without explanation of how the information fit with current or previous knowledge, resulting in a fragmented presentation of AIDS. The Toronto Star illustrated a marked change over time in terms of its sensitivity to language usage and its willingness to endorse non-stigmatizing solutions to AIDS. While the earlier articles exhibited the same slippages as other newspapers, the later features presented empathic portrayals of PWAs and principled defenses of their rights.

Le Devoir differed from the other three newspapers in that there was more focus on the analysis of the social implications of AIDS. In the process, the newspaper also illustrated an ability to reflect on how the media had constructed AIDS and how these dominant characterizations had affected society. Le Devoir relied on wire services for its limited coverage of the virus itself. But in these latter articles, the newspaper's analytical and reflexive perspective was absent. And, despite expectations, the newspaper did not provide extensive coverage of the alleged "Haitian connection" with AIDS, even though many of the Haitian PWAs in Canada lived in Montreal.

There were some general changes over time in the newspaper coverage of AIDS. One major trend was a move from a fear of the virus to a fear of specific PWAs. While HIV was still constructed as mysterious, the focus shifted to the dangerous "carriers" who threatened the public safety. In the earliest coverage, PWAs were not stigmatized to the

same extent. For example, the treatment of Peter Evans was generally positive in tone. But the extensive coverage of Newman and then "Patient Zero" marked a definite transition.

Closely linked with this was the re-evaluation of the expectations for a scientific-medical solution. When it became obvious that a vaccine was still only a distant possibility, the focus shifted to the social effects of AIDS. Instead of assuming that there would be a quick cure, the newspapers explored the implications of a society "living with AIDS."

Finally, the newspaper coverage changed after the possibility of the heterosexual transmission of HIV was acknowledged. In some ways, this resulted in more attention being paid to the disease. However, the nature of the attention was modified as well. Instead of constructing AIDS as a disease that affected a stigmatized minority, it was seen as one that could affect everyone. While this did not eliminate the tendency to see the gay community as the source of infection, it did expand the scope of the coverage.

In spite of these distinctions, this chapter has shown that the newspaper coverage was generally similar. In fact, the differences among the articles of each source were as significant as the differences among the sources themselves. This included a similarity in constructions, in authorized experts, in preferred terms, in assumptions about the role of medicine and the state, and in the nature of the solutions presented. This reinforced the theory that contextual factors (such as newswork practices) were as important as any individual perspectives or ideological commitments of the various newspapers.

**SPEAKING OF AIDS IN CANADA:
THE TEXTS AND CONTEXTS OF OFFICIAL, COUNTER-CULTURAL
AND MASS MEDIA DISCOURSES SURROUNDING AIDS**

by

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This chapter discusses the construction of AIDS and PWAs in a number of Canadian magazines. As with the other substantive material, the texts are analyzed with respect to the construction of the virus, the characterization of PWAs and the nature of the solutions which are proposed. The chapter is organized into two major sections. The first analyzes two weekly newsmagazines, Maclean's and Alberta Report. The articles were chosen according to the sample design used for newspapers in the previous chapter.

The second section includes a number of mainstream monthly periodicals. In this section, all of the articles on AIDS (through 1989) were considered. The discussion is organized according to themes, relating to the virus, PWAs and solutions. Two indexes were used to generate the list of articles: Canadian Periodical Index and Canadian Magazine Index.

Maclean's and Alberta Report

As Canada's national English-language newsmagazine, Maclean's occupies a singular position in the Canadian media landscape. Published since 1905, each issue sells an average of 600,751 copies (CARD, 1990). However, the magazine's advertising bureau estimates an average of over 2.6 million readers per week. Currently, Maclean's is published by Maclean Hunter, the largest magazine chain in Canada. While it calls itself "Canada's Weekly Newsmagazine," it is significant to note that over half of the copies

are sold in Ontario (312,494 of 600,751).

Between 1982 and 1989, Maclean's published over 60 articles devoted to AIDS -- by far the most commonly-covered medical issue in the magazine. Since it was a newsweekly, and thus more devoted to in-depth coverage of issues rather than daily updates, some of the topics on the sample list were not discussed. However, many of the Maclean's articles dealt with updates in medical research on AIDS, illustrating the magazine's bias toward legitimizing cure over prevention. For example, the following titles: "Breakthrough against a modern plague" (4 February 1984); "The AIDS breakthrough" (7 May 1984); "Another AIDS treatment" (11 November 1985); "A possible AIDS cure" (24 March 1986); "An old cure fights AIDS" (28 April 1986); "An advance against AIDS" (16 June 1986); "A promising treatment" (13 October 1986).

Alberta Report is a weekly newsmagazine which primarily features coverage of events in Western Canada and analysis of how national trends will affect that area. The average circulation is 48,719, of which 42,198 are sold in Alberta (CARD, 1990).³²⁷ Despite this narrower geographic focus, there are two reasons why it is an important media outlet to be included in this study. First, in terms of mainstream Canadian publications, Alberta Report was one of the first to provide regular coverage of AIDS. It was second only to Maclean's in terms of the amount of coverage. Between 1982 and 1988, Alberta Report published 32 articles on AIDS. While the per capita rate of AIDS in western Canada has never been as high as other parts of Canada (such as British Columbia or central Canada),

³²⁷ The magazine launched a sister publication with a broader geographic focus, Western Report, in 1986. And, there were plans to launch another magazine, B.C. Report, in 1990. In 1989, Alberta Report won the "Magazine of the Year" prize at the Seventh Annual Western Magazine Awards.

Alberta Report still perceived a necessity to provide its readers with information and commentary on the disease. As a result, the newsmagazine occupied a prominent place among media outlets covering AIDS issues.

Secondly, seldom is a researcher as aware of a publisher's bias with regard to an issue as was the case with this magazine. Ted Byfield, publisher of Alberta Report, had been very clear about his position on homosexuality in several of his columns. Over the course of the 1980s, he also took the opportunity to give his opinion on AIDS and PWAs as well. Given the strength of his position, it becomes questionable how he could have directed the coverage of AIDS issues without letting his biases inform his decisions. If the coverage were to conform to Byfield's particular position, then that would support the theory of the gatekeeper as the primary definer and power broker in a media outlet. However, if Byfield represented only one position on a continuum of perspectives within the coverage, this would suggest that his influence was in no way total or final. As the following discussion indicates, the latter case held true. While the Alberta Report's coverage was generally more moralistic in tone than that of Maclean's, there were wide differences in interpretations. And, as with Maclean's, it was during feature stories that Alberta Report presented its most sensationalized accounts of AIDS and PWAs.

Nevertheless, it is still helpful to briefly discuss Byfield's position on homosexuality, as it illustrated how a conservative discourse on sexuality can find expression in media texts. His position can be summed up by three of his columns. The first, on 12 June 1981, was titled "Out of the closet they come, and what will appear next?" (Byfield, 1981). It decried the exodus of homosexuals from the closet: "What odd shapes, forms,

peculiarities, not to say monstrosities... will next demand social acceptability among us?" He criticized the use of the term "gay" (which implied "merriment, jollity, conviviality, abandon, rather than excrement and sex organs which is what the issue is all about"). He was also upset with the use of the term "heterosexual," as it transformed something that was "natural" into something that appeared to be nothing more than a "party affiliation." Byfield ended this first editorial with a plea that the closet door remain bolted:

For where the closet exists, of course, is in the mind, in all our minds. What we close up in it is the ruthless, the insane, the diabolical. To open it therefore is to open the gates of the city, to the wolf, to the marauder, to the powers of the night.

The second editorial, published on 24 March 1986, was ostensibly a response to the federal Tory government's stated desire to include sexual orientation in the Canadian Human Rights Act as a prohibited grounds of discrimination. The title was "The Tories and sodomy: what about right and wrong?" (Byfield, 1986A). (This action was never followed through, possibly due to the strong reaction from Tory backbenchers.) Byfield argued that sodomy should not be tolerated (even within a pluralistic society like Canada) as it was contrary to both natural and moral law.³²⁸ He added: "The point is we didn't invent the moral law, but discovered it, as we discovered the laws of mathematics." Thus, "learning to tolerate... [sodomy] would not only be difficult, it would be wrong."

The third editorial, titled "Homosexual acts are wrong, 'natural affections' or not," was published on 26 May 1986 (Byfield, 1986B). It was written as a reaction to a reader's

³²⁸ Byfield conceived moral laws (at least in the Judeo-Christian tradition) as an outgrowth of natural laws and necessities. It would be difficult to find a more convincing example of confusing socially-constructed practices with naturally-occurring exigencies.

letter, and discussed the issue of whether homosexual attractions were, in any sense, "natural." Byfield was willing to admit that possibility, but he equated it with the "natural" desires of rapists and pedophiles. And, in all of these cases, he argued that the rules of law should clearly prohibit such expressions of "natural affection." Byfield ended with:

Acceptable conduct, therefore, cannot be determined by whatever an individual's "affections" happen to favour, nor by the law, nor by popular opinion. Like it or not, we are driven back on some primal moral authority, something that supersedes popular fad, politics, even majority opinion. For our society, there is only one such source, notably the Bible and the Judaeo Christian ethic that has flowed from it.

It was within this context that the publisher of Alberta Report approached the story of AIDS and the issues which surrounded it.

Stories Chosen Using Sample Design

First Story. The first Maclean's article on AIDS was published on 22 November 1982. It was written by Susan Riley (1982) and, ironically, appeared under the sub-heading "Follow-up," even though it was the magazine's first article on AIDS. The virus was referred to as the "gay piague," both in the headline ("Pursuing the 'gay plague'") and in the text. The article noted that this term was not appropriate, on two counts. First, it was "not restricted to homosexual men" and second, the number of people affected did not constitute a plague. Nevertheless, the magazine found the term "gay plague" fetching enough to include it in the headline.

The first Alberta Report article on AIDS was written by Jennifer Westaway (1983) and published on 21 February 1983. It also contained "gay plague" in both the text and the title: "The gay plague is invading Alberta." In addition, a doctor was quoted as saying: "in diagnosing something like AIDS, that information [whether a patient is gay] is supremely important." Thus, an element of the semiotics of medical diagnosis involved a determination of sexual orientation.

In the Maclean's text, the link between AIDS and gays was still supported with the statement: "researchers have focused on a possible link between AIDS and the stereotypical gay lifestyle." This "lifestyle" was said to include many sexual partners and the use of non-prescription drugs. And according to "health officials," AIDS was not seen as a serious threat to the "general population." Thus, in both magazines, homosexuality was seen as being "meaning-full" in a medical sense.

According to both magazines, the solution to AIDS was expected to come in the form of a medical breakthrough. The Maclean's article ended with Dr. Jessamine, a federal official, claiming that "there will be a breakthrough in Atlanta before long."³²⁹

Second Story. The second article on AIDS in Alberta Report, written by Fay Orr (1983) again referred to the "gay plague" ("The gay plague takes a life in Alberta"). However, this time the term was characterized as a "misnomer" in the text (because of the Haitian and hemophiliac cases) even though it was used in the title without quotation marks. In

³²⁹ Atlanta is the site of the Centers for Disease Control. Thus, Jessamine acknowledged that the Canadian policy was geared toward waiting for US scientists to make a discovery.

the least, this lexical ambiguity provided a mixed message about the relationship between AIDS and homosexuality.

The second Maclean's article on AIDS emphasized medical research on AIDS. Published on 23 May 1983 and written by Brian Johnson (1983), it was titled "A vital clue to AIDS." The "vital clue" was the tentative "discovery" that there could be a link between Human T-cell Leukemia Virus and AIDS.³³⁰ In the text, this finding was called "completely circumstantial." Nevertheless, it was taken as the first concrete sign of progress against AIDS.

Maclean's referred to PWAs as "victims" (three times) and "patients" (twice). Alberta Report used the term "victims" and also considered them to be members of "high-risk groups." These groups were not constituted as a part of the "general population," as the article stated that "the general population need not worry about AIDS."

Maclean's also characterized PWAs as members of deviant groups. The article stated that AIDS:

appears to be concentrated among promiscuous male homosexuals, victims of hemophilia, all Haitians and drug users of both sexes who inject.

In this listing, hemophiliacs were called "victims." Was this meant as an implication of innocence? In opposition to the "guilt" of promiscuity? And, why did the author use the term "all Haitians?" While it may have been a reference to the fact that both genders were affected, it also implied that the entire ethnic group was affected, without regard to

³³⁰ A year later, Gallo announced that the virus causing AIDS was a variant of HTLV. It became known as HTLV-III. Gallo was the first to isolate HTLV, in 1980. However, in a later Maclean's article, Silburt (1984) claimed that Gallo discovered HTLV in 1978.

individual factors. The solution for AIDS was constructed as arising from medical research. Maclean's characterized this research as a form of detective work. Researchers were referred to as "laboratory sleuths" who were working to "unravel the mystery" of AIDS -- to "crack its secrets." Thus, the site of struggle was between AIDS itself and medical researchers. Persons with AIDS, governments and lay people were not constructed as active participants in the AIDS riddle. On the other hand, Alberta Report did imply that some individuals (at least those who were gay) should take steps to protect themselves. For example, the caption on a photograph of Dr. Hankins, a medical health officer, stated: "Alberta's gay men ought to be picky about their partners." However, the operationalization of this advice was open to interpretation.

Viral Discovery. On 7 May 1984, Maclean's devoted an article to the announcement of the isolation of HTLV-III (Silburt, 1984). The story, called "The AIDS breakthrough," presented the announcement as the first advance in the struggle against AIDS. On the same date of issue, Alberta Report published the same announcement, titled "New hope fighting AIDS" (Philip, 1984). It focussed on a tentative assurance that the discovery would lead to at least a blood test and possibly a vaccine. (Maclean's was more optimistic, estimating that the test would be available in six months, the vaccine in two years or more.)

In general, the work of the US lab and Dr. Gallo was privileged over the French work on LAV. Maclean's included a prominent picture of Dr. Gallo in his lab. While Maclean's acknowledged Montagnier's work, it was said to "parallel" the US research.

The debate over who discovered what was dismissed with:

Despite the appearance that French and American scientists are jostling for credit -- and possibly a Nobel Prize -- collaboration between them dates back almost two years.

However, it was this very "collaboration" which was part of the debate. Suspicions had been raised that Gallo had incorporated some of the French findings into his own research, without appropriate citation. And, if LAV and HTLV-III were the same virus (as suspected in the article), then the French team were obviously the first with the discovery. However, Maclean's downplayed this competition within scientific research.³³¹

The coverage reinforced the position that a medical scientific solution for AIDS was the most appropriate. No mention was made of education or prevention, even though it was recognized that any effective medical solution was still years away. As the Alberta Report article stated, "the news of the breakthrough has not eased the immediate fears of Calgary's gays."

Blood Testing. On 18 March 1985, in a story by Barbara Henker and Fay Orr, Alberta Report noted the impending use of the HIV antibody test for blood donations to the Red Cross (Henker and Orr, 1985). However, the test was described as being "imprecise" in the subtitle of the article, and its failure rate was discussed in the text. In addition, the article noted that the cost would be very high -- especially given the low rate of HIV

³³¹ In the 4 February 1985 issue, Maclean's took the position that the fierce competition had actually increased the chances of finding a cure for AIDS. This, despite the knowledge that the competition was largely over patent rights and the ability to impede other laboratories from using one's own intellectual "property."

infection due to blood transfusions.³³²

While the decision to use the test was viewed by the Red Cross as a way of maintaining confidence in the blood supply, this article linked its use to an increasing public fear of AIDS. The subtitle of the story, "An imprecise test to screen blood donors generates new alarm," affirmed this. (The "alarm" related to the "chilling" fact that "5 % of those who contract the malady [AIDS] belong to none of the high-risk groups.")

On 27 May 1985, Maclean's published an article on the issue, titled "Testing donors for AIDS" (Finlayson, 1985). Like Alberta Report, the article explicitly noted that the test was for isolating donors, rather than for screening donations. Both magazines also stated that the test was not perfect, as it only registered the existence of antibodies to HIV. Thus, there was still cause for "alarm."

In the Maclean's article, the concept of AIDS "carriers" was introduced. The blood supply was said to be contaminated through AIDS "carriers." However, there appeared to be a distinction between "carriers" who transmitted the virus and "victims" who fell prey to the virus. Persons with hemophilia were not referred to as "carriers," even if their propensity to transmit the virus was equal to that of any other PWA.

The Alberta Report article claimed that the spread of HIV to the "general population" would be "via a bisexual male who infects a promiscuous heterosexual woman." Thus, the problem of transmission continued to stigmatize "deviant" sexuality -- in this case, promiscuity. Dr. Jessamine, of the LCDC, was quoted as warning: "Anyone who is

³³² At that time, there had still not been any confirmed cases of transmission via blood transfusion in Canada, and the rate in the United States was one per 500,000 transfusions. (Much of the US blood was collected through private companies who purchased it from individuals, and some was imported.)

extremely promiscuous in these circles is committing suicide." This was a clear reference to "blaming the victim," as the use of the term "suicide" referred to a personal culpability for contracting the disease.

Rock Hudson. On 5 August 1985, Maclean's reported on Rock Hudson's diagnosis of AIDS (Barber, 1985A). The virus, called a "devastating modern plague" and a "deadly syndrome," was also referred to as "the so-called 'gay plague'." The use of quotation marks implied that "gay plague" was not an accurate name. But in the context of this story, the title was judged to be appropriate, as one of the lingering questions around the Rock Hudson story was how he acquired the virus. The diagnosis fuelled rumours that Hudson was gay. In some way, this would make it easier for people to understand "why" Hudson contracted AIDS -- as if his disease were somehow an inherent or "natural" outgrowth of his sexual orientation.

Barber cautiously noted that "even if Hudson is homosexual, it would not definitively explain the actor's illness." The reason for this lack of assurance was that AIDS had now "moved beyond the bounds of the male homosexual community."

In terms of solutions, medical science was still privileged. Hudson and other "AIDS victims" (Barber's term) could do no more than provide an example to a complacent public and possibly speed the quest for the cure. A quest which involved drugs and vaccines, rather than education and prevention information.

Donna Jean Newman. On 16 June 1986, Maclean's reported on Donna Jean Newman as

a part of a larger story by Anne Steacy (1986) on scientific developments against AIDS. Newman's case was not particularly relevant to the rest of the story, and there were no clues as to why it was significant enough to be included. Nevertheless, it offered an image of the prostitute-as-carrier: the folk devil. To include this story within an article on medical research could be interpreted as representing the contradiction between the "carrier" and the "curer." The progress of science strides on, even in spite of the activities of deviants who continue to undermine society. And, the struggle against AIDS also involved a struggle to restrain "carriers."

On 1 September 1986, Alberta Report published an article which included information about the case of Donna Jean Newman (Philip, et al., 1986). The context of the article was the release of a report on AIDS produced by the Canadian Bar Association. According to the report, there was a greater need to protect PWAs against discrimination than to protect the public from PWAs. This general principle, however, was suspended for the case of Newman.

In this article, as with Maclean's, the danger of AIDS was constructed as arising not just from the virus itself, but also from the "carriers." This latter danger was taken to be illustrated by Newman, who was said to have been uncooperative. The article asked: "where does her right to liberty end and society's right to safety begin?" The case was taken as illustrative of the possible need for quarantine in certain situations.

In terms of solutions, the Maclean's article stated that Newman had had sexual contact with hundreds of men, and only those who had not been wearing condoms were considered to be at risk of having contracted the virus. Nevertheless, no further mention

of condoms as an important method of AIDS prevention occurred in the article. Rather than advising clients to protect themselves, the article legitimated the use of the police and courts to incarcerate HIV-positive sex trade workers.

In general, the Alberta Report article did not support the use of legal or quasi-legal measures to discriminate against PWAs. Nevertheless, Newman was constructed as an exception. Her conduct, according to the article, called out for a strong response. One that might include the "fundamentally draconian" measure of quarantine. However, it was not specified why such measures, which were generally considered to be futile, would be useful against Newman.

Telecaster Rejection. The Telecaster Committee's decision was covered by Maclean's on 23 March 1987 within a larger story by John Barber (1987B) called "Spreading the news about AIDS." It focussed on one particular solution to AIDS -- education. The article discussed the different educational strategies of various countries. In this comparative context, the Canadian commercials appeared to be rather innocuous.

In spite of the article's focus on the struggle over educational materials, there was a very clear indication that AIDS prevention was only a temporary and a second-rate solution to the disease:

AIDS awareness programs are only the best available holding action -- a finger held in the dike until researchers discover a cure for the disease.

Elsewhere, Barber referred to governments as "falling back on education as the best means of stopping AIDS." In both of these statements, the role of prevention versus cure

was fairly clear. Education was seen as a short-term solution which could possibly be abandoned as soon as a medical cure was found. In the same way, the unwillingness to accept the critical significance of AIDS education indicated both a deficient view of disease prevention and a naive faith in medical science.

Another "solution" which was referred to in passing, was the use of HIV-testing. This was presented as a way of both determining the extent of the disease, as well as (in some cases) identifying those with the virus. However, there was no discussion of some of the issues around testing, such as confidentiality.

The article also noted the drastic measures that some countries were taking against PWAs. A Japanese government spokesman was quoted as saying: "If we respect the human rights of one person [with AIDS], we are depriving 99 others of the right to life."³³³ This statement implied that quarantine would be more effective in preventing AIDS than education, a debate which was never completely resolved in this or other articles. And, to even acknowledge this as an issue, one must tacitly accept the possibility of the casual transmission of HIV.

CMA Disclosure. Maclean's reported the Canadian Medical Association decision to allow disclosure of a seropositive diagnosis without the patient's consent in an article by Anne Steacy (1987A) titled "Ethical issues of AIDS." In the article, AIDS was presented as an actor forcing the hand of the CMA. The author wrote that the "frightening spread" of

³³³ This was similar to an earlier comment of Barbara Amiel's (discussed below) when she claimed "By keeping the identity of AIDS victims secret we are removing the freedom of our citizens to protect themselves" (Amiel, 1985).

AIDS had "severely strained" the CMA's practice of respecting patient confidentiality.

On 14 September 1987, Alberta Report published an article on the CMA decision (Koch and Orr, 1987). The "local" angle to the story was that two Alberta doctors had spearheaded the drive to modify the doctor-patient code of confidentiality.

In both articles, there was a perspective that AIDS was qualitatively different than previous diseases. The almost sacred relationship of confidentiality between a doctor and a patient was presented as one more fatality of AIDS. The disease necessitated a change in the "normal" course of medical business.

The Maclean's article legitimized the decision of the CMA. The doctors, it stated, had "decided that the protection of society should come first." This characterized the issue as being individual privacy versus public safety, and predictably argued for the latter. The "protection of society" here was operationalized as the protection of the sexual partners of people under medical supervision. Alberta Report quoted one of the Alberta backers of the code change as having said that "it is a doctor's duty to make difficult ethical decisions." While they might not wish to change their rules of confidentiality, doctors were being "forced" to do so.

An implicit solution within the articles was the identification of HIV-positive individuals. Steacy also privileged the role of science and medicine in the limiting of AIDS. She wrote: "Physicians and scientists are striving to stop the spread of the fatal disease" and "similar debates [to that at the CMA meeting] are bound to continue until scientists find a way to stop the disease." In the first statement, community educators and public health officials were notably absent. And, the second statement implied that

contentious social debates could be settled only through scientific advance.

Finally, the Alberta Report article reminded readers of the link between AIDS and homosexuality, noting that PWAs were "usually presumed to be homosexual." In addition, the article reinforced a fear of "loaded guns" -- of PWAs who acted in a socially reckless manner. The authors stated: "Indeed, some syndrome carriers, perhaps angry at the world for their affliction, have been known to deliberately infect others." This augmented the construction of the dangerous "carrier."

It is significant to note that both Maclean's and Alberta Report were generally supportive of the position of the CMA. This contrasts with the coverage in the newspapers, which questioned the actions of the CMA. In spite of their ability to provide a more considered analysis of the CMA action (due to their more relaxed production schedules), the newsmagazines nevertheless supported the medical discourse.

Patient Zero. In October 1987, Maclean's reported on the imminent release of Randy Shilts' book And the Band Played On. The article, written by Anne Steacy (1987B), focussed on the story of "Patient Zero." In fact, there was not even any mention of the major theme of the book -- the complacency of US officials in the face of a growing medical problem.

The article started out with the anecdote about Dugas having sex in darkened bathhouse rooms and then turning up the lights to announce "I've got gay cancer. I'm going to die and so are you." This set the context for the article and introduced a folk devil who was explicitly blamed as "probably the individual responsible for first bringing AIDS to North

America." The article did raise some questions about this presentation of Dugas. Dr. Clayton, of the FCA, suggested that blaming AIDS on one man was "unfair." And one of Dugas's acquaintances remarked that descriptions of Dugas's sexual habits "remain in the area of rumor."

However, the article upheld Shilts' presentation of Dugas, and the "Patient Zero" story remained a powerful myth of the dangerous AIDS carrier. While Shilts was responsible for the original myth, articles such as this helped to solidify it and bring it to a much wider audience. In addition, it was telling that, in mainstream media reviews of And the Band Played On, the story of Gaetan Dugas became the major focus.³³⁴ It was a story that emphasized individual deviance as the "cause" of the spread of AIDS, rather than institutional complacency.

Scott Wentzell. On 3 October 1988, Maclean's published an article by Glen Allen (1988) on the Scott Wentzell case in Nova Scotia. The article began by noting the startling headline in the "usually staid" Halifax Chronicle-Herald ("AIDS fiend strikes again"). However, there was a tacit approval of the appropriateness of the headline:

the story the paper told was equally lurid: a promiscuous bisexual 20-year-old carrier of the AIDS virus allegedly had infected three Halifax women -- one of them now six months pregnant -- and disappeared after health authorities and the police got involved.

Here Wentzell was set up as a dangerous folk devil -- a living "Patient Zero."

³³⁴ The article also included a photograph of Shilts. In it, he appeared as the consummate journalist. He had a pencil behind his ear and was sitting at a computer, talking on the phone and looking at a sheaf of papers. This photo affirmed Shilts' credibility as a researcher and journalist.

Apart from an accounting of the details of the case, the article focussed on the rights of the individual to confidentiality versus the rights of the public to protection from harm. As noted elsewhere, the latter concern often presupposed a belief in the casual transmission of HIV. In the Wentzell case, his right to privacy was breached several times. First, by a nurse who divulged to her superiors that a man who had tested positive was living with a family friend. By checking their records, it became known that this man (Wentzell) had also been named as a sexual contact by two other women who had tested positive. When the third woman tested positive, the Atlantic Health Unit decided to turn the matter over to the police.

This series of events was explained in the article, but in the end the actions of the authorities were accepted. Even despite the fact that none of the women had launched a complaint, it was determined that the state had a legitimate right to intervene. The question of the breach of confidentiality (or the admissability of the evidence) was not discussed in the article. Nor was the role of the police questioned.

The implication, if this case was to be held as a credible example of what should be done, was that health authorities and the police (at least in some situations) would need to work in concert to ensure that the identities of PWHIVs were known to the public.

While Alberta Report did not publish a story focussing on the Scott Wentzell case, he was mentioned in a later article by Greg Heaton (1989). On 24 April 1989, the newsmagazine published a cover story on the case of Gordon Arthur Summer, an HIV-positive Calgary man who had been charged with having "condomless sex with two women." The cover of the magazine featured a large picture of Summer, accompanied

by the title: "Dangerous Liaisons: Can the law protect people against irresponsible AIDS carriers?" His photograph had been released by the Calgary police department, in a stated effort to warn any of Summer's past or potential sexual partners.³³⁵ In spite of the use of this large picture and the dire warnings, the article did note that Summer had cooperated with the police in notifying any past sexual partners he could locate.

The theme of the article was similar to that of the Maclean's article on Wentzell -- the weakness of criminal and public health laws in the face of AIDS "carriers" who willingly infected others. In the article, Summer was linked with the other "folk devils" of the Canadian AIDS panorama -- Gaetan Dugas, Scott Wentzell, James Thornton and Donna Jean Newman. These five cases, according to the article, each provided an example of "a potential AIDS victim using his or her own body as a weapon."

While the premise of the article was that the public health and criminal systems of protection failed, the information in the article somewhat contradicted this conclusion. For example, it was noted that the protections under the Public Health Act were not enacted. Rather, the case was directly handed over to the police department, who automatically looked for a solution in the Criminal Code. Thus, the introduction of the legal discourse (in the form of police and courts) actually limited the nature of the response. The police were not familiar with public health laws, and preferred to define

³³⁵ In addition, along with the publication of Summer's picture, the police provided a special hotline number to be used by anyone who knew him or thought they had had sex with him. In effect, this allowed the police to monitor Summer.

the case as a criminal problem.³³⁶

The article ended with a quote from a Calgary medical health officer: "Laws by their nature work only after the fact. People must protect themselves beforehand." This hinted at a solution which was not discussed in the rest of the article -- that safer sex should be advocated for people before they become HIV-positive. However, here (and elsewhere) safer sex was characterized as something which only PWAs must practice. There was no promotion of it as a prophylactic strategy for the "still-healthy."

International AIDS Conference. On 19 June 1989, Maclean's published an article by Dan Burke (1989) on the Fifth International Conference on AIDS. As the title ("Road maps to AIDS") suggested, the piece discussed a variety of approaches to AIDS and models for solutions.

The virus itself was characterized as both dangerous and mysterious. Persons with AIDS were referred to as PWAs only when the term was a part of the name of a group. Otherwise, the article referred to "sufferers," "patients," "victims" or "carriers." This was especially striking, given the amount of media "education" that was carried out at the conference, in an attempt to shake these terms from the media's vocabulary. For example, the article stated that AIDS activists had "mounted a weeklong campaign to promote the rights of AIDS victims and HIV carriers." Obviously, the activists had not

³³⁶ In addition, the police action to publicize the identity of Summer ensured that the media would become involved. As a direct result, the identity of the two women who were allegedly infected by Summer was discovered, and television cameras waited outside their apartments for interviews (Heaton and Burns, 1989). This constituted a violation of the privacy rights of the very people in whose interests the state was acting.

been able to affect Burke

In fact, the article used the term "HIV carriers" numerous times. (It appeared three times in one paragraph alone.) In comparison, the term "AIDS victim" was also employed. This implied a socially-constructed distinction between people with HIV (who were carriers) and people with AIDS (who were victims). While the connotations of the two terms ("carrier" and "victim") are not similar, their medical conditions can be seen as different positions on a continuum.

In spite of the international nature of the conference, the link between AIDS and gays was maintained. "Homosexuals" headed a listing of "high-risk groups" (even though that relationship does not hold world-wide) and several panelists were referred to as "openly homosexual delegates." Their sexual orientation was not, in any way, relevant to the discussion that followed or to the context. Nevertheless, it reminded people of the link between "deviant sexuality" and AIDS.³³⁷

In reference to solutions, there was some legitimation of the efficacy of prevention in the article. A Dutch official was quoted as saying: "The only way to stop the epidemic is by preventing it from spreading." And the article ended with a statement that, since AIDS continued to frustrate and mystify researchers, "love, care and education are among the most important ways of coping with the dreaded disease."

³³⁷ In addition, the term "openly homosexual" implied that it was an orientation which was normally not open. It implied a certain level of strident assertiveness, to proclaim oneself as "openly" homosexual. I attended the news conference that Burke referred to in the article. In no way was the sexual orientation of panelists either a subject of discussion or a relevant factor in their statements and answers.

Feature Stories

In addition to the stories used in the sample design above, both newsmagazines published numerous articles and feature stories on AIDS. For example, the autumn of 1985 marked a time of increasing media attention to AIDS in Canada. This was sparked by the public announcement of Rock Hudson's diagnosis and his AIDS-related death on 2 October, as well as information about the state of the blood supply and the beginning of blood testing. Maclean's reflected this increased interest by publishing two major cover stories on AIDS in August and November of 1985. And Alberta Report also published their first major cover story on AIDS in November 1985. These feature reports, as well as several others, are analyzed below. The discussion focusses on the three major questions related to the virus, PWAs, and implied solutions. The findings thus extend and supplement the observations which were made regarding the articles in the above sample.

The features used from Maclean's are as follows: McKay, 1983; G. Allen, 1985A; G. Allen, 1985B; G. Allen, 1985C; Amiel, 1985; Barber, 1985B; Glynn, 1985; Ohlendorf, 1985; Amiel, 1986; Barber, 1987A; Barber, 1987C; Corelli, 1987; Finlayson, 1987; Underwood, 1987B; and Wood, 1987. The features from Alberta Report are: McKinley, 1983; Cohen, 1984; Deaton, 1985; Weatherbe, 1985A; Harbeck and Byfield, 1986; and Byfield, 1987.

The Virus

The most common modifier for AIDS was "epidemic." In a July 1983 article, Maclean's first referred to AIDS as an "epidemic" (McKay, 1983). A Montreal immunologist referred to the disease as a "microepidemic," but the article claimed that AIDS was "poised to reach epidemic proportions in this country."

In a purely medical sense, AIDS was "epidemic." (There had been a net increase in the number of new cases each year.) However, in the public mind, "epidemic" brought forth images of a powerful infectant indiscriminately killing entire populations. At the time that Maclean's declared AIDS an epidemic, there were 29 known cases to have occurred in Canada. Thus, it related to a potentiality, but it sounded like a present truth.

Sometimes the usage of "epidemic" was loaded, as in "potentially explosive epidemic" or "a terrible 20th-century epidemic" (Allen, 1985B). Over time, "virus" began to be used in relation to the concrete, medical phenomena of AIDS, but "epidemic" continued to refer to the impact of AIDS on society.

At times, other terms were used. For example, Barber (1985B) referred to AIDS as an "indiscriminate killer" and "a lethal pandemic unparalleled in human history." Such terms were central to the cultivation of fear which was evident in both of these newsmagazines. Examples are this presentation of AIDS were easily found: a Maclean's cover story called "The terror of AIDS" (Allen, 1985B) stated: "AIDS has finally become an openly discussed, potentially terrifying international preoccupation." The article contained two illustrations, one showing the number of cases reported in Canada since 1981 and one

showing the incidence of AIDS in selected countries around the world.³³⁸ Both illustrations used the same visual image -- a snake, with mouth open and fangs showing, twined around a rod. The image made reference to the Caduceus (a staff, entwined by two snakes, with wings at the top), which is a traditional symbol for a physician. The two serpents represent "the two serpents of healing and poison, illness and health, they are hermetic and homeopathic" (Cooper, 1978: 28). A snake coiled around any axial symbol represents a potential, for either good or evil, so two snakes symbolize an equilibrium of good and evil. However, these illustrations used only a single serpent, so equilibrium was lost.

In addition, the serpent is "the most ancient phallic symbol" as well as being a symbol of the "Fall of man" and the origin of evil (de Vries, 1984: 411-412). The reference to the phallus correlated with one mode of HIV transmission, which is through sexual activity involving a penis. (Another major mode of transmission is through the penetration of infected needles -- a phallic symbol in its own right.) The connotation of the serpent as the site of evil, the creature that led humankind into bondage (as a result of the Fall), fed into the stigmatization and fear of the disease. The serpent became a metaphor for the spread of AIDS. The healing power of medicine was temporarily lost, and the epidemic was out of human control. A symbol of knowledge and medicine was appropriated and used as a symbol of evil. Thus, this illustration brought together two major themes of the text -- medicine and fear.

³³⁸ The data of the illustrations contradicted each other. In the first, the number of reported cases of AIDS in Canada was 202, and in the second the number was 373. Such imprecision makes interpretation ambiguous.

A few months later, an Alberta Report cover story announced "AIDS Alarm: Alberta battles the ever-widening plague" (Weatherbe, 1985A). The cover depicted a drop of blood coming out of the end of a needle. The drop of blood was decorated with the image of a skull-and-crossbones.

On 31 August 1987, Maclean's published another "special report" on AIDS. The cover was black, with the title "AIDS and sex" in large lettering at the top. The following text appeared below:

The deadly plague of AIDS is spreading with frightening swiftness. The panic level is rising, and more and more people are asking: when is sex safe? Their lives depend on the answer.

This statement implied the conflation that sex was the disease and not AIDS. As well, the cover reaffirmed the validity of "panic" as a legitimate response to AIDS.

One story in the report (Rae Corelli, 1987) reiterated this theme of a general public (as well as professional) fear of AIDS: "Some of the fear is irrational, most of it is unanswerable and -- with no cure in sight -- all of it is understandable." Thus, this position of fear for the reading subject was legitimated.

The fear of AIDS was sometimes augmented by its comparison with particular diseases of the past. For example, in various Maclean's feature stories, AIDS was compared to: the black death, cholera, typhus, leprosy, polio, smallpox and Spanish influenza. In one story, Allen (1985C), a senior Maclean's writer, argued that AIDS had the most parallels to cholera and leprosy. Cholera was the most feared disease in Canada and leprosy elicits the most dramatic emotional responses. By relating AIDS to "plagues" of the past, it was "natural" to assume that AIDS was a modern manifestation of the feared epidemics of the

past.³³⁹

In addition, sometimes AIDS was represented as an actor, "forcing" certain decisions. People, and even the legal-medical complex at times, were passive in the face of the imperatives of the disease. For example, the introduction to a Maclean's feature report stated:

The disease has forced government officials and ordinary citizens to contemplate such painful measures as the public identification -- and possible isolation -- of AIDS victims and carriers.

This characterization of AIDS as an actor served to both increase fear and justify otherwise unpopular concepts such as quarantine.

One of the stories in this feature report stated: "AIDS reminds modern man that epidemics are part of the human condition -- dooming him time and again to blind and primitive fear" (Allen, 1985C). This statement not only recognized AIDS as an actor ("reminding" modern man), but also reiterated the expected response of humans to such a power -- fear. In addition, the statement suggested that AIDS had a "lesson" (or reason?) for visiting humanity -- to remind us of our own mortal condition.

It was generally assumed, in Maclean's and Alberta Report, that HIV had originated in Africa and had arrived in North America via Haiti. In one Maclean's article which focussed on these origins, Chris Wood (1987) began with a description of a town in Zimbabwe where the economy "revolves around truckers, beer and sex." This set the terms of reference for characterizing the rapid spread of AIDS in Africa: promiscuity.

³³⁹ In the same issue, Maclean's editor Kevin Doyle called AIDS "the 1980s version of the Black Death."

While the protests of Africans about this characterization were mentioned, the article went on to cite the "widespread tribal custom" of a widow having sex with her former husband's closest male relative, and the thousands of men in labour camps who "succumb to the temptation of prostitutes." On the other hand, the widespread use of unsterilized needles in health care in Africa and Haiti was mentioned, but it was not counted as a major source of infection. Thus, not only was Africa the site of viral origin, but the cultural practices of Africans were seen as being a fertile site for the rapid spread of HIV.

Finally, both newsmagazines recognized that the virus had moral and ethical implications. For example, a Maclean's cover story was titled "The ethics of AIDS." However, Alberta Report was even more likely to allow a conservative moral message to seep into its coverage of AIDS. Four of the magazine's articles on AIDS appeared in the "Faith" section of the magazine. This illustrated both the position that AIDS was a "faith" issue and the legitimation of certain moral discourses to speak out on AIDS. Biblical passages were sometimes quoted within the articles as appropriate texts to illuminate the situation. (The battle over AIDS, then, was also at the level of scriptural exegesis.) One article contained six Biblical references and even closed with a Bible verse (Harbeck and Byfield, 1986).

And a cover story noted that: "The sexual nature of the disease's transmission and its concentration in the homosexual population has inevitably raised the moral dimension" (Weatherbe, 1985A). Whereupon the article took a page or so to discuss various responses, including those of Moses and St. Paul.

In fact, the third article that Alberta Report carried on AIDS discussed a debate over

whether AIDS was the wrath of God or not (McKinley, 1983). It focussed on a column by Calgary Herald columnist Catherine Ford (which criticized the argument that AIDS was a divine judgement) and the letters she had received in response. The article noted that, since AIDS:

strikes haemophiliacs and Haitians as well as people
Christians might safely label as immoral, the equation of
the disease as God's punishment is far from clear-cut.

The inclusion of "non-deviant" groups in the list of those at risk made the equation between sin and disease less than precise. Nevertheless, in an effort to present "both sides," people like Phyllis Schlafly and Jerry Falwell were cited. In the least, the article affirmed the "moral" nature of AIDS -- that it was not simply a disease which called for compassion and relief. Rather, due to the position of the people affected and the nature of the transmission, there were important (and unresolved) moral debates surrounding the disease. Debates which should rightfully be a part of the public discussion of AIDS.

People with AIDS

The most common term for PWAs was "victims."³⁴⁰ In some cases, "sufferer" was substituted. (For example, when particular PWAs were being discussed.) When estimates were being given, the term "case" was used. After the introduction of the HIV test, "carrier" began to be used. Corelli (1987) referred to HIV-positive people as "carriers"

³⁴⁰ "Victims" was a widely-used term during the early 1980s. In a Maclean's story (McKay, 1983), a member of a Toronto-based AIDS group remarked that: "We [gays] are being looked at not as the victims of this dreadful disease but as the cause of it. We are the lepers." Here he legitimized the use of the term.

and to people with AIDS as "victims." It was implied that "carrier" referred to an active process of transmission, rather than a physical state (or potentiality). For example, Maclean's noted: "AIDS carriers transmitted the condition [AIDS] to new victims through blood transfusions" (Allen, 1985A). And an Alberta Report story called "The menace of AIDS" argued that the "menace" to society was posed by "carriers" more than by HIV (Cohen, 1984). The article warned that, until a new Alberta Public Health Act was proclaimed, "there is absolutely no legal recourse to prevent him [a specific PWA] from spreading it [HIV]." This was the first article in Alberta Report where PWAs were referred to as "carriers" -- as active transmitters of HIV. It is no coincidence that it was also the first article in the newsmagazine to directly suggest that the legal discourse must become involved in protecting society against AIDS. Such a response was the logical result of the representation of "carriers."

The presentation of PWAs very clearly linked the disease with homosexuality. Maclean's, in an early story, noted that the "vast majority" of PWAs were homosexual males, "many of them highly promiscuous, some with sexual histories involving many hundreds, and even thousands, of partners" (McKay, 1983). Barber (1987A) later noted that AIDS had "cut like a scythe through the North American homosexual community, once exceptionally promiscuous and now fearful."

Thus, the extended link between gays and promiscuity and AIDS was also affirmed. An article by Glen Allen (1985B) commented that "sexual promiscuity and carelessness" were the "hallmarks" of North America's homosexual communities during the days of gay liberation. This inferred a certain amount of "responsibility" for the "results" of such

behaviour.

Several Alberta Report articles were even more explicit about the role of the gay community. In a feature report, Weatherbe (1985A) cautioned:

What was once seen as a "gay plague" is now perceived as a threat to anyone who comes within spitting distance of a homosexual, for spit, along with tears, urine, blood and semen, is a potential medium for HTLV III.

This statement implied that not only could one be at risk of contracting the disease from saliva, but that gays were apt to attempt to spread AIDS in this manner. Elsewhere, the article stated that "AIDS has emerged from the homosexual closet to haunt the world." This suggested that gays had somehow "caused" the disease.³⁴¹ Byfield (1987), in one of his columns, reaffirmed this position. He believed that certain PWAs (gays and bisexual men) brought the disease on themselves, due to their sexual activity. "There is no gaiety about AIDS. It's as though offended nature is returning the taunt."

With the expansion of the "boundaries" of PWAs to include heterosexuals, the scapegoating of the gay community continued, and even strengthened. There was now a fear of the gay community, as it represented a "menace" to the "general population" (cf., Cohen, 1984).

³⁴¹ In a short story accompanying this feature, Weatherbe noted that AIDS was "initially suspected to be a product of homosexual activity itself.... While such sexual practice is still considered the likeliest method of transmitting AIDS... the origin trail now leads far from the sex bars and bath houses of urban California to the beaches of Haiti and thence to central Africa" (Weatherbe, 1985B). This initial suspicion that Weatherbe wrote of was not entirely dispelled in the Alberta Report coverage.

Solutions

In terms of solutions, the position of the medical experts was privileged. Maclean's noted that "the seemingly inexorable spread of AIDS" would seriously strain any tolerant responses to PWAs, and assurance of civilized behaviour would be secure only after science had found a cure for AIDS (Barber, 1987C). Thus, the validity of all forms of scientific inquiry was unquestioned. This important role of medicine as a way to prevent social disruption had also been presented in an earlier Maclean's article (Allen, 1985B). People were presented as ignorant, irrational and fearful.

The considered opinions of health care professionals and legal experts often contrast vividly with the irrational fears that still stalk the land.

And the editor's introduction to the article stated:

The steady advance of medical science offers no defence against the blind, primeval fear that besets humanity in the face of the epidemics that regularly confront it... many otherwise rational people express deep-rooted terror... there is a growing clamor in favor of quarantining AIDS victims.

This reflected the different positions of the "expert" and the public. The problem was just to keep the public's fears at bay until a cure was found.

This both placed undue pressure on the medical research community and de-valued the important contribution of educators in modifying public responses to AIDS. The limited success of medical research was taken as a reason for the panic surrounding AIDS. Corelli (1987), in a Maclean's feature report called "AIDS and sex," claimed: "the faith that people put into science and medicine has somehow let them down." And articles

repeated the argument that education and prevention was a way of "filling the gap" until a medical cure was developed (see Ohlendorf, 1985; Allen, 1985C; Underwood, 1987B). It was not acknowledged that prevention would always be important, even if a cure could be found. Thus, the contextual bias toward curative medicine and away from preventive medicine was illustrated.

Various forms of "safer sex" were mentioned in several stories. In Maclean's, Allen (1985A) noted that the use of condoms among members of the gay community was a positive step toward prevention. In addition, it was implied that certain body fluids (such as semen and saliva) should not be "exchanged." And Finlayson (1987), in an article titled "Fear of death and disease," stated that the gay community was making attempts to eroticize safer sex. However, no specific suggestions were supplied. In both of these stories, it was homosexuals who were presented as having to make changes to sexual activities.

In September 1985, Alberta Report published an article which emphasized prevention and education as methods of slowing the spread of AIDS (Deaton, 1985). According to the article, there was an increasing risk (of HIV) among heterosexuals, especially those who were "sexually hyperactive" or who had sex "with a multiplicity of partners." However, the risk for straights was still not constructed to be as great as that for gays. Thus, the necessity for change reflected this imbalance. Both condoms and caution were mentioned in the article.

Several articles in Alberta Report argued that the most effective solution to AIDS, as well as the "best" safer sex advice, was monogamy (e.g., Weatherbe, 1985A). Magazine

publisher Ted Byfield, in one of his columns (1987), used AIDS as a vindication of his own recommended lifestyle:

Neither are we being told [by educators] that the whole epidemic endorses unerringly, as medically infallible, a very old principle: one partner, of the opposite sex, and for life.

A Maclean's article on "Sex in the eighties" also referred to the resistance to safer sex education. Barber (1987A) stated that "carefree sex can kill," and quoted a British constable who complained about AIDS education:

Why do homosexuals freely engage in sodomy and other obnoxious sexual practices? Why don't they ask that question on television every day instead of telling people to wear condoms?

Throughout the article, the problem subtly shifted from disease as physical disability to disease as sex itself. Through this anti-erotic message, the "disease" became sex, so the solution was obvious: less or no sex.

One "solution" which was repeated in several feature stories was the isolation of PWAs and/or gays from the mainstream of society. In a 1983 article, titled "The growing Canadian AIDS alarm," Maclean's writer Shona McKay (1983) quoted a member of the anti-gay group "Positive Parents: "We need to weed out and segregate these groups [gays]. This thing [AIDS] is a time bomb." Maclean's columnist Barbara Amiel, in two columns on AIDS, also privileged the separation of the infected from the uninfected as a solution. In 1985, she argued that civil rights protection for PWAs (protection from discrimination in housing or employment, for example) was a "suicidal impulse in society." Rather, she argued that society (and, especially, individuals within society) should be allowed to discriminate against PWAs. They should not have to come into

contact with them, nor should they be forced to send their children to schools where PWAs attended (or taught). The anxiety over AIDS, according to Amiel, was reasonable, and should be met by increased naming and isolation of PWAs.

In her 1986 column on AIDS, Amiel also called for widespread voluntary testing, so that people could monitor their own health status and act accordingly. Safer sex was generally portrayed as a second-rate option, and the article ridiculed it as simply a way to allow PWAs to continue having sexual relations. In addition, the column confused a transmission route with the cause, resulting in a blaming of the gay community for AIDS, as well as a legitimizing of repressive measures against gay sexuality. Amiel wrote:

It is, in part, because we allowed the anal practices of promiscuous homosexuals to become morally acceptable in this society that the disease has spread so rapidly.

In this construction, tolerance had grave consequences which could be rectified only by putting limits on sexual expression.

These columns illustrated the further development of the space for quarantine in the debate over "solutions" to AIDS. Amiel (1985) argued that the power of the homosexual lobby and society's tolerance of promiscuity had prevented policy-makers from taking the necessary actions to isolate PWAs and protect the healthy. Promiscuity, according to Amiel, was an important "political statement among some sectors of the homosexual community and the women's movement." In this construction, an adequate response to AIDS meant that governments would have to recognize and address the social dangers of movements such as gay liberation and even parts of the women's movement.

The legitimacy of quarantine (or other, less blunt, isolation measures) was upheld by

two presuppositions: the dangers of "carriers" and the possibility of casual transmission of HIV. Allen (1985B) stated:

But it [quarantine] has forced its way into the debate because of the existence of so-called "loaded guns" -- AIDS carriers and sufferers who continue to have sex with unwitting strangers.

And Amiel (1985), noted that HIV could be spread "possibly" through saliva and tears; thus, "By keeping the identity of AIDS victims secret we are removing the freedom of our citizens to protect themselves."³⁴² (This statement appeared in a highlighted box in her column.)

The Maclean's coverage of the Third International Conference on AIDS featured a large picture of police handcuffing an AIDS activist (Barber, 1987C). The police were wearing yellow rubber gloves. The message of the photograph included a warning of the dangers of AIDS transmission. However, another interpretation could be the irrational response of official groups. The police illustrated a panicked reaction, and acted in a manner which misled the public and distorted the nature of the disease.³⁴³

Finally, in a cover story, Corelli (1987) cited various conjectures about HIV transmission which she allowed to stand. The possibility of transmission through saliva

³⁴² In a later column, Amiel (1986) again denied that casual contact was safe. The possibility of saliva, tears and sweat as vectors was kept open. And, in the school context, Amiel claimed that children "fight, have nose bleeds and play at becoming 'blood brothers' by mixing their blood." In fact, she added that children might be apt to tempt fate and invent a form of Russian roulette blood-brother game. Thus, given the nature of these "normal" interactions, the transmission of HIV from one child to another would be quite possible.

³⁴³ It was ironic that the police acted in this manner while arresting demonstrators outside of the Conference on AIDS, while inside evidence was being presented that casual transmission was not an issue.

and tears was accepted as a theoretical possibility, the concern over gay chefs transmitting HIV to customers was noted but not criticized and the chance of transmission via mosquitos was not refuted.

In sum, the feature stories, especially those of Maclean's, legitimated the introduction of the legal discourse in the struggle against AIDS. As Glynn (1985) wrote, in supporting legal restrictions on rights and police action against gay bathhouses:

As a result, padlocking bars that homosexuals frequent -- while dramatically illustrating the fight against AIDS -- is clearly only a small step in a long and costly struggle against the disease.

Legal remedies were represented as appropriate stopgap measures, even if they did limit the rights of some individuals. As Trew (1979) pointed out, the media "speaks through" institutions that are generally respected. Both medical science and law fit this description. Not only did this protect the media from charges of creating its own version of "reality," but it also served to legitimize the work of these institutions and their definitions of and interventions into social life.

The article by Glynn included a picture of a police officer standing in front of a bar that had been closed down. The picture was accompanied by the caption, "Closed Mine Shaft: fear, rising death tolls and 'hazardous sexual practices'." The "Mine Shaft" was a New York bar that was well-known within the gay community as a location where a wide variety of sexual encounters was practiced. Thus, its closing had a special meaning within the gay community, as an indication of how certain sexual behaviours were coming under increased challenge.

The picture, and the article, showed the efforts of law and order to curb those elements

in society which allegedly posed a threat to everyone else (or, "the general public," as the media called the non-homosexual population). Recourse to the law was an unquestioned part of the fight against the epidemic. A central aspect of this social control was the regulation of bodies, the authorization of specific choices (heterosexual monogamy) and proscriptions against others.

In summary, the major foci of the AIDS coverage in Maclean's was: an emphasis on fear of the virus and a continuing ambiguity regarding the vectors of viral transmission; a search for the "causes" of the virus, even if that resulted in a labelling of gay PWAs as deviant; and a legitimization of medical science as the expected source of a final solution or cure, along with a devaluation of the efficacy of prevention and education.

Since Maclean's published on a weekly schedule, their coverage tended to be more than just a litany of the latest facts (as newspapers can always "scoop" magazines). Thus, the articles provided the information along with interpretations and contextualizations. In so doing, Maclean's also provided some prime examples of how contexts can affect texts. This was especially evident in the feature reports which Maclean's published -- they were generally accompanied by a heightened sense of panic, a distrust of PWAs and an explicit legitimization of the work of medical science. What they provided in these cover stories, then, was not necessarily deeper understanding or more sophisticated analysis, but a series of justifications for a position of fear, suspicion and helplessness.

As the previous discussion illustrated, Alberta Report maintained an interest in the moral dimensions of AIDS issues. In some cases, this was expressed as a willingness to use religious sources of expertise. However, this concern did not inevitably lead to the

condemnation of PWAs. Thus, the coverage did not necessarily follow the biases of the publisher, Ted Byfield. He was still located at one extreme end of the continuum of opinion. In fact, in some stories, a strong message of compassion was evident. Nevertheless, the emphasis legitimized the entry of the moral discourse into questions of how to respond to AIDS. And, as with Maclean's, the feature stories were more sensationalized than the routine news stories. By contextualizing the issue, the newsmagazine also allowed the discourses of knowledge (on sexuality and on medicine) to speak unhindered.

In addition, the Alberta Report coverage tended toward a concern over providing individual protection to citizens, rather than empowering individuals to learn how to protect themselves. There was more coverage of the rights of the well, as opposed to the rights of the ill.

Assorted Mainstream Magazines

A thematic analysis of articles on AIDS from twelve Canadian magazines appears below.³⁴⁴ The themes relate to the construction of the virus, the characterization of PWAs, and the nature of the solutions. This format was used, as the magazines (most of which were published monthly) did not cover the same events. Rather, the focus of the magazine articles tended to be more eclectic. Brief introductions to the magazines appear below, followed by the analysis of the articles on AIDS.

³⁴⁴ The magazines were chosen through listings in the Canadian Periodicals Index.

Atlantic Insight: As the title suggests, this monthly newsmagazine covers news of, and of interest to, Atlantic Canada. Average monthly circulation is 36,240 (CARD, 1990). Two articles related to AIDS were published, in 1985 (MacPhee) and 1987 (Sullivan). Both concerned local and provincial responses to AIDS.

Canada and the World: This publication is an educational magazine, written for high school students in social studies courses. It covers a wide variety of current issues, and includes a list of "Suggested Activities" at the end of each article. Thus, teachers can use the magazine as a resource for classroom activities. It is published nine times per year, to coincide with the academic year. Established in 1935, its circulation is now estimated at 25,000 (Gale, 1990). The number of readers, however, might be much higher, depending on whether the magazine is actually used in classroom contexts. Three articles related to AIDS were published in the magazine between 1985 and 1987 (Canada and the World, 1985; M. Allen, 1987A; M. Allen, 1987B).

Canadian Living: This is a mainstream publication, generally oriented toward women who are primarily responsible for the management of their household. The magazine features stories of general interest, recipes and advice on issues such as health care within the context of the traditional family. The average monthly circulation is 565,116 (CARD, 1990). Five articles related to AIDS have been published by Canadian Living, from January 1986 to April 1988. These included two interviews (Armstrong, 1986; Armstrong, 1987), a news item about the proper use of condoms (Canadian Living, 1987), an article on the rise of STDs (Bird, 1988) and an article on the fear of AIDS (Canadian

Living, 1988).³⁴⁵

Chatelaine: Chatelaine has the highest circulation of any Canadian "women's" magazine. Monthly sales average 1,208,405 (CARD, 1990). The magazine is geared toward "women in transition," meaning that it recognizes the changing nature of women's roles both throughout their own life cycles and over historical time. Thus, the content is rather wide-ranging, providing information on fashion, food, parenting, the status of women, politics, cosmetics, home decorating and even some original fiction.

Between 1986 and 1988, Chatelaine published eight articles which related to AIDS. Two were part of a regular feature called "Free for the asking" (Dranoff, 1987; Johanson, 1988), one was a "Chatelaine Debate" (Hankins, 1988; Ponsford, 1988), one advised on how to explain AIDS to your child (Phillips, 1986), one article mentioned AIDS in the context of a survey of Canadian women (Chatelaine, 1988), one covered the story of Eric Smith (Donham, 1988), one was a personal account of a woman who discovered that her husband was dying of AIDS (Pearson, 1987) and one article discussed AIDS risks for women (Cameron, 1986).

Equinox: Equinox is a magazine devoted to geography, biology, culture, science and travel. It regularly reports on environmental issues, cultural survival and scientific discoveries, all with a Canadian perspective. As such, it fills a similar niche to that of National Geographic in the United States. The average circulation is 168,182 (CARD, 1990).

³⁴⁵ An article was also published in February 1988 about the availability of AZT for AIDS prophylaxis.

Two articles on AIDS have appeared in Equinox over the past six years. One was a short piece in the front section of the magazine, and the second was a major article on how ecology should inform the response to AIDS.³⁴⁶ The first article, written by Ann Lukits (1984), described a tentative scientific breakthrough in understanding AIDS. It introduced a microbiologist who had isolated a rare plant mould in samples from three PWAs with Kaposi's Sarcoma, and theorized that AIDS was not caused by a virus, but possibly by a fungus.³⁴⁷ The second article on AIDS was an extensive essay by Adrian Forsyth (1987) called "The Plague Within." It is discussed below.

Flare: This publication, which calls itself "Canada's fashion magazine," is a part of the Maclean-Hunter stable of periodicals. Targetted toward working women in their 20s, it is Canada's most widely-read fashion magazine. Every month, an average of 206,351 copies are sold (CARD, 1990), but there are an estimated 900,000 readers. It was not until April of 1989 that Flare published an article on AIDS (McGee, 1989), and it focussed on an interview with Dr. Mathilde Krim, a US researcher and founder of the AIDS Medical Foundation.³⁴⁸

Homemaker's Magazine: This magazine, which goes by the title Madame au Foyer in

³⁴⁶ Equinox also published a story on Canadian Nick Drager, a former doctor who worked on WHO's Global Programme on AIDS, in the September/ October 1989 issue. The short article discussed Drager and his work (in heroic terms), but not AIDS.

³⁴⁷ The article, a challenge to the virus theory of AIDS, was published shortly before Dr. Gallo announced the discovery of HTLV-III, and some months after Dr. Montagnier's lab had discovered LAV. As such, the article represented an example of one of the many pieces to discuss promising scientific "breakthroughs" which were later ignored.

³⁴⁸ Even in this coverage of AIDS, Flare did not abandon its emphasis on fashion and consumption. Accompanying the article was a line drawing of a hand with jewelry dangling from the wrist. The text for the illustration read: "AIDS aid. Gold hand pin, by Sam & Joe Tassel for Only Accessories. Available across Canada for \$40, with proceeds to benefit AIDS research in Canada."

Québec, is a free publication distributed by post offices to selected households throughout Canada. The average monthly circulation is 1,609,627 (CARD, 1990). The majority of the content is devoted to recipe ideas. In March 1986, in a section called "Healthwise," the magazine published an article on AIDS entitled "Compassion for AIDS victims" (Malloy, 1986).

Reader's Digest: David Ogilvy, a founder of the advertising agency Ogilvy and Mather, once commented: "In my opinion, the [Reader's] Digest is doing as much as the United States Information Agency to win the battle for men's minds" (cited in Schiller, 1976: 6). Selling over 28 million copies monthly, in 15 languages, Reader's Digest claims to be the "World's Most Read Magazine."³⁴⁹ In Canada, the Digest sells 1,323,348 copies per month, the highest circulation of any magazine. Of that figure, 529,494 are sold in Ontario alone (CARD, 1990). The Canadian edition of the Reader's Digest has published four articles related to AIDS between 1986 and 1989. Two on AIDS itself (Tanne, 1986; Pekkanen and Naccache, 1987), one on the safety of the blood supply since AIDS (Spurgeon, 1989) and one condensed book about a child dying from AIDS (Oyler, 1989).

Saturday Night: One of the more prominent Canadian magazines is Saturday Night. The publication features reports on politics, media, science, people, institutions and arts, all within the Canadian context. The average monthly circulation is 110,899, well over half of which is located in Ontario (CARD, 1990). However, the magazine estimated (in 1987) that it had 344,000 readers (Publication Profiles). The magazine publishes stories

³⁴⁹ It can only be read, and not responded to. There are no "letters to the editor" published, nor is there even an editorial address in the magazine. The only position the audience can take is that of a consumer.

and articles by many prominent Canadian authors, such as Timothy Findley, Mordecai Richler and Elspeth Cameron.

In 1988, Saturday Night published two articles related to AIDS. The first was a mini-biography of Jim St. James, then the longest-surviving Canadian with AIDS.³⁵⁰ The article, written by Eileen Whitfield (1988), emphasized St. James' struggle with the internalized guilt from his Jehovah's Witness past and his homosexual orientation. The second article, located in the "Books" section of the magazine, was allegedly a review of the Royal Society of Canada's publication AIDS: A Perspective for Canadians and David Spurgeon's short primer Understanding AIDS: A Canadian Strategy. However, author Michael Bliss (a professor of history at the University of Toronto) used the books only as a backdrop for his own arguments about the inordinate costs of social and sexual license.

Teen Generation: This magazine calls itself "The Voice of Young Canadians." Published bi-monthly, it not only deals with issues deemed to be of interest to teenagers, but it also features articles that are written by teenagers. The magazine is largely distributed through schools, libraries and allied institutions. Current circulation figures vary from 147,798 (CARD, 1990) to 162,200 (Gale, 1990). It is referred to as a "consumer/career" magazine. In its April-June 1987 issue, Teen Generation published a story about a teenager who finds out that a hemophiliac friend is HIV-positive (Coker, 1987).

³⁵⁰ He was later the subject of an "autobiography" by June Callwood, called A Life with Jim. While Callwood was recognized as the author, much of the book was made up of quotes and recollections from St. James. He died early in 1990.

Toronto Life: This publication is a city magazine, produced by Key Publishers, which covers the political, social, economic and cultural life of Canada's most populous city. There is an emphasis on issues relating to the quality of life in Toronto, as well as an extensive calendar of upcoming events. The average monthly circulation is 96,194 (CARD, 1990). Of this number, 93,663 are sold in Ontario. Three major articles on AIDS were published in Toronto Life in 1987-88. A cover story called "Sex and Death: Men, Women and AIDS in Toronto" (Roberts, 1987), a satirical piece entitled "Pepys and the Plague Year" (Hailwood, 1987), and an essay from the gay community perspective called "Gay after AIDS" (Hannon, 1988).

Verve: Verve is a self-improvement magazine targetted toward Canadian women. Through features and regular departments, the magazine focusses on:

the four cornerstones of good health: how-to beauty advice;
current medical facts and trends; nutritional information;
and how-to fitness information (Publication Profiles, 1987).

Verve sells an average of 201,070 copies each issue, which makes it almost as widely-distributed as Flare. In the November/ December 1987 issue, Verve published two articles on AIDS. Neither of them provided any information about authorship.

The Virus

Even after medical science had pointed out the difference between HIV (a virus) and AIDS (a syndrome), there was some confusion in the mainstream discourse. For example, in the educational magazine Canada and the World, Allen (1987A) attempted to clearly

delineate this difference, but still used terms such as "AIDS 'antibodies'." (The antibodies recognized by the HIV test are antibodies to HIV, not AIDS.) In addition, stories would refer to "spreading AIDS" rather than HIV.

Apart from the link with HIV, AIDS was most often linked with particular plagues of the past. The most common comparison was with the Black Death. This appeared in the Reader's Digest (Pekkanen and Naccache, 1987), Equinox (Forsyth, 1987), Flare (McGee, 1989) and Canada and the World (Allen, 1987A). McGee, in using the comparison, noted that "AIDS will not become the Black Plague of the heterosexual community as was earlier feared." However, there was an implication that the term was appropriate for gays and intravenous drug users. And Allen's article, on the scientific and medical aspects of AIDS, was titled "The Next Plague? AIDS." The piece argued that AIDS, which was once thought to be only "a minor problem among homosexual men," was now "recognized as one of this century's most serious health threats." One of the suggested activities accompanying this article was to appoint a team of students to investigate the parallels between AIDS and the Black Death. This further legitimized the link.

Many articles estimated the magnitude of the spread of HIV in Canada. In some cases, US data was generalized to cover Canada as well. For example, a Canadian Living article (Armstrong, 1986) gave the figure of one million HIV-positive people.³⁵¹ A commonly-cited Canadian estimate was 50,000. However, it was explained in different ways. Reader's Digest claimed that this was the number of Canadians "infected" -- a number

³⁵¹ In addition, many articles used the US epidemiological breakdown of PWAs and assumed that it was the same in Canada.

which was expected to rise to 300,000 by 1991 (Pekkanen and Naccache, 1987). Of this number, the article stated, 90 percent could eventually go on to develop AIDS.

Verve (1987B) stated that at least 50,000 people in Canada had been exposed to the virus "and test positively on the antibody test." A doctor in Chatelaine estimated that there were 30,000 - 50,000 "unidentified carriers" of HIV in Canada (Ponsford, 1988). And Bliss (1988), in a Saturday Night article, claimed that 30,000 Canadians would almost certainly die from HIV infection.

However, some estimates were significantly higher. A Toronto Life article (Roberts, 1987) estimated that there were between 10,000 and 30,000 "carriers" of HIV in the Metro Toronto area alone. Allen (1987A), in Canada and the World, put the number of Canadians "exposed" to HIV at 75,000.

In addition, some articles noted that the numbers of people affected were doubling every year. This was claimed in 1985 by Family Health (Sackman, 1985) and Canada and the World (1985). In 1987, a Toronto Life article made a similar projection (Roberts, 1987). However, it was not specified whether this was a doubling of new infections or of the cumulative total.

In at least two of the magazine articles, HIV was explicitly anthropomorphized -- it was invested with an intelligence and even a consciousness that guided its actions. Roberts (1987) ended a Toronto Life article with "it's possible to view a virus as having an intelligence and a commitment to survival -- perhaps, in this case [HIV], a commitment to survival that exceeds our own." In effect, this statement devalued any human action that could be taken in the face of such a persistent and committed virus.

This construction of HIV was also a primary theme in an Equinox article by Adrian Forsyth (1987) called "The Plague Within."³⁵² The focus of the essay was an ecological understanding of parasitic disease, especially HIV. Throughout the article, Forsyth wrote about parasites and viruses as if they had made conscious decisions to evolve in particular ways. For example:

But HIV is also successful because it makes use of the human sex drive, a hormonal programme that many people find difficult to control rationally... The human tendency to reproduce without restraint is a drive that parasites exploit.

That HIV had "sought out" and attached itself to one of the most powerful human drives implied that a consciousness was at work in planning the script. Even if this betrayed no more than the extensive use of a rhetorical device to add suspense to a science story, the effect was the same -- a self-conscious, striving, seeking virus was constructed as the enemy.

The caption to one of the accompanying photographs aptly illustrated this construction. The picture was from a microscope slide, and the caption began: "Caught red-handed under the eye of an electron microscope, an AIDS virus attacks a lymphocyte cell." To be "caught red-handed" implied that the perpetrator (the virus) had been attempting some secret maneuver which was uncovered through microscope surveillance. This gave the virus the "secret agent" status which Treichler (1987) noted. In general, visuals of HIV attacking blood cells were used to offer some sort of "proof" of the virus and its danger. The text had to anchor such pictures, as the photo was only a collection of dots and

³⁵² Forsyth was an Adjunct Professor of Biology at Queen's University in Kingston.

Resolution Test Chart Labels:

- 1.0
- 1.1
- 1.25
- 1.4
- 1.6
- 1.8
- 2.0
- 2.2
- 2.5
- 2.8
- 3.2
- 3.6
- 4.0
- 4.5
- 5.0
- 5.6
- 6.3

(ANSI and ISO TEST CHART No 2)

colour to the lay person. In the least, such photos showed the obscure scientific basis for the understanding of AIDS as a disease. In order to be able to "read" the microscope slide and see in it all of the dangers of HIV required some acquaintance with the professional discipline of viral semiotics (cf. Walmsley, 1987: 35).

This presentation of HIV also implied that humans themselves had limited control over their own "drives" (which might be nothing more than other biological elements expressing their own anthropomorphized "needs.") Under this biological reductionism/determinism, human agency was devalued. As Forsyth warned, if humans did not limit their reproduction, then "it may be a viral plague that eventually balances the books."³⁵³

In general, the most common position taken toward AIDS was one of fear. AIDS was described as: "the plague of the millenium" and "a challenge to human life which may rank higher than the population explosion, famine, or the danger of nuclear war" (Canada and the World, 1985); "the most frightening of all sexually transmitted diseases" which was "invariably fatal" (Verve, 1987A); "the lethal AIDS" (Chatelaine, 1988); "AIDS is potentially one of the most devastating epidemics of infectious diseases to hit mankind in historical memory" (Canadian Living, Armstrong, 1987). Toronto Life published a feature story on AIDS in the August 1987 issue by Paul Roberts called "Sex and Death: Men, Women and AIDS in Toronto" (Roberts, 1987). On the cover of the issue, the

³⁵³ This position is reminiscent of the stance of some "deep ecologists" who are concerned with human transgressions of "natural laws." As social ecologists like Murray Bookchin argued, this results in socially-constructed phenomena such as famine and the spread of certain diseases being collapsed into "natural" phenomena. Thus, the inequalities that lead to the human or ecological crises are ignored, in favour of a neo-Malthusian acceptance of a "natural" law. This is not to deny that crowded living conditions can lead to disease transmission. But the presentation of viral epidemics as nature's way of balancing the books (the rate of births to deaths) implies an inevitability about disease that may blind people to other root causes of the suffering.

article was introduced with the following urban folktale:

This guy meets this great-looking woman in a bar. She really comes on to him and before long they're in a hotel room having a wild night... I mean a really wild night. When he wakes up in the morning she's gone. but as he goes into the bathroom he sees, written in lipstick on the mirror, "WELCOME TO THE REAL WORLD OF AIDS." Sure enough, a few weeks later the results from the test come in. He's got the AIDS virus.

This set the perspective for the article -- the dangers of AIDS, surpassed only by the dangers of people with AIDS. (As well, it provided a fetching cover, to help sell the magazine.)

There was a recognition that all of this media construction was actually cultivating a fear of AIDS. In a Saturday Night article, Bliss (1988) wrote:

The mass media lack the expertise for informed, consistent reporting. Everyone is fearful, and someone is bound to ring the alarm.

Ironically, his article was itself a prime example of how the media could misinform and frighten.

If one were pressed to provide a general characterization of the construction of HIV in mainstream magazines, it would have to involve the pronounced cultivation of fear, especially in some articles. This reached a peak around 1987, and has since levelled off somewhat, either due to oppositional voices or the media tendency to move on to other issues as soon as one has been saturated with coverage. Thus, over time, there was a change from viewing HIV as an enigmatic health problem of a certain group to viewing it as a supreme danger to all.

Likewise, this latter position was also replaced by either no coverage at all or a

recognition that fear itself could be dangerous. An example of this transition was provided by Canadian Living. The first article on AIDS which the magazine published began with "Not since the days of the polio scare in the early 1950s have Canadians been so filled with misconceptions and unfounded fears" (Armstrong, 1986). A year later, an article started out with "everyone is afraid of AIDS" (Canadian Living, 1987). And in 1988, softening their original position, the magazine stated that "AIDS is a terrifying disease. Up to a point it worries us all" (Canadian Living, 1988). In this last article, instead of dealing with AIDS itself the magazine discussed the fear of AIDS. (In some people, this was so strong that it had triggered a psychosomatic reaction, and they had experienced chronic aches and pains.) Thus, as the initial projections of the effects of AIDS were seen to be overly-dramatic, Canadian Living revised its approach and, in the process, re-evaluated its response to HIV.

People with AIDS

Within the mainstream magazines, the most common terms for PWAs were "victims," "patients," "cases" (when dealing with epidemiological data) and, later, "carriers." In some cases, a distinction was made between "innocent victims" and, by implication, "guilty victims." For example, a Reader's Digest article repeatedly referred to "innocent victims" (Pekkanen and Naccache, 1987). This category was constituted by children who contracted HIV from their mothers and people who contracted HIV through blood transfusions. Thus, people who contracted HIV through sexual activity were assumed to

be at least partially culpable.³⁵⁴

The term "carrier" was used either in relation to the actual spreading of the virus or in relation to the "harbouring" of the virus (cf., Canada and the World, 1985). In either case, "carriers" did not exhibit signs of AIDS-related infections. According to Forsyth (1987) in Equinox, this asymptomatic phase of HIV "carriers" was very important to the continued spread of the virus. However, in the media texts, once symptoms of AIDS became obvious, a "carrier" might move to the category of a "victim." Thus, "carriers" were HIV-positive and "victims" had AIDS. Nevertheless, terms such as "AIDS carrier" were still used for people who were simply HIV-positive. For example, a Chatelaine story by Parker Barss Donham (1988) about Eric Smith, the Cape Sable Island teacher who was forced out of the classroom because of community protests over his seropositive status, continually referred to Smith as an "AIDS carrier." This, despite the distinction made in the article between HIV and AIDS. This usage of "carrier" to denote people who "harbour" or "transmit" HIV (as opposed to other PWAs who were "victimized") contributed to a fear of "carriers." Roberts (1987), in a Toronto Life article, quoted Daniel Defoe's A Journal of the Plague Year: "there was a seeming propensity or a wicked inclination in those that were infected to infect others." It was assumed that the same propensities existed today.

PWAs were sometimes characterized as having come from "risk groups" or "high-risk

³⁵⁴ This categorization was repeated in a condensed story published in April 1989. It was the story of a seven-year-old boy with hemophilia who contracted AIDS. It was written, with help, by his mother (Chris Oyler). As expected (given the subject matter) the story was very emotional, and behind it was sincere pain. However, it was doubtful if the story of a gay PWA would have been published. The "innocent victim" was an acceptable subject matter. To promote empathy for the "guilty victim" would subvert the moral message of the AIDS coverage.

groups." Chatelaine noted that these groups included gays, drug users and hemophiliacs (Cameron, 1986). Verve (1987B) listed who was "really" at risk of contracting AIDS as follows:

gay or bisexual men, intravenous drug users, people from endemic areas such as Central Africa or Haiti, hemophiliacs and, more rarely, people who have had blood transfusions before the Red Cross started checking blood for AIDS -- and the sexual partners of people in those groups.

Invariably, gays and IV drug users headed the list of "risk groups."

In addition, there was a separation of "risk groups" from the "general population" or the "general public." When a doctor was asked, in a Canadian Living article, what he would tell children about AIDS, he replied: "This disease does not affect the average person on the street" (Armstrong, 1986). Therefore, if the proper "barriers" could be maintained between "average" people on the street (this may be interpreted as "readers of Canadian Living"), and the stigmatized groups (homosexuals and drug users), then the disease might be kept under control.

The one exception to this practice occurred in an Atlantic Insight article (MacPhee, 1985). The author mentioned the term ("it [AIDS] isn't restricted to what are referred to as high risk groups"), but did not fully endorse the implications of its use. Instead of distinguishing "risk groups" from the "general population," MacPhee wrote that AIDS would "likely strike the entire population in larger numbers." While the intent here may be similar to that of discussions of the spread of the virus to the "general population," the resulting meaning and image was different. Instead of claiming that members of "risk groups" were not part of the "general population," MacPhee claimed that they were not

the "entire population." The former usage implies a quasi-moral distinction, the latter only a quantitative distinction.

There was also a recognition that the division of the population into "risk groups" as opposed to the "general public" was unwise. As a Canadian Living article noted, in relation to AIDS education in the schools:

if they [students] deal with AIDS as something that happens only to another group -- such as the homosexual community -- they are less likely to recognize it as a threat to themselves (Armsrong, 1987).

It was understandable that there was a problem getting students to see AIDS as a personal issue, especially when such divisions of the social world had been protected.

One unusual usage of the concept of "risk groups" appeared in the Equinox article by Adrian Forsyth (1987). In line with the ecological focus of the article, he tended to use the term "disease reservoir" rather than "risk group." One significant drawback of the term was that it connoted visual images of a stagnant pool of infection, rather than a vulnerability to infection. While this confusion (between "being at risk" and "posing a risk to others") had been a constant problem with the use of "risk group," there was always the opportunity for both interpretations. "Disease reservoir" was not so semantically democratic. Forsyth noted that, in North America, the "HIV reservoir" was populated by people from the "well-defined risk groups:" homosexual males, prostitutes and intravenous drug users.³⁵⁵

³⁵⁵ One problem with the quick listing of "risk groups" was that it was imputed that the mode of transmission of the virus related to the category in which a PWA was placed. For example, some homosexual males were also prostitutes and some prostitutes also used intravenous drugs. This was partly the basis for the widely-disseminated confusion about prostitutes as being a "risk group." The prostitutes who were HIV-positive were usually intravenous drug users as well. The rate of HIV-

This article also illustrated the inability to accept the fact that "risk groups" might change both over time and in different locations. For example, Forsyth noted that heterosexuals constituted a category of "nonrisk cases" which was growing. And a US Army official was quoted as saying that: "In Central Africa and Haiti, nonrisk groups account for the majority of AIDS cases." How the majority of PWAs in an area could be "nonrisk" strains the intellect. In the least, it showed an amazingly powerful ethnocentrism which accepted only US epidemiological categories as being valid. But it also illustrated the relationship between "risk groups" and early social constructions of the disease. Even when medical categories showed signs of changing, the old social significations were maintained.

The link between homosexuality and AIDS was strengthened by the assertion that gays were at highest risk of contracting AIDS. This was due to:

a life style that often involves random sex with multiple partners.... Homosexuals also commonly practice anal intercourse (Chatelaine, Cameron, 1986).

The problem, then, was two-fold: promiscuity and the nature of gay sexual practices themselves. The word "promiscuity" was not used in this article, but Cameron did caution against "casual sex." For example, "casual sex is a thing of the past" and "casual sex is taboo." Promiscuity implied both a "casual" or "random" nature, as well as a particular quantity of contacts.

Another Chatelaine article (based on a book called Goodbye, I Love You) related to the

seropositivity among non-drug-using prostitutes and non-drug-using, sexually-active women was very similar. This suggested that it was the intravenous drug use which was the important variable.

"risk" that came from homosexuality itself (Carol Lynn Pearson, 1987). A highlighted "subtitle" summarized the story:

When Carol Lynn Pearson learned that her husband, Gerald, was gay, their marriage ended. But her love for him did not. And when he fell victim to AIDS, she brought him home to die.³⁵⁶

The reference to AIDS was very short, but it provided the major "hook" for the story. The husband (and, reputedly, good father of four) was found to be gay, he left home, and then came back with AIDS. His fatal flaw was as much his sexual orientation as his contraction of HIV. The two were linked in the story.

In a Canadian Living article, a doctor, trying to reassure readers about HIV transmission, made frequent reference to "homosexuals" as a risk group:

To say that you can get AIDS from a toilet seat, from a swimming pool or from food prepared by a homosexual is promoting hysteria.... The virus is transmitted in two basic ways. Being friends with or working with a homosexual isn't one of them (Armstrong, 1986).

While these statements denied the possibility of casual transmission of HIV, they also reaffirmed the legitimacy of using "homosexuals" as a "risk group."

Not only was the link between gay men and AIDS maintained, but the former were sometimes blamed for the origin of the disease. In a Toronto Life article, Roberts (1987) argued that AIDS (at least the North American version) may have "originated" in gay

³⁵⁶ Actually, she had known that he was gay even before they were married, and when she later realized that he was still attracted to men, they still tried to maintain their marriage for some time. By ignoring these facts, the summary reinforced the position that the recognition of homosexuality immediately and necessarily ended the marriage. One of the buried sub-texts of this article was the foolishness of people believing that marriage can somehow rearrange people's sexual orientation. A bishop who Gerald consulted was cited as advising that "if I [Gerald] have a woman I really love, everything will be okay [Gerald would be straight]."

bathhouses.³⁵⁷ He wrote: "if it [AIDS] erupted anywhere in North America, it was in the gay bathhouses such as The Barracks on Toronto's Widmer Street." (Not only did he locate a source within bathhouses, but within specific businesses, giving the piece a local touch.) Thus, while the article still supported Africa as the site of the original genesis of HIV, without gay bathhouses, the virus would not have taken hold in North America.

Two reasons were given for the bathhouses as the source of contagion. First,

If AIDS originated in the Third World squalor of Haiti and Africa, hatched in the filth, so the bathhouses created a sexual Third World where lack of hygiene provided similarly conducive conditions for all kinds of eager bugs, bugs that helped weaken immune systems and paved the way for AIDS.

The use of the term "bugs" was unusual, especially since elsewhere the article referred to HIV as a "virus." The term "bug" could be used to refer to a virus. In daily discourse, people may speak of having "that flu bug going around." However, it could also refer to "bug" in the sense of a living, crawling being that multiplies in unhealthy conditions and helps to spread diseases. In addition, these "bugs" are said to have helped to "pave the way" for AIDS. Thus, the virus that came to North America was abetted by these unsanitary conditions, and the "bugs," to become what was known in North America as AIDS. So the bathhouses represented, in this article, an important link in the story of the development of AIDS.

The second reason for the danger of the bathhouses was the "promiscuity" which

³⁵⁷ Note that this was very different from claiming that sexual intercourse in bathhouses was involved in spreading the virus.

occurred there. Roberts quoted a man who claimed to have had, on an average night, 30 to 40 different contacts. This, Roberts noted, "was typical." "For Ken and thousands like him, an annual count of 1,500 sex partners was not abnormal." This would mean an average of four different sexual partners every day. In this section, the article took the stated experience of one man and generalized that it was typical of all gay men.

One obvious (and expected) result of this linkage was a "blaming" of the gay community for "unleashing" AIDS unto an unsuspecting continent. In his Saturday Night article, Bliss (1988) described how homosexuality and promiscuous heterosexuality represented a human transgression of natural laws (called both "fundmental rules of hygiene"³⁵⁸ and "common sense"). San Francisco was singled out as the location of bathhouses which became "centres of anonymous, wildly promiscuous, and utterly uninhibited carnality."³⁵⁹ The argument was that AIDS developed in this environment, and then was spread from this group to the rest of society.

In Teen Generation, Coker (1987) presented the story of a teenager with hemophilia, and the response of his friends and neighbours. In the article, the narrator asked his father, who was giving him advice about AIDS: "'But what about drug users, prostitutes and gay men?' I asked. 'They seem beyond anybody's control, don't they?'"

And, in a Canada and the World (1985) article on AIDS, one of the suggested questions

³⁵⁸ One of these "fundamental rules" was stated as "don't get involved with people who might give you a nasty disease." But, how are people to make such a judgement? Bliss comments that disease has always "festered" in the slums. This would suggest that the social or class position of potential partners should be a consideration.

³⁵⁹ It was no surprise that Bliss cited Randy Shilts' book And the Band Played On as being "essential and gripping." The construction of pre-AIDS San Francisco was very reminiscent of that of Shilts.

for discussion reinforced this perceived "deviance" of some PWAs:

Some religious fundamentalists have said that AIDS is God's punishment for what they call the "sin of homosexuality." Discuss this view.

By including this question, the text legitimated the fundamentalist view as being worthy of discussion -- as being one of the possible explanations for this mysterious "killer disease." Nothing in the text explicitly rejected this position.

However, mainstream magazines were not without some critique of this scapegoating of gays. In an Atlantic Insight article (mentioned above), MacPhee (1985) stated that:

AIDS had arrived, bringing with it all the fear, misinformation, and homophobia that had characterized its arrival everywhere else.

MacPhee appeared to be sensitive to the ways in which AIDS had been used to serve other agendas. Reactions to AIDS, according to MacPhee, had been neither "logical" nor "rational." In fact, just the inclusion of the word "homophobia" in a news item from 1985 set this report apart from others. In addition, she used the term "gay," rather than the more common "homosexual," and even referred to "straights," a most unusual occurrence in the mainstream media.

And, in a Toronto Life article, Hannon (1988) defended gay sexual practice. The argument of the article was that a community cannot grieve without also rejoicing, and part of the gay community's expression of joy included "promiscuity." It was this very "promiscuity" -- this ability to talk about sex in explicit and concrete terms, as well as to practice sex in a multiplicity of forms -- which Hannon claimed would "save" the gay community: "Gay men have a language for talking about sex. It's what is obscene about

the way we talk that will save our lives." Instead of bathhouses being a "sexual Third World," Hannon proclaimed them to be a source of devotion in the gay community -- as places where new (and safer) sexual practices developed and spread.³⁶⁰

Along with the stigmatization of gays there was a presentation of (monogamous) heterosexuality as both "normal" and "safe." For example, Mallovy (1986) wrote in Homemaker's Magazine of the "protection" of a traditional heterosexual lifestyle: "if you are heterosexual, and not promiscuous, your chances of getting the disease are slim." However, this comfort was not universally shared. As early as 1985, a Canada and the World article stated: "No one can feel safe any more.... AIDS has begun to invade the heterosexual community (those carrying on normal male-female relationships)."³⁶¹ And, in the only article on AIDS to appear in the fashion magazine Flare, McGee (1989) stated that, since the spread of AIDS outside of the gay community, sexually-active heterosexuals "must walk the fine line between paranoia and naïveté." This assumed a very small space for safer sex in the middle.

Thus, important elements of the mainstream magazine characterization of PWAs included an emphasis on their role as "carriers," a strong link between PWAs and homosexuality, and the construction of them as belonging to "risk groups" which were socially and behaviourally set apart from the "general population." Over time, this latter

³⁶⁰ This article contrasted starkly with the Toronto Life piece by Roberts (1987). Both articles referred to the "promiscuity" in the gay community, yet their opinions on the effects of this could hardly have been more at odds. The two articles, taken together, represent an illustration of the diversity of messages which can sometimes occur within a single media outlet.

³⁶¹ Here not only was the existence of a "barrier" between homosexuals and the "general population" maintained, but one side was recognized as "normal."

construction eroded, as it became increasingly obvious that "non-risk" people were contracting HIV. Nevertheless, the link with homosexuality remained, and the fear of "carriers" increased.

Solutions

While a scientific medical solution was still privileged in some articles from mainstream magazines, it was not as prominent as in the official discourse, or even in other segments of the mainstream media discourse (e.g., newspapers and newsmagazines). Medical authorities were certainly used to provide evidence in articles. For example, two of the Reader's Digest articles used medical sources exclusively (Pekkanen and Naccache, 1987; Spurgeon, 1989); Canadian Living published interviews with doctors as their first two articles on AIDS; and Chatelaine printed a "debate" between two medical experts on the transmission of HIV in a hospital setting. However, the eventual "medical solution" was usually only a subtext in the articles. It was assumed that the chronology of AIDS (like other diseases) would necessarily involve a successful medical intervention at some future point. But this solution was not presently the most important option. Rather, the articles (when they did discuss solutions) referred to education, testing, safer sex and the ways in which the "general population" could be protected from "carriers."

The nature of the solutions offered in articles depended on whether or not the possibility of casual transmission was accepted. If it was accepted, the solutions were more restrictive. Some articles very clearly rejected the chances of HIV transmission as a result

of casual contact. For example, Mallovy (1986), in Homemaker's Magazine emphasized that, not only was the virus not contagious, any actions which discriminated against and isolated PWAs were unwarranted by the medical evidence. Cameron (1986), in a Chatelaine piece, called HIV "a weak virus outside the body" and thus not prone to transmission. Also in Chatelaine (and also in 1986), Phillips stressed the importance of reassuring children that they were not at risk of getting AIDS through casual contact, in spite of the scary newspaper headlines that they may have read.

In other cases, an article might initially reject casual transmission, but then provide examples which supported the possibility (theoretical or actual) of casual transmission. In a Canadian Living interview with Dr. Chris Tsoukas (Armstrong, 1986), the possibility of casual transmission was discounted. Nevertheless, some of the questions suggested otherwise. The following exchange illustrates this:

Canadian Living: What about sharing food -- for instance, dipping chips or raw vegetables into dip -- with people who may have the virus?

Dr. Tsoukas: It's highly unlikely that the virus can be passed by sharing food, but it can't be ruled out.

An innocuous social situation was introduced as a possible source of HIV transmission, and Tsoukas gave a weak answer (especially in light of the nature of the question). Thus, in the same text as the difficulty of transmission was emphasized, the possibility for casual transmission was left open. In addition, other possible sites for casual transmission were discussed, including contact lens solution, swimming pools, doorknobs and via mosquitos.

Given the lack of a medical solution, many articles supported education or prevention

as important options. Allen (1987A), in Canada and the World, noted that few solutions would be immediately forthcoming. Thus, "education, common sense, and an individual's regard for personal responsibility are our best weapons." While "personal responsibility" might refer to sexual activity, it was not clear what was meant by "common sense."³⁶² And, in an Atlantic Insight article, MacPhee (1985) argued that education about the virus was an important element in the solution to the crisis -- not only to help people to avoid contracting HIV but also to fight the prejudice that the disease had engendered.

As a result of this emphasis on education, many of the magazine articles focussed on lifestyle issues and strategies for avoiding HIV. In so doing, the articles also constructed particular representations of sexuality and hygiene. By the late 1980s, the magazine coverage of AIDS was beginning to present sex itself as the problem, rather than HIV.

The introduction to a Canadian Living article stated:

Sex and disease. There's no denying that with the advent of AIDS... we have been forced, more than ever, to acknowledge the connection between the two (Bird, 1988).

Here the connection between sex and disease was strengthened, almost to the extent where the physical danger was sex itself, and not the diseases which could be transmitted through intimate contact. In this case, AIDS provided the most powerful metaphor for the dangers of sexual contact. Likewise, a cover story in Toronto Life was titled "Sex and Death: Men, Women and AIDS in Toronto" (Roberts, 1987).

As early as 1986, a Reader's Digest article noted that the major risk for AIDS was sex

³⁶² Barthes claimed that "common sense" was a myth construct. "The foundation of the bourgeois statement of fact is common sense, that is, truth when it stops on the arbitrary order of him who speaks it" (Barthes, 1973: 155).

(Tanne, 1986). No distinction was made between protected and unprotected sex nor was there much discussion of different types of sexual activity. The article did state that certain sexual activities were not risky, such as dry kissing and hugging.³⁶³ But, it continued:

Some other kinds of sexual activity fall into the very risky category, but these might best be discussed with your doctor.

These activities appeared to be so risky that they could not even be named, but their discussion required a visit to the medical authorities. In terms of specifying "risky" sex, the article did not go beyond warning against "casual" sex. A doctor was quoted as saying: "If you're a woman, remember: no casual sex ever again." But "casual sex" was not defined. (And why should such advice be limited to women?) The article ended with another doctor quoted as saying: "This is a great time to practice sexual monogamy."³⁶⁴

An article in Teen Generation also provided a subtle anti-sex message in the information presented: "sexual activity is potentially risky, unless it is a long-term, single partner relationship" (Coker, 1987). However, there was still the expectation that young people would be subject to many pressures to have sex.

Make love not sex is the new slogan -- as sex becomes a riskier business -- people are waiting, and attempting to be sure. People won't stop kissing or falling in love, but being aware of the risks and weighing them is smart self-protection.

³⁶³ Wet kissing was said to pose some risk, as HIV could be present in saliva.

³⁶⁴ A later article reinforced this emphasis on the quantity of sex, rather than the nature of the sex: "The highest risk groups for sexual transmission are clearly those men and women who have many sexual partners" (Reader's Digest, 1987: 67).

(Did this mean that kissing or falling in love were to be included as risks?) The message, then, for young Canadians was that sex was an almost-inevitable, but risky, activity.

In a Toronto Life article, Roberts (1987) provided an anti-sex message for adults. The theme of his article was that "the party is over."³⁶⁵ Society had had its period of sexual freedom, and now the fruits of promiscuity were ripening. For a secular discourse, the message of this article was surprisingly moralistic -- that AIDS was a "response" to human sinfulness. A response which must be heeded.

Those who have AIDS, or are close to it, may have learned their lesson. But out there, in Toronto's night, are an estimated 10,000 unsuspecting carriers, many of them still engaged in sexual activity on the grand scale, with all its resonance of insomniac frenzy, of promiscuous performance only a step away from sexual Stakhanovism and the obsessions of an anxious and overheated world.

The late-night radio preachers would be proud, although the reference to Alexei Stakhanov would probably confuse both them and their listeners.

A year later, in Saturday Night, Bliss (1988) referred to "the twentieth century's shallow obsession with sexual freedom" which had "created ideal incubating conditions for a deadly virus." The implication of the article was that sexual freedom was the underlying problem, and AIDS was only a symptom. Bliss wrote:

AIDS is not God's judgement on homosexuals, but it is a reckoning with our frail bodies and a terrible comment on our era's innocent, utopian belief in the limitlessness of freedom. Do whatever you want with anyone you can find -- and you expose yourself to a hideous virus. Then you

³⁶⁵ This position was rebuffed in a later article in Toronto Life written by Gerald Hannon (1988). The article was titled "Gay After AIDS, and subtitled "A personal exploration of a community united by tragedy. A personal celebration of the culture of promiscuity " At one point in the article, Hannon stated: "The party, in fact, isn't over."

spread it, unwittingly, to haemophiliacs, the unborn, anyone who shares your blood. So much for the promise of freedom.³⁶⁶

Referring to his estimate that 30,000 Canadians would die from AIDS, Bliss philosophized: "What a macabre price we pay for having thought the laws of hygiene had been repealed."

Thus, one recurring theme of the media "education" regarding prevention was the danger of sex and the importance of sexual restraint. In an article on AIDS, Verve (1987) listed preferred methods of protection. The top marks went to celibacy. "The next best thing," stated the article "is common-sense sex with someone you know and trust." The article did not specify what was meant by "common-sense sex."

Canadian Living (Armstrong, 1987) also provided a list of four steps to take to practice safer sex: (i) monogamy ("the best alternative"); (ii) limit the number of sexual partners (what was done with each partner was not specified as being important); (iii) take precautions, such as the use of condoms; (iv) avoid risky activities (anal sex was singled out as very dangerous). The steps were listed in that order. The order did not necessarily imply efficacy of protection, as monogamy with an infected partner was more dangerous than having safer sex with many partners. However, the order did illustrate a moral stance on which sexual behaviours were more acceptable than others. And Roberts (1987) opined in Toronto Life: "The only clear-cut answer to AIDS is celibacy leading to monogamy."

³⁶⁶ The difference between "God's judgement" and nature's revenge (as argued here) was very slight. The latter might only be a secularization of the former.

Thus, while education about sex was considered to be an important area, the various types of sexual intercourse were rarely discussed as having different levels of risk accompanying them. For example, an Atlantic Insight article related the modes of HIV transmission as: "sexual intercourse, blood transfusions or sharing needles with an infected person" (Sullivan, 1987). Sexual intercourse as a whole was presented as dangerous. In fact, the article did not even state "sexual intercourse with an infected person." And Verve (1987A), in discussing how AIDS was no longer "the gay plague," stated that heterosexuals could contract the HIV through "sexual conduct." In this article, the risk was not even limited to intercourse, but was expanded to sexual conduct as well (whatever that was).

In some articles, the risk of sex was constructed as not only from one's immediate partner, but also from all of one's partner's partners. Allen (1987A) wrote in Canada and the World:

As with any sexually transmitted disease, it's not just a question of who your partner is or was. There is concern about who that person had sex with before you... and who those people had sex with... and so on. This kind of expanding network of past contacts is the reason that AIDS is starting to approach epidemic proportions.

This proposition appeared in a variety of texts. The formula served to define almost everyone as "promiscuous," and each sexual contact was theorized as taking place with tens or even hundreds of partners, not just one.³⁶⁷

One of the solutions offered (and one which actually subverted the theory that sex was

³⁶⁷ In addition, it ignored the "breaks" which occurred due to the practice of safer sex. The formula would be valid only if each contact involved unprotected penetrative intercourse.

always risky) involved the adoption of "safer" sex practices. Such practices were usually operationalized as the use of condoms. (Mainstream magazines did not discuss non-penetrative sexual practices.) The third article related to AIDS to appear in Canadian Living (1987) was an unsigned news item about the correct use of condoms, presented as a central aspect of safer sex. While the article could not be considered to be explicit, it nevertheless did discuss a strategy for safer sex, which was probably about as far as Canadian Living could go.

Verve (1987A) advised its female readers to "stock up on condoms" and then learn how to use them properly. The assumption was made that the woman would have to be in charge of safer sex, but it did not discuss strategies for negotiating safer sex with men. The suggestions were more explicit than that of Canadian Living, but they were sometimes inhibited by awkward grammar. For example:

After orgasm, remove the condom quickly before semen escapes. Hold onto the rim as your partner removes the condom from his penis, to avoid spilling any semen.

First, it was the man's orgasm that was being referred to. Secondly, the advice was confusing: what rim did you hold on to? How could the condom be removed if someone was holding the rim? While the advice was more explicit in that it used terms like "condom," "penis" and "semen," it was not particularly precise. As a result, confusion could arise and the advice appeared to be more complex than it really was.³⁶⁸

In 1987, Toronto Life published a satirical piece by Ed Hailwood entitled "Pepys and

³⁶⁸ Patton suggested that safer sex advice could be captured in one line: "don't get semen in the vagina or anus." All other advice was a corollary of this.

the Plague Year" (Hailwood, 1987). It was modelled on the journal of Samuel Pepys, and used the grammar and spelling of 17th century England. However, it was a one-week diary set in the present time, and relating to the impact of a more current "plague" -- AIDS. The article made passing reference to many issues surrounding AIDS -- testing, prevention, safer sex and the apportioning of blame. But its treatment of a safer sex video merits repetition here:

And, whilst a homilie was voiced, urging us all to go and do like-wise, he did apply a boxe of condoms, one by one, much like the Man From Gladde, achieving thereby a layered effect, like toppings on a pizza pie, and hold the anchovies. But piped there up a doxie from beneath the sheetes, saying how even this would not suffice, and she did brandish tinnes of spermicide, as if embarked on search-and-destroy manoeuvres, or mayhap scorched-earth policies. And, when the sheetes were lifted off, the saucy wench did prove to be all shrink-wrapped o'er her private partes, very like a mummie; the which unsettling metaphore, fraught with its oedipal overtones, did further dampen my desires, if such were possible.

In the least, this article recognized that sexual activity was intricately linked with desire, and that safer sex practices were sometimes ignored due to their perceived inhibiting effects on sexual pleasure.

Sometimes, even if safer sex was mentioned, it was considered to be a secondary method of prevention. For example, two of the Chatelaine articles considered condom use as a "fall-back" method of prevention. Cameron (1986) stated: "if you know or suspect that your partner is in a high-risk group, insist on the use of a condom." Thus, in spite of the reported spread of the virus beyond the traditional "risk groups," the advice in the article focussed on determining whether sexual partners were members of risk

groups themselves -- not modifying sexual practices so that precautions were taken at all times. In this construction, knowledge of the partner was the best prevention, with condoms as a second line of defence. In a 1988 article, Chatelaine listed two preventive strategies: either be more selective about sexual partners or use a condom.

However, in a Chatelaine advice column called "Free for the asking, sex counsellor Sue Johanson (1988) encouraged readers to go beyond "getting to know" their partners. She wrote:

since infection [of HIV] largely occurs through unprotected sexual contact -- often with men who appear to be healthy -
- stringent precautions must be taken.

Thus, even if they did not suspect their partner of having HIV, she urged women to insist on the use of condoms during sexual intercourse. She ended the advice with:

Your safest bet is to be involved in a stable monogamous relationship and to practise safer sex. If you have any doubts, I recommend that you abstain from intimate sexual contact.

This differed from the usual assumption that monogamy was a substitute for safer sex.³⁶⁹ (A more common litany of protection was, in order of preference: abstinence, monogamy, safer sex.) McGee (1989), in Flare, concurred with this advice. She cited US AIDS researcher Mathilde Krim as saying: "They're [young women] very wrong in trusting their ability to guess a partner's status of being infected or not."

In a Canada and the World article titled "The Challenges of AIDS," M. Allen (1987B)

³⁶⁹ A survey of 1300 Canadian women, published in March 1988 (Chatelaine, 1988) found that only two percent of married women had made any changes to their sexual practices since AIDS. This was understandable, especially given the prominent advice that an important strategy of prevention was to "be selective" about your sexual partners. Marriage was, after all, one of the most formalized methods of selecting sexual partners.

suggested that "thus far three strategies have been put forward -- education, testing, and quarantine." All of these "solutions" focussed on individual adjustments, rather than on the causative agent itself. More importantly, Allen linked these three strategies, and treated them as roughly equal in terms of legitimacy.

Allen stated that few people were opposed to testing. However, the debate was over whether it should be mandatory or voluntary. The argument for mandatory testing stated that it was the only way to determine the extent of HIV in Canada. However, it would raise the difficult issue of who to test. Should it be limited to the "high-risk groups?" If so, that would further reinforce the notion that the disease was "limited" to certain groups.

A Chatelaine "Debate" about AIDS in the operating room also addressed the issue of testing. The specific question being debated was "Should patients be tested to protect surgeons?" Arguing the "con" position was Dr. Catherine Hankins, director of an STD Control Program in Montreal (Hankins, 1988). She argued that such a practice would: (i) create a false sense of security among workers, as the test was not always accurate; (ii) lead to more breaches of confidentiality, as results would continue to be leaked to others; and (iii) undermine the need to follow safety measures at all times with all patients in order to prevent the spread of diseases (including AIDS).

An orthopedic surgeon, Dr. Gerard Ponsford, argued the "pro" side (Ponsford, 1988). He lamented his inability to screen patients before surgery, due to the law requiring informed and written consent for all HIV tests. He called this law "a formidable barrier between doctors and their ability to identify AIDS-infected people." Thus, doctors were

being "forced" to operate on "unidentified carriers" of HIV (which the doctor estimated at 30,000 - 50,000 in Canada).

Ponsford regretted the need to counsel the patient before taking HIV tests. He wrote: "Unless the patient is a flagrant drag queen, it's difficult for the doctor to broach this subject without causing offence." (Maybe "flagrant drag queens" would be offended by the assumption here that they were likely to be HIV-positive?)

The argument constructed here seemed to be that the surgeons' "right to protect" themselves was being opposed by the seropositives' "right to infect" others. It was as if HIV-positive people wanted to infect others and were using the laws to ensure that they could. Ponsford ended his argument with:

unknown infected patients currently have uncontrolled freedom to infect others.... Those of us who are H.I.V.-negative... should be given every opportunity to stay that way.

Certainly the vision of PWAs or PWHIVs in the argument was not particularly sympathetic. To refer to a "freedom to infect others" implied an intention, maybe even a desire, to do so.

One implicit question remained: "what was to be done with those who test positive?" This lead to the possibility of quarantine. No article explicitly supported this measure, but some considered it to be a legitimate option. Allen (1987B) included it as one strategy for dealing with AIDS, but argued that the suspension of basic human rights of those who would be quarantined, in addition to the massive organizational dilemma, made quarantine unworkable. Bliss (1988) argued that some form of social regulation was necessary to limit HIV. He asked rhetorical questions about the need for quarantine or

compulsory testing and reporting, but did not discuss whether such measures would in any way slow the spread of HIV. And Forsyth (1987) commented:

it is curious that health officials still allow pockets of infectious disease to thrive. Concentrations of infected people act as reservoirs of parasites that can spill over to infect new victims.

In the article, an obvious (but still implicit) solution for HIV was that some form of quarantine might be necessary. But "quarantine" implied social control. It was much less political to refer to "eradicating disease reservoirs."³⁷⁰

Finally, within mainstream Canadian magazines, there was an acceptance of the intervention of the legal discourse. It was recognized that AIDS had introduced some problems which only the courts and the police could efficiently solve. For example, in a "Free for the asking" column in Chatelaine, Linda Silver Dranoff (a lawyer) answered the question: "If a woman discovers that she has become infected with AIDS through a sexual partner, can she take any legal action against him?" (Dranoff, 1987). While there had not been any actual cases of this nature in Canada, Dranoff suggested that two legal options already existed. However, the advice sidestepped the larger issue that people should engage in safer sex as a matter of course. Lawsuits, begun after the fact and with the purpose of recovering compensation, were of questionable value.³⁷¹

More often, the intervention of the legal discourse was seen as a legitimate way of

³⁷⁰ Forsyth did recognize that forced quarantine only served to drive HIV-positive people underground. So the reader was left with a quandry -- how to eliminate disease reservoirs without adverse reactions.

³⁷¹ It is interesting to note that the state has been more likely to take HIV-positive people to court for such charges than sexual partners have been. For example, in the case of Scott Wentzell, it was the Crown that charged him and not his sexual partners who could have been infected.

controlling "carriers." There was a stated need for a shift to more concern over protecting the public, rather than protecting PWAs. Roberts (1987) wrote in Toronto Life:

There's been enough concern over human rights like confidentiality and job protection -- the real issue is surely to protect potential victims, not just protect actual victims' rights.

There was a veiled threat in the text, that if the public was not adequately "protected," then there would be an even stronger backlash against PWAs. Either the public's fear and anxiety were recognized and concretely appeased, or PWAs would be increasingly ostracized.

In sum, magazines were less likely than newspapers and newsmagazines to privilege science as the only solution for AIDS. While a medical therapy was expected, magazines were more likely to focus on currently-available solutions. At the same time, the solutions often involved either a form of avoidance (or isolation) of the members of "risk groups" or an intervention of the legal discourse in order to "protect" the public. This latter approach became even more prominent by the end of the 1980s.

Conclusions

In way of conclusion, this section is divided into two parts. First, some specific comments about the assorted mainstream magazines analyzed above.³⁷² This discussion

³⁷² Comments regarding Maclean's and Alberta Report appear earlier in this chapter.

notes the differences within the discourse -- the range of positions which are taken. The last part of the section makes some general conclusions about the mainstream discourse as a whole. Thus, it affirms that there are limits to the ways in which AIDS and PWAs were treated in the mainstream media discourse. These limits are even more clearly seen in chapter 12, when all three discourses used in the study are compared.

Unlike newsmagazines and newspapers, magazine coverage tended to be most prevalent between 1985 and 1988, with 1987 as a high point in coverage. Thus, the changes over time are not as obvious, as individual outlets did not cover the issue in any systematic manner. Nevertheless, different sources attempted to present information from their own particular focus. For example, Equinox presented an ecological view, Chatelaine and Verve focussed on working women and Canadian Living included information on the effect of AIDS on families.

There was more variability in magazine coverage than in newspaper coverage, especially event-driven newspaper coverage. In the latter case, journalists worked according to the "5 W's" -- who, where, what, when, why. However, whenever material was presented as a feature report, there was a chance for the introduction of extra-contextual information which was used to interpret the virus.

The conservative stand of Canadian Living was expected to affect the information on AIDS. In the least, it was expected to privilege solutions which reaffirmed the traditional family. However, some of the information was surprisingly progressive (for example, the article on condom use). In addition, there was a general improvement (over time) in the quality of information which the magazine published. In the early coverage, there were

some inconsistencies, such as the treatment of the theoretical possibilities of casual transmission. But there was a general shift to a more progressive position on AIDS, including a lack of stigmatization of PWAs, information on condom use and a critique of the fear of AIDS. In the midst of this, the magazine maintained a focus on "family" issues, such as how to tell children about AIDS and how to identify domestic situations which might transmit HIV.

Homemaker's Magazine, one would expect, would also provide a traditional presentation of AIDS as a threat to the family and the traditional way of life. However, the article emphasized compassion for PWAs and actually called for an end to discrimination against PWAs. Like Canadian Living, this magazine showed a surprising ability to avoid the temptation to moralize.

Reader's Digest was more likely to reproduce the opinion of medical experts and officials. The medical context showed through explicitly, with little direct information for individuals, other than to consult their doctors.

It was also likely to elevate the moral message of AIDS. This might be part of its general tendency to publish stories of people who take events to be messages, or reasons, for re-evaluating their lives. The magazine is littered with a panoply of heroes who are challenged by debilitating disease, people who turn their lives around after critical accidents, ordinary folk who find a well of extraordinary strength and courage in the face of adversity. Likewise, the treatment of AIDS reflected this. For example, the experience of "innocent victims" was lamented, and one was the focus of a condensed book, "Go Toward the Light."

Saturday Night's coverage promoted plenty of fear, misconstructions and stigmatizing, contrary to what one might expect from one of Canada's premier magazines. The articles (especially Bliss) were surprisingly moralistic, and generally represented a shallow and uncritical reproduction of the discourse of fear and danger. AIDS was taken as a symptom of social malaise, of some fundamental flaw in the current social fabric. In short, AIDS was presented as a fetching metaphor for the times.

In many ways, Canadian Living and Saturday Night, for example, ended up opposite of what was originally theorized. It was expected that the latter, as a cosmopolitan and erudite publication, would provide a cogent critique of the treatment of AIDS while the former (an explicit supporter of traditional family values) would moralize on AIDS and stigmatize PWAs. But the opposite was the case. This illustrated that one cannot impute specific messages from ownership, perceived audience or stereotypical content.

Chatelaine presented a wide variety of information. There was a tendency to use recognized experts (lawyers, doctors, social workers). Despite its target audience ("women in transition"), the assumptions of the magazine were still fairly traditional. (For example, that one could screen sexual partners successfully.) The importance of family was upheld, at the same time as the need to make one's own decisions.

Verve provided an attempt at education, but it was not particularly successful. Imprecise terms like "sexual conduct" or "common-sense sex" were used. But at the same time, it was the most explicit of the mainstream "women's" magazines, using terms like "penis," "orgasm" and "sperm."

Flare was very slow to cover AIDS, publishing only one article in 1989. It is possible

that the magazine believed its audience was not affected by AIDS, and therefore not interested in it. When the magazine did cover AIDS, it was in the form of an interview with a US expert.

Toronto Life illustrated the variety of messages which can exist in the same media source. The articles by Roberts (1987) and Hannon (1988) were essentially opposite voices on AIDS, with the former lamenting the transgression of moral boundaries and the latter celebrating the very same "liberation." In Roberts, there was a strong message of fear and of the culpability of certain PWAs (and the gay community in general). There was a tendency in this magazine toward sensationalization; toward the expression of strong opinions. The two major articles either presented a moralistic anti-sex message or an overly-naive pro-sex position. The middle ground was absent in Toronto Life's AIDS coverage.

The article in Atlantic Insight (MacPhee, 1985) provided an example of how reporters who were sensitive to the effects of language use could write articles which both provided accurate information and refrained from stereotyping PWAs. In this case, the context of media production practices was transcended. The article was all the more astounding, given its publication date.

Canada and the World, as an educational magazine, still left many questions unanswered. It also left open a number of unfortunate interpretations, such as the possibility of casual transmission and the use of quarantine as a "solution." Teen Generation referred to the protection of a heterosexual monogamous lifestyle. There was an assumption that its readers were not gay, and that readers currently knew for certain

their own sexual orientation. Both magazines were geared toward a younger audience than the other publications in the sample. However, their messages were not significantly different from those of other magazines.

Equinox, a magazine devoted to explaining the natural and social world, de-emphasized humans in its major article on AIDS. As a result, it presented HIV as the actor. This affected the nature of the solutions discussed, which tended to be reactive. HIV was a challenge on a global scale, and it was virtually unaffected by changes on the individual level. The notion of "carriers," expressed as "disease reservoirs," was used glibly, without comment on its negative connotations.

That ends the brief summary of the differences in AIDS coverage by source. What follows are general comments on the coverage of AIDS in the mainstream discourse as a whole. Several of these points were more fully treated in the previous two chapters.

First, there seemed to be some discrepancy regarding both dates and estimates. These errors put other "facts" that were presented into suspicion. The year when AIDS was first diagnosed was reported as either 1978 (Globe and Mail; Ottawa Citizen) or 1979 (Canadian Living; Canada and the World; Maclean's). But AIDS was neither diagnosed nor reported in 1979. The name itself only came into usage in 1982. Also, estimates varied as to how many people were HIV-positive. Figures ranged from 24,000 (Cameron, 1986; Chatelaine) to 75,000 (M. Allen, 1987A; Canada and the World).³⁷³

³⁷³ Sometimes, given the information in an article, the estimates were obviously incorrect. For example, a Toronto Star article from 1983 noted that there were 13 PWAs in Toronto, and the number of total cases was doubling every six months. However, the article stated that, at that rate of growth, within four years there would be "in excess of 2,000 cases in Toronto alone" (cited in Tesher, 1983). The actual figure would be 1,664.

There was a widespread reliance upon US data in the mainstream discourse, even when Canadian data was available. Allen (1987A) in Canada and the World, gave an epidemiological breakdown of PWAs in the United States, but did not provide the same data for Canada. (This was especially ironic, given the title and readership of the magazine.) Since the breakdown was significantly different in the two countries, the use of US data distorted the readers' perceptions of the Canadian situation.

Another example of this was the compounding of figures for both countries. In a Maclean's story, Barber (1985) reported that 6,000 people in Canada and the United States had died from AIDS. While not recognized in the text, less than 200 of this number were from Canada. By putting the statistics from the two countries together, a much more dramatic scenario could be developed. In a 1986 story, Maclean's repeated this practice. Steacy (1986) stated that there had been 20,500 "AIDS victims" in the United States and Canada. However, only 582 of this number were from Canada.

Some articles struggled with the question of how to contextualize the disease. As the conclusion to the last chapter argued, when the media attempted to provide some "background" to stories, they also tended to reproduce particular discourses of knowledge. Some publications stressed that it was an STD (sexually-transmitted disease), and discussed it in that context. As a result, all of the moral baggage that attended STDs was put onto AIDS as well. (Given the nature of the transmission routes of the virus and the social position of PWAs, such stigmatization was almost assured.) On the other hand, putting AIDS in a category with other STDs helped to explain the disease in relation to something that was already known, rather than something new and mysterious.

Another way in which AIDS was set into a medical context was the suggestion that it was a descendent of the bubonic plague, or closely linked to cholera or polio. However, these comparisons did not argue for a viral similarity between AIDS and the other diseases, but rather a similarity in terms of the social and governmental response. This comparison then added to the sense of impending panic surrounding AIDS.

In relation to PWAs, there was a trend toward an increasing concern over the dangers of "carriers." This began to be evident after the development of the HIV antibody test, when the infected could be empirically validated. And after the extensive coverage of Donna Jean Newman, Scott Wentzell and Patient Zero the cultivation of fear was well underway. However, it was only certain PWAs who were feared. There was no a concern over HIV transmission by hemophiliacs, nor were they referred to as "carriers" (even though their medical status was the same as that of gay PWAs). Apparently, it was assumed that hemophiliacs were more "responsible" than gays. The latter were constructed as being deviant and untrustworthy.

There was a stress to keep this link between AIDS and homosexuals alive, even after a recognition that the term "gay plague" was inappropriate. Sometimes this was illustrated by the laboured inclusion of the number of PWAs who were gay men. A Maclean's article noted that there were 944 PWAs in Canada, then in parentheses, stated that this included 778 homosexuals (Barber, 1987). Within the context of the article, this parenthetical information was in no way necessary or even relevant to the story. Its inclusion, however, reminded the reader of a connection which was not allowed to be forgotten.

In an article from Alberta Report (Cohen, 1985), a table was used to provide the statistic: on the number of AIDS cases in Canada, the United States and Alberta. Along with the total number of cases to date and the number of deaths, the table included the "% Homosexual (of total cases)." Thus, sexual orientation was deemed to be an important category. (This related to an "orientation," and not directly to a mode of transmission.)

This link was often stigmatized as well. An Alberta Report story on the AIDS educational efforts of several church schools, referred to "the hideous facts of the AIDS epidemic, including its present homosexual involvement" (Slobodian, 1987). Thus, by implication, homosexuality was considered to be a "hideous fact." There was a tendency toward privileging individual deviance over structural deviance. This was well-illustrated in the coverage of the Patient Zero story. While the source for this myth contained a strong indictment of official and medical incompetence (and even criminal negligence), the most-quoted aspect of the book related to an individual who allegedly infected a continent. Likewise, the story of Newman focussed on individual deviance and the danger of certain prostitutes, rather than on institutional breaches of confidentiality or the failure of the social system to provide assistance to her.

One effect of this coverage of PWAs was the "discovery" and discussion of the homosexual body -- individual, corporate and political. What used to be a silence in the mainstream discourse (the love that dare not be spoken) came into the full light of media scrutiny. Tuer wrote: "In the age of AIDS, however, the homosexual body is no longer an absent body but a front-page headline" (Tuer, 1989: 24). This, in spite of the

drawback that the homosexual body was seen as diseased, if not at present then at least containing the potential for disease.³⁷⁴ The homosexual body became "a conduit for the discourses that penetrate and surround it" (Tuer, 1989: 24).

The homosexual body, in some parts of this discourse, was constructed as inherently faulty. For example, when scientists speculated on the genetic or hormonal bases for predilection for AIDS. Or, that homosexual practice invariably led to disease; thus, it was unnatural. In a Toronto Star article entitled "New U.S. study pinpoints homosexual-AIDS link," it was stated that "even in men without symptoms of disease, anal intercourse is associated with abnormalities of the immune system." Thus, the study argued that these men had immune responses to the sperm of other men. It supported the theory that sperm entering into an anus affected the body differently than sperm entering a vagina (Toronto Star, 1984B). This attempted to mark homosexual bodies as both deviant and deficient.

In some branches of postmodernism, there is an insistence that the body has disappeared. It has been packaged by the media, split by foundational schisms such as gender, hailed by sundry ideologies and situated by and within numerous discourses. After AIDS, some cultural workers have argued that the body again needs to be re-presented within art, to be reclaimed from the media's image-heap. The work of some Toronto and New York video artists illustrated this project. "These artists and community activists insist that the pessimism of postmodernism be replaced by a radical explosion of self-determined representation" (Tuer, 1989: 24). Some of the attempts to textually re-

³⁷⁴ Simon Watney (1987) pointed out the use of before-and-after photographs of PWAs in some publications, which were used as a method of illustrating the alleged potential for disease in the homosexual body.

present the homosexual body as loving, creative and worthy of celebration are covered in the following chapter.

Finally, the solutions offered in the mainstream media discourse tended to conform readily to those in the official discourse. The litany of prevention was reproduced, beginning with moral prescription (chastity, monogamy) and working "downward" toward prophylactic measures (condoms, non-penetrative sex). In addition, it was assumed that "final" solutions would come from medical science research, probably in the form of a vaccine or a chemotherapy. Public health measures (such as education) were seen as useful intermediate strategies, but there was a suspicion that people would not change enough to make an important difference. For example, an article in the Toronto Star which noted that gay men in Toronto had "dramatically changed their sexual behaviour" also lamented that some gay men still engaged in receptive anal intercourse (Toughill, 1989A: A6). The change was not considered to be sufficient evidence to provide support for the efficacy of preventive education.

In some texts, AIDS and HIV were presented as "new" phenomena, qualitatively different from anything else known in medical history. This justified the use of "new" measures to control the spread of AIDS. In the early 1980s, it was simply a new virus. (It was a retrovirus which destroyed the immune system before the rest of the body.) But later, its effects were seen as being without precedent: its chilling effect on sex, its tendency to attack young people, the way in which it called into question previous social arrangements whereby the infected remained a part of society. It was this possibility that AIDS represented a break with the past that became a focus of reportage, especially in

the two newsmagazines. This was the basis for the "moral panic."

There was also an acceptance that, since AIDS was so threatening (and qualitatively different from other diseases), there may be a need for some suspension of civil rights. The introduction of the legal and coercive police discourse was accepted as proper and necessary.

Over time, as it became obvious that a medical cure was not immanent, more emphasis was placed on the issues of casual transmission, the comportment of PWAs, the rights of the uninfected and the need to balance public safety against individual freedom. While the "facts" about AIDS had not changed, the "angles" of the stories had been altered. There was more consideration of the social response to AIDS.

This shift was more evident in Alberta Report than in Maclean's. In addition, the feature articles from the miscellaneous magazines focussed on sociological concerns, rather than medical or epidemiological issues. This re-defined the significance of HIV so that it was seen as a social threat, in addition to being a medical crisis and a scientific challenge. While a medical solution was still privileged, there was less faith that this would be available in the near future. In the meantime, there may be a need for some social re-adjustment, which might include forms of regulation.

Finally, the authorship of articles warrants consideration. Certain magazines, such as Canadian Living and Chatelaine, tended to use authors of the same gender as their expected audience. But in the case of general interest periodicals, the gender breakdown of authors was quite significant. While most authors were women, men generally dominated in terms of major scientific or medical stories.

And, taking the four newspapers and the two newsmagazines together, the only times when male authors outnumbered female authors were with the stories on Donna Jean Newman, Scott Wentzell and the Telecaster Committee's decision to reject AIDS announcements. The first two obviously dealt with the construction of a "threat" to society on the part of a "folk devil." It may be significant that women were not largely involved with such constructions.³⁷⁵ Another observation related to gender is that, while women dominated the field as journalists, the majority of experts who were allowed to speak on AIDS were men. For example, both of the Canadian Living interviews involved women interviewing men.

In the end, one must remember that these texts from the mainstream media discourse have considerable influence in society. More people will read one issue of the Toronto Star than all of the counter-cultural media outlets discussed in the next two chapters. Despite the presence of several alternative options, the mainstream media is a ubiquitous voice and a constant creator of "meaning" for Canadians.

³⁷⁵ The organization of work in a media outlet is such that journalists do not necessarily have any control over which stories they cover. However, they do have some control over the "angle" that the story assumes.

The third major discourse to be analyzed through its texts is the counter-cultural discourse. The inclusion of these texts illustrates the lack of total closure of consensus within society regarding AIDS, and provides examples of resistance to dominant characterizations. While the messages of the texts were not universally similar (or progressive), there was a tendency to present AIDS within a different context from that used by the mainstream media. For example, some texts referred to the effects of patriarchy, homophobia and even capitalism on the responses to AIDS. In addition, in some cases, they represented the voices of those most directly involved in dealing with AIDS on a daily and personal level.

The majority of this chapter discusses two periodicals from the gay and lesbian community -- The Body Politic and Rites. Articles from these magazines were chosen according to the sample design used for mainstream media publications.³⁷⁶ For each of the items, the three major questions guiding the analysis were: "How was the virus presented," "How were the people with AIDS characterized" and "What solutions were put forward?" Also, attention was paid to how the contexts from which the periodicals spoke had affected the messages. Before moving on to these major sources, a brief consideration of Mediaaction provides an example of the way in which certain counter-cultural sources contributed to the discussion of AIDS.

³⁷⁶ However, there are some obvious gaps in the sample. The Body Politic ceased publication in February 1987 and Rites only began publishing in May 1984. Thus, while the two periodicals are treated together, there are many instances where their stories do not overlap. Since the sample contains more stories from Rites, the "feature stories" section uses more articles from TBP.

As mentioned, the counter-cultural discourse sometimes represents a direct response to official and mainstream media constructions of AIDS. Mediaaction, a periodical devoted to an analysis of the media's treatment of AIDS, is published monthly by the AIDS Committee of Toronto (ACT). ACT was one of the first and most active community-based AIDS organizations in Canada.³⁷⁷ The publication reviewed and commented on some of the ways in which the media had presented AIDS and PWAs. In addition, ACT hoped that the media would use the review as a way of adjusting their own coverage. Specific newspapers and magazines were named, along with individual authors. For example, the May 1988 issue discussed James Greig, the author of AIDS: What Every Responsible Canadian Should Know. He was presented as an opportunist who was able to capitalize on the lack of AIDS information.

The front page of the newsletter included a statistical breakdown of the number of cases reported to date in Canada. However, there was one significant difference from the way that the federal government reported its data: instead of listing the number of people who had died, ACT reported the number who were "alive." This mirrored the counter-cultural emphasis on the possibility of living with AIDS and the attempt to help PWAs counter the effects of being constantly reminded that AIDS was an "invariably terminal" disease. In addition, there was data on the stated mode of HIV transmission in each case. In 1987, the breakdown included six categories: "Homosexual/Bi," "Hetero partner of hi-risk prsn," "IV drug users," "Blood/Prodx," "Frm endemic area" and "Unknown." However,

³⁷⁷ ACT was formed in 1983, and it has emphasized group support, AIDS prevention and AIDS advocacy. As of 1989, it had 11 full-time staff and 250 volunteer staff. They gave at least one presentation per day and their hotline received 800-1100 calls every month.

by May 1988 the categories had been compressed into only three: "Sexual contact," "Via blood contamination" and "Uncategorized." This avoided the use of imprecise and problematic terms such as "risk group."

The newsletter was sensitive to the effects of mainstream media practices, such as language usage, the construction and presentation of "facts, and the changes that the editing process produced. For example, Mediaaction reported on the editing that the Globe and Mail had done on a letter which an ACT director had sent. The topic was the paper's coverage of the death of a Guelph surgeon. The director had written: "I was extremely disappointed by the front-page articles... that speculated about whether or not Dr. C Pattee, a Guelph surgeon, had died of AIDS." The newspaper printed it as: "I was extremely disappointed by the front-page articles... about Christopher Pattee, the Guelph surgeon who died of AIDS" (Mediaaction, 1988A: 4). By making these changes, the Globe and Mail ignored one of the very distinctions which the letter had tried to draw -- the speculations about the cause of the surgeon's death. Thus, word choice was taken to be significant -- it mattered how facts were presented.

The newsletter also discussed the way in which the media covered certain stories that related to AIDS. For example, when an Ottawa man was accused of "knowingly" donating HIV-infected blood in early 1988, Mediaaction commented on the implications of publishing the man's picture. The Ottawa police had released the man's photograph and address to the media, and it was up to the individual media outlets to decide whether to use them. Newspapers such as the Ottawa Citizen, Toronto Sun and the Globe and Mail did publish the photo. On the other hand, the Toronto Star did not, and actually

editorialized against the publication of the picture. Mediaaction pointed out that one very important detail had been lost in the coverage -- that the blood collection and distribution system was safe. The Red Cross had detected the HIV-positive blood, and had removed it from the blood supply. Thus, no one was ever "at risk" from the donation.

Thus, Mediaaction serves as an example of a counter-cultural source that directly challenged the mainstream presentations of AIDS. In so doing, it criticized the gaps and frequent illogic of the media, and celebrated those sources which provided accurate information. The following sources, while not as explicitly focussed on responding to the official and mainstream discourses, nevertheless still do provide a significantly different perspective on AIDS and related issues.

The Body Politic and Rites

Although sometimes criticized as a Toronto-centric paper, The Body Politic (TBP) was for many years the most prominent gay periodical in Canada. It ceased publication in February of 1987, arguing that local gay publications were strong enough to take its place. (For example, Xtra in Toronto, GO Info in Ottawa or Angles in Vancouver.) TBP had endured some difficult times. It was taken to court a number of times on obscenity charges, it was raided by the police and it was under the constant scrutiny of censors. The magazine was quite active during the time of the Bathhouse raids in Toronto in the late 1970s and early 1980s, championing the cause of those who had been arrested and harrassed. But by the mid-1980s, that same energy was not available to launch an

effective struggle against AIDS. While AIDS was undoubtedly an important issue in the magazine, it was never the golden glue for TBP that it was for the New York Native (a gay publication which was sometimes called the New York Review of AIDS). The fact that TBP ceased publication at a time when AIDS was still a highly-charged issue which required some sort of national co-ordinating thrust within the Canadian gay community might illustrate the extent to which the magazine's mission was not in covering AIDS. Otherwise, it may have felt that it still had something to say to the gay community about AIDS.

The Body Politic was also the object of criticism from within the gay community itself. Stan Persky, a gay writer and college teacher from British Columbia, was very critical of the stance of the magazine. Its position, according to Persky, was that the AIDS scare was media hype to support an inherently homophobic society. This approach was increasingly untenable as time went on. Persky wrote:

The Body Politic never recovered from its initial political confusion. Long after it was clear that AIDS was for real, and Body Politic was at its bedside graphically depicting the plague, the magazine remained flummoxed. Although not many gay leftists will agree, it seemed to me that apart from money, declining literacy, war-weariness or whatever, The Body Politic discovered that it had nothing important to say about the decade's most important issue for gays. It at least had the decency to shut up (Persky, 1988: 12).

However, maybe TBP's problem was just part of the crisis of left-liberalism. The issue of AIDS was not a problem for Rites (another gay/lesbian publication), which had always maintained a very critical stance against media, government and other official discourses, at the same time as it celebrated gay and lesbian sexuality. TBP was a more "liberal"

paper, as shown by some of their "gaffes." The "31 Words" controversy (discussed in the chapter on sexuality) showed this -- it spurred plenty of debate, but the editorial group could not come to a firm conclusion, as there was no overriding (or hegemonic) goal or purpose or social vision. In fact, part of the message of TBP was the rejection of such a unitary line of analysis.

Given TBP's commitment to extending erotic possibilities, it was difficult for the magazine to deal with HIV and come out with a single editorial policy on how the gay community should respond. In spite of that, TBP ran many excellent stories on AIDS and PWAs. They also attempted to educate their own readership on safer sex practices, sometimes being so explicit as to be censored.³⁷⁸ And the magazine represents an important early voice on AIDS; one which articulated the possibility for creative, alternative interpretations of the disease and of the ways in which it had been constructed by the mainstream media.

The first issue of Rites was published in May 1984. Based in Toronto, the magazine was dedicated to covering struggles involved in lesbian and gay liberation. As the collective stated in the first editorial:

Rites will be a voice in our fight for our rights in a society which denies our existence and our humanity. At the same time, Rites will provide a forum to examine the rites and rituals of our culture, lusts and desires (Rites, 1984A).

The publication was dedicated to providing a Canada-wide survey of events and issues of interest to both lesbians and gays. According to a June 1988 editorial, the collective

³⁷⁸ TBP's printer refused to print a number of safer sex pictures, for fear of being taken to court. This internal censorship was mirrored by the Customs Canada policy of refusing to allow some safer sex literature to enter Canada.

perceived their audience/ community as primarily "lesbians and gay men interested or already active in political, cultural, or sexual arenas." However, the collective wanted to build an active liberation movement which would include feminism and other elements of progressive social change. Thus, Rites has generally attempted to emphasize the links between anti-racist, anti-sexist and progressive movements and the lesbian/ gay liberation movement.³⁷⁹ An illustration of this would be the continued and sympathetic coverage of the activities of prostitutes-rights groups. The struggle of prostitutes was constructed as an issue which also affected other groups which were concerned in maintaining similar rights. The magazine circulation is estimated at 2,000 per issue (Gale, 1990).

Since Rites only began publication in 1984, some of the earlier stories about the KS outbreak, later known as AIDS, were not covered. However, later stories were generally covered. In fact, issues surrounding AIDS have been one of the enduring themes of the publication.³⁸⁰ This included a regular update on research and new therapies (the most extensive that appeared regularly in any Canadian publication, including medical periodicals), stories about/ by PWAs, coverage of governmental responses to AIDS and news about the struggles of AIDS activists.

³⁷⁹ As an example, a June 1984 article was titled "Peace: a gay issue."

³⁸⁰ For example, in the September 1988 issue there were 15 pages of stories. Almost five of those pages related to stories about AIDS.

Stories Chosen Using Sample Design

First Story. The first TBP story printed on AIDS appeared in the October 1981 edition. It was written by Bill Lewis (a professor of surgery and microbiology at the University of Toronto) and Randy Coates (a physician at the Hassle Free Clinic in Toronto) and was called "Moral lessons; fatal cancer" (Lewis and Coates, 1981). As the title suggested, the new disease was presented as a rare and fatal "cancer." This, in spite of the fact that the first five men to have irregularities in their immune systems had pneumonia. But AIDS was never referred to (here or elsewhere) as "gay pneumonia," even though that was a major opportunistic infection.

The cancer which had been diagnosed was Kaposi's Sarcoma (KS), first described by Hungarian physician Moricz Kaposi in 1872.³⁸¹ However, the "new" appearance of KS was much more dangerous, and young men were dying from it fairly quickly. From the beginning there was an indication that the root cause of these mysterious illnesses was related to the immune system.³⁸² But the use of the term "cancer" implied another set of assumptions and metaphors. The term was used by both the New York Times in its initial article based on data from Morbidity and Mortality Weekly Report, and gay periodicals like the Advocate. On the cover of this issue of TBP, this article was

³⁸¹ In North America, the cancer had been extremely rare, occurring annually only once or twice for every three million people, and usually among men well over the age of 50. Even then, the symptoms (purplish lumps on or just below the skin surface) could be successfully treated with radiation or chemotherapy. For people to die from KS was unusual.

³⁸² Both pneumocystis pneumonia (PCP) and KS were previously diagnosed in patients with impaired immune systems.

introduced with "'Gay' cancer? Or mass media scare? At last -- some facts." This showed an ambiguity about using the phrase "gay cancer," but still a support that the new disease was essentially a variant of cancer.³⁸³

The outbreak of KS was viewed as a boon to cancer researchers. Dr. Alvin Friedman-Kien, a New York physician, was quoted as saying that this development "may be the biggest thing ever in cancer research." At the very least, the authors suggested that the competition among researchers in the "war against cancer" would assure that the new outbreak of KS would be thoroughly studied. And, the fact that it involved gay men (whose diseases had been sensationalized and exploited in the past) would mean that the media would cover any developments.

On several occasions, the term "victims" was used in relation to gay men with KS. When referring to other people who had contracted KS, the term "patients" was used. This was an inversion of the mainstream reference to those infected through blood as being "victims." Here, TBP argued that gay men, however they contracted KS, were still being "victimized" by the disease.

In terms of solutions, there was an understandable confusion about how to best protect oneself. The authors did criticize the use of the "threat of cancer" to discourage sexual activity, however they also stated that:

Gay men do get sexually transmitted diseases, and we get them more frequently the more often we have sex with different partners.

³⁸³ In a note from the TBP collective, published in March 1983, they wrote that they, too "were guilty of referring to 'gay' cancer."

Thus, people were urged to at least consider re-evaluating their practices. Three main possibilities were cited as "causes" of the KS outbreak: sexually active men may acquire infections which inhibit their immune systems; drugs used to treat some STDs may also reduce immune blood cells (the drug Flagyl was cited); and recreational chemicals used by gay men, such as poppers, may be at fault. While Lewis and Coates stressed the tenuous nature of these possibilities, it was significant that they all related to lifestyle issues -- sexual practice and drug use. If any of these were indeed "causes," then prevention would necessarily involve some behavioural change.

A letter in response to this article (Slater, 1982) noted the failure of Lewis and Coates to distinguish between homosexual "identity" and homosexual "acts." As a result, it was implied that gays were susceptible to KS by virtue of their sexual orientation. This was an important distinction, and one that was hidden by the use of the cancer metaphor. For cancer was not generally perceived as "infectious," but rather it arose due to a combination of genetic, environmental and lifestyle factors. Transmission was thus much more mysterious, but at the same time, there was little or no fear of casual transmission.

The first story on AIDS published in Rites was an unsigned article on the closing of the baths in San Francisco.³⁸⁴ (The San Francisco Commissioner of Public Health had called for a ban on any gay sexual activity in that city's gay bathhouses.) The article argued that this represented a restriction of freedom and an example of the regulation of gay sexuality. Several sources were cited, including the AIDS Committee of Toronto,

³⁸⁴ There were, in fact, several stories on AIDS in the first issue of Rites, two of which are included in this sample.

emphasizing that it was the nature of the sexual contact that was important, and not where it took place.

The closing of the baths was supposed to limit the transmission of HIV but, in fact, it would limit the transmission of safer sex information. The article argued that a more reasonable public health approach would be to use the bathhouses as sites for the dissemination of safer sex information. Thus, the article was opposed to the measure on the basis of both its poor public health advice and its restriction of the civil rights of some members of the gay community. This illustrated a general theme of Rites coverage -- that measures to stop AIDS need not limit the rights of individuals.

In this article, there was a recognition that the AIDS situation in the United States was "totally different" from that of Canada. While this is now more commonly understood, much of the early coverage accepted that US data on AIDS would apply directly to Canada. As a result, there was a distortion in Canadian perceptions of the disease.

Second Story. The second article on AIDS was published in TBP in March 1982. The author, Robert Trow (1982A), was a paramedic at the Hassle Free Clinic in Toronto. In the article, the disease was still subsumed under the category of a "cancer," and the headline was "'Gay' cancer linked to genetic factors." This link with cancer was understandable, as Kaposi's Sarcoma was present in many of the first people diagnosed. However, it appeared that it was KS itself which was becoming known as the "gay" cancer, despite the fact that it had been recognized for over 100 years. It was mentioned that, originally, the "gay male syndrome of numerous sexual contacts, repeated infection

with sexually-transmitted diseases, heavy antibiotic treatments over extended periods, and overuse of recreational drugs" was considered to be a cause of the KS outbreak. However, the article emphasized the possibility of a genetic tendency toward KS among some people (especially certain ethnic groups). Thus, if anything impeded the immune system of these genetically-susceptible people, then KS might develop. The article ended with:

Research is now placing less emphasis on sexual activity and drug use, and considers these as only two of several factors which may cause increased susceptibility to the disease.

Solutions were therefore more likely to come from medical research which was currently isolating specific antigens which might mark whether a person was susceptible to KS.

The danger in this construction of a genetic predisposition to KS was that it could be used as a medical legitimization of the inherent "difference" between homosexuals and heterosexuals. Certain branches of medicine had searched for this difference -- whether in hormones or fetal development or early childhood experiences. If this new strain of KS only appeared among gay men, and it was genetic in origin, this would lend support to those who tried to find a physiological basis for sexual orientation. Of course, implicit in any such mainstream research endeavour was the notion that, if the right "cause" could be isolated, then homosexuality could also be "cured."

NAC-AIDS. The Body Politic first reported the creation of a 15-member Ad Hoc Task Force on AIDS in June 1983, in an article by Ed Jackson (1983A). The committee was formed early in 1983 and met once on 5 May 1983. They made several recommendations

to Federal Health Minister Monique Bégin. It was not until August of the same year that Bégin announced the creation of the National Advisory Committee on AIDS. The Advisory Committee had 11 members, drawn from the Ad Hoc Task Force.

Jackson interpreted the creation of the Task Force as a sign that the federal government was beginning to take the public health threat of AIDS seriously. (By this point in the coverage, TBP was referring to the new disease as "AIDS" or "Acquired Immune Deficiency Syndrome.") However, Jackson noted that no members of "risk groups" were included, nor were there any medical personnel who represented the gay community. The term "risk group" was not defined, but it was implied that the gay community would represent a "risk group." Dr. Alastair Clayton, then the chairman of the Task Force and later the Director General of the FCA, was quoted as saying that it would not be appropriate to include members of "interest groups" in the discussions.

First Public PWA. The story of Peter Evans, called "Canada's national person with AIDS," was carried in a TBP article by Ed Jackson in October 1983 (Jackson, 1983B). The first issue of Rites also included an interview with Peter Evans which had been done in late 1983 (Rites, 1984C). Both interviews covered similar material: how Evans' health deteriorated and he was eventually diagnosed with AIDS, his interaction with the health care industry and his fight against media misinformation.

Evans, an Ottawa native who passed away in January 1984, was diagnosed with AIDS in December 1982. (He was in England at the time, and was the first person in England known to have contracted AIDS.) He moved back to Canada in early 1983, and decided

to speak out on AIDS in order "to take an active role in countering the recent flood of media misinformation" (Jackson, 1983B). Evans was the first PWA willing to publicly speak about the experience of having AIDS.³⁸⁵

The interview in TBP stressed the positive effects of an active stance toward AIDS. Evans represented a person who was unwilling to let AIDS totally control his life. Evans was quoted as saying:

People shouldn't assume it's [AIDS] a death sentence. I really feel that quite strongly. There are a lot of germs around that have different ideas, but I have no intention of dying.

Much of the article discussed Evans' experience with various symptoms leading up to his diagnosis, as well as the response of people after finding out that he had AIDS. Evans claimed that he had experienced more discrimination since the media began more extensive reporting on AIDS. In his experience, the media reports had changed the way in which people responded to him.

Evans himself spoke of "high risk groups." He felt that he contracted AIDS from a former lover who was "in the high-risk group -- he was a heavy intravenous drug user and fairly promiscuous." Evans did not consider himself "promiscuous," having had only three lovers in the past three years. Thus, this early presentation, and the very first statement published from a PWA, included a warning about "promiscuity," and an acceptance of the existence of "risk groups."

³⁸⁵ As expected, Evans was not the only PWA to be featured in TBP. For example, in August 1985 they published a story about Jim Black, a Toronto PWA who was speaking out about his experience. This story also emphasized the fact that Black was a person living with AIDS, who had not taken his diagnosis as a reason to withdraw from the world. Black was also the subject of the Nick Sheehan film "No Sad Songs."

However, this was also the first use of the term "people (or person) with AIDS." The editors of TBP noted that language reform was an important component of political change. They reproduced the statement of PWAs, issued at the Second National Forum on AIDS, held in Denver, Colorado in June 1983. The term "PWA" originated at this forum. The statement read, in part:

We condemn attempts to label us as victims, which term implies defeat, and we are only occasionally patients, which term implies passivity, helplessness and dependence upon the care of others. We are people with AIDS.

In Rites, Evans represented a "responsible" role model as a PWA -- and one that would alleviate much of the public panic about "carriers." Evans noted that "I'd hate to think I gave it [AIDS] to anyone else." He was portrayed as showing patience toward the medical system, which was inordinately invasive in his case since he was one of the first diagnosed PWAs in Canada. However, in relation to the media, Evans had less empathy:

It's the responsibility of the mass media to stop hysteria by providing the right information and avoiding banner headlines like "killer gay plague." People don't see beyond that. Are they there to terrify or inform the public?

In general, both articles portrayed Evans as a person with great dignity and courage in speaking out about his medical condition. Especially in light of the misinformation that was current at the time. The work of individuals such as Evans was constructed as being very important in the struggle against AIDS. By hearing a PWA speak about his/her own experience, people may be able to feel compassion for all PWAs.

Heterosexual Transmission. The Body Politic reported on the presence of AIDS among heterosexuals and women in May 1982, much earlier than most media outlets. The unsigned article, "Gay cancer found in straight men, women," reported the discovery of 23 straight males and nine women with Kaposi's Sarcoma (The Body Politic, 1982). The title used the term "gay cancer," but in the text KS was referred to as "the so-called gay cancer." This showed some ambiguity in the use of the term, especially given the recent findings.

Early theories of the link between KS and the gay lifestyle were discounted in the article, which stated that "the new cases do not appear to be correlated with either promiscuity or drug use."

As for solutions, the article suggested that doctors were considering "environmental factors" as being responsible for the immune suppression. These factors were not specified, nor was it clear how they differed from the "lifestyle" factors which had been discounted.

In May 1985, Rites published an article by Theresa Dobko on the possibility of heterosexual transmission of HIV (Dobko, 1985). However, in the article it was suggested that the "heterosexual scare" actually had more to do with women being at increased risk, than men. The people who were contracting AIDS through heterosexual intercourse were almost all women.³⁸⁶ While there was some evidence to suggest that men may be able to contract AIDS from female sexual partners, the evidence was not strong.

³⁸⁶ The reason for this was given as "semen is a prime carrier of the virus."

Dobko argued that AIDS was an issue with which women should be involved. Feminists needed to address the implications of how to educate women about safer sex. And lesbians (who were at minimal risk) would be faced with increased homophobia due to AIDS. She ended the article with:

The politics of AIDS could be used to further oppress gay men, lesbians, and all who assist them. We know that through collective action we can defeat the Right. Here is one more struggle that feminists, lesbians, bisexual women -- all of us -- must take on.

Thus, the article ended with an emphasis on pulling together progressive strands to work on a collective struggle against AIDS.

One note about language is relevant here: in the article, the term "risk group" was not used. It was replaced by the term "affected communities." For example, "affected communities" included "those who use drugs intravenously or non-monogamous gay men."³⁸⁷ This was closer to the original meaning of a "risk group," as an epidemiologically-identifiable group of people who were at risk of contracting HIV. "Affected community" suggested this, although it referred to more than just a physical vulnerability.³⁸⁸

³⁸⁷ It was questionable whether "people who use drugs intravenously" could be considered to be a "community." A community needed a basis of more than just a common practice to hold it together. This was the same argument that was sometimes made regarding the "gay community" or the "lesbian community" some years ago. Was same-sex object choice an acceptable basis for a community? However, gay and lesbian groups, especially in urban areas, have developed their own clubs, organizations, meeting places, publications, social events and even directories of professional services.

³⁸⁸ The term was also used in other articles in *Rites*. For example, in an article on the Canadian AIDS Society conference in November 1986, "affected communities" was used to refer to people with hemophilia, Haitians, gay men and prostitutes (Hosein and Kinsman, 1986/87: 8).

Viral Discovery. TBP covered the discovery of LAV (lymphadenopathy virus) by virologists at the Pasteur Institute in Paris in an unsigned story in December 1983 (The Body Politic, 1983B). The article did not mention Dr. Luc Montagnier by name, and only referred to the discovery in passing. The retrovirus was cited to be a possible cause of AIDS.

In the June 1984 issue, the announcement of the discovery of HTLV-III was covered (The Body Politic, 1984). It was claimed to be the "probable" cause of AIDS. Dr. Robert Gallo was not named in this report either and HTLV-III was called a "variant of a known human cancer virus."³⁸⁹

Also in June 1984, Rites published an article by Gary Kinsman on the "discovery" of HTLV-III (Kinsman, 1984). This finding was reported to be a result of "parallel research in the U.S. and France." However, the 1983 "discovery" of LAV by researchers at the Pasteur Institute in Paris was mentioned later in the article. Thus, there was a hint of the politically-motivated nature of this press conference and of the rivalry in the scientific community.

The reports were rather low-key. Neither made any great claims that this was the breakthrough that was going to solve AIDS. Both magazines mentioned that a test for the virus would soon be available. TBP noted that this would not assist those who presently had AIDS, and Rites recognized that the purpose of a test would be to screen blood donations in order to reduce blood-related transmission.

³⁸⁹ The use of the term "cancer virus" was problematic. There are some who hold that cancer can be virus-like, but there are differences between the behaviours and spread of cancers and viruses.

In general, the articles did not refer to people with AIDS. However, Rites criticized the use of the term "victims" in relation to people with AIDS. At the same time, the term "cases" was used when discussing statistics. Also, the article mentioned "a possible carrier state for AIDS," without putting the term "carrier" in quotations. Later, this term was strongly criticized by Rites for creating a group of "folk devils."

In the July/August issue of The Body Politic, an article by Cindy Patton discussed the implications of the LAV/HTLV-III discovery (Patton, 1984). In this later article, she mentioned the suspicion that Gallo's "discovery" of HTLV-III was viral plagiarism, as he and his associates had previous access to LAV. One of the most significant points of Patton's article was that the market system affected how medical research was conducted. For example, just discovering a virus did not automatically result in economic benefits. Rather, a method of reproducing the virus in large quantities was necessary in order to study how to control it. These methods, and the viruses themselves, were patented in order to protect economic interests. However, at the same time as these economic interests were protected, scientific exchange of findings (and viral material) was inhibited.

Patton also noted that the test only indicated the presence of antibodies to the virus, and not the virus itself. Thus, many questions still remained. For example: Would all people with antibodies develop AIDS? How long did it take for antibodies to form after infection? These questions were still not fully answered. Patton warned that the test might fuel the demands of some for the isolation and quarantine of people with AIDS. The test made the designation of such people possible. She wrote:

Despite the lack of hard medical knowledge about such a test, it could end up being used as a legal device to identify

infected people and institute quarantines.

This illustrated a concern over how an HIV test would be used, even before the test was available.

Blood Testing. In May 1985, Rites reported in an unsigned article that the Canadian Red Cross was to begin testing donated blood for the "AIDS virus" (Rites, 1985). The magazine noted that there were some problems with the test, as it only recognized the presence of antibodies to the virus (and not the virus itself), and the test had a large margin of error.

However, the article also reported that blood samples from 200 prostitutes would also be tested. Thus, plans were already in place to use the test for screening certain individuals, despite its original goal (screening blood). Rites stated that such a use of the test would fuel assumptions about the link between prostitutes and the transmission of HIV -- assumptions which were still unfounded.

Thus, Rites (like TBP) exhibited a concern for the inappropriate uses of the HIV test as soon as it became available. It was feared that the test would be used to isolate and mark individuals (prostitutes in this case). The later charges that the test contributed to privacy and civil rights abuses extended this initial suspicion.

Rock Hudson. The revelation that Rock Hudson had been diagnosed with AIDS was covered in a TBP story by Rick Bébout, published in October 1985. The article actually took the form of a critique of the media coverage of Hudson's diagnosis. Three weekly

newsmagazines were used for the sample -- Newsweek, Time and Maclean's, in addition to People (a subsidiary of Time). Bébout argued that, at least in the coverage of Hudson, these generally "respectable" magazines had joined the ranks of supermarket tabloids like National Enquirer. In so doing, they helped to feed the very "swath of fear over AIDS" that they were reporting. In relation to the virus, Bébout critiqued the newsmagazines' presentation of AIDS as "the nation's worst public health problem" or "the epidemic of the century."³⁹⁰ In comparison to the numbers of people who had died from other (somewhat preventable) diseases such as pneumonia, lung cancer and alcohol-related cirrhosis of the liver or even from the use of guns or in traffic accidents, the number of people who had died from AIDS was very small. Truly, AIDS was the number one health problem for the gay community, but for the straight world, "AIDS ranks at the top only in one category: fear. It is America's worst public health scare."

In the articles, there appeared to be two different groups of PWAs. One was straight men, women and children with AIDS. Bébout noted that, in at least one of the newsmagazines, they were referred to as "blameless victims." The second group was of the "carriers" who were theorized to have assisted the virus in crossing the "boundaries" into the straight, "general" population. This included prostitutes,³⁹¹ and sometimes gay men with AIDS.

³⁹⁰ This latter suggestion was especially ironic, given the 1918-19 influenza epidemic, which killed 20 million people (more than the number who died in the First World War). As Bébout noted, historical memory is indeed short.

³⁹¹ Pictures of prostitutes were sometimes used in the coverage of AIDS, but they were not identified as having AIDS. This was in contrast to pictures of other people in these stories, who were identified as living with AIDS. The assumption was that the prostitutes were indeed "carriers," and thus merited pictorial inclusion in the pantheon of PWAs, despite any evidence of a seropositive status.

Two other groups were widely represented in the articles. One was AIDS activists, shown demonstrating or marching or assisting PWAs. The second group, and in many cases the most prevalent, was "white coats" -- doctors, scientists, researchers and technicians. These were the symbols of authority, of deserved respect. In some accounts, these two groups were seen as being in fundamental opposition.

Thus, Bébout noted that in both the text and the pictures, medical science (and its representatives) was legitimized as the site of a solution for AIDS. Safer sex was referred to, but sometimes in quotations marks. This was a way for the text to disown the advice or question the efficacy of the solution. More often, monogamy was suggested as the behavioural solution. Or, in the very least, the elimination of the exchange of "body fluids." This latter piece of advice appeared often in media coverage of AIDS. While it was, in part, quite true, it also served to feed a number of misconceptions about HIV transmission. Certain "body fluids," such as tears and saliva, were not a source of transmission.

Bébout pointed out how pictures could reinforce latent messages in the text. For example, in relation to the question of casual transmission, Time noted that transmission via saliva remained "medically unresolved and a focus of fear." However, in two of the photographs, the issue seemed to have been resolved in favour of the possibility. One showed a prison guard putting on rubber gloves (called "anti-AIDS garb" in the caption) and the second showed a fire fighter blowing through a plastic tube into another person's mouth (called "safe resuscitation" in the caption). If readers were to only look at the pictures, what message about casual transmission would they receive? Bébout claimed

that it would be a message of the dangers of casual transmission.

Rock Hudson himself was given passing mention in Time and Newsweek. His diagnosis was only the starting point for the stories, and his homosexuality was not even mentioned in these two newsmagazines. Maclean's did note that Hudson was gay, but it was in the People story that this fact was given more discussion. Bébout applauded the article, as it dealt with the struggles that Hudson went through in being a gay man but being cast in romantic, heterosexual roles by Hollywood. The irony of the situation was discussed, and the pain of homosexuals being pressured to "pass" as heterosexuals in order to maintain their careers was exposed to an audience (People readers) that might otherwise not be aware of this. Bébout ended with:

People showed Rock Hudson not as a matinee idol who happened to get AIDS -- a scary thought for the straight world -- but as a gay man who happened to be a matinee idol. Perhaps that's a scary thought, too. But of quite a different kind.

In a November 1985 article by Gary Kinsman, Rites covered the AIDS-related death of Rock Hudson (Kinsman, 1985). The article criticized the mass media claim that Hudson "had given, for the first time, a 'human face' to the disease." Hudson was certainly not the first person to die of AIDS, nor was he the first person to publicly acknowledge his diagnosis. However, Hudson was the first person with a pre-existing international fame to be recognized as a PWA. That, coupled with the irony of his movie career as a romantic heterosexual lead, assured that the media would actively cover his story. There were enough "angles" to make it an attractive story for the media. In addition, Kinsman charged that when the mass media used pictures and stories of PWAs, it was to

sensationalize the story and not to "humanize" the disease.

Kinsman argued that the way in which the coverage of Rock Hudson was constructed, the equation "gay sex = death" was upheld. Hudson's story supported the "homosexualization" of AIDS, as the media implied that he became sick because he was gay. The extensive treatment of Hudson's closeted life left the impression that it was this double existence that caused his sickness, not a virus.

Like TBP, Rites also pointed out the irony of the coverage of Hudson. The very same Hollywood which seemed so sympathetic to Hudson was at least partially responsible for his need to remain closeted in order to further his career. If Hudson had tried to be open about his sexuality earlier, Hollywood would have destroyed his career.

One other article of note, in relation to Rock Hudson, was published in The Body Politic in December 1985. Written by Richard Dyer (author of Gays and Film), it looked for clues to Hudson's homosexuality in his films (Dyer, 1985). The insight of note from the article was the use of "before" and "after" photos of Rock Hudson in the media as a way of legitimizing a particular view of homosexuality. The "before" pictures showed Hudson at the height of his career, with the confident good looks that made him a matinee idol. The "after" pictures showed a tired and haggard man, ravished by AIDS.

Such a juxtaposition of beauty and decay is part of a long-standing rhetoric of gayness. It is a way of constructing gay identity as a devotion to an exquisite surface... masking a depraved reality..... The rhetoric allows the effects of an illness gotten through sex to be read as a metaphor for that sex itself.

The use of such pictures implied that Hudson was destroyed not only by a virus, but by his gay sexuality itself and by the "depravity" which lurked beneath his calm exterior for

so long.

Thus, in the case of both magazines, information about Rock Hudson was overshadowed by developed critiques of how the mainstream media had covered Hudson's diagnosis and death. Both periodicals noted the ways in which journalists had used Hudson's situation as a metaphor for larger social issues. As well, there was an implication that the "tragedy" of Rock Hudson began long before he ever contracted HIV. Indeed, Rites and TBP argued that Hudson's perceived need to remain "closeted" almost until his death was itself a strong indicator of the prevailing stigmatization of homosexuals and the current fear of PWAs.

Donna Jean Newman. The Rites coverage of the Donna Jean Newman case was set in the larger context of the rights of prostitutes. Her case was mentioned in a July/August 1986 article by Gary Kinsman (1986B). Since there was still no evidence of a female prostitute transmitting the virus to a male client, any moves to test, isolate or further harass prostitutes was not taken as a public health measure. Rather, the article argued, it was a part of the continuing hostility of the police and the government toward sex trade workers.

The article commented on the role of the Canadian media in upholding and uncritically disseminating this scare over prostitutes. Thus, it linked the interests of the police, the public health officials and the media.

In several locations, Kinsman referred to LAV or HTLV-III as the "presumed AIDS virus." This suggested that there was some suspicion about the relationship between the

virus and AIDS. This was reflected in a later statement that not all people with antibodies were "carriers" of AIDS.

As a possible illustration of the magazine's respect for PWAs, the article did not name Newman. It only referred to an "Ottawa prostitute."

In sum, the article refused the construction of prostitutes as an "AIDS risk" to clients. It also criticized the way in which public health authorities served to legitimize the repressive measures of the police, and the complicity of the mass media in tacitly approving this connection.

CAS Conference. The Rites article on the November 1986 CAS conference emphasized the role of the PWAs at the conference (Hosein and Kinsman, 1986/87). In fact, the article stated: "The highlight of the conference was the power and humanity expressed by People with AIDS." The term "PWA" was used throughout the article, as a plural term for people with AIDS.

While the article did cover a range of topics from the conference, it was the contribution of PWAs which was stressed. The activities of PWAs were seen as important not only in the struggle against AIDS, but important to the individuals themselves. To become involved and active was one way for a PWA to take some control of her/his life.

It was suggested that the major subtext of the conference was a tension between

the concerns, agendas and languages of medical, public health and government officials, and the concerns of PWA and grass roots AIDS activists.

Certain public officials, such as Greg Smith (representing Health and Welfare Canada),

were singled out for criticism.³⁹²

Anyone representing an official discourse was under suspicion in the article. For example, Margaret Somerville (of the McGill Centre for Health Science) translated the concerns of PWAs into the legal discourse. Twice in the same paragraph, this presentation was referred to as a narrowing of the PWAs' concerns. It was implicit that this was a negative result: "While many of her suggestions were useful she tended to reduce all the concerns of PWA to narrow legal questions." However, "to narrow" could also mean "to focus." By re-stating PWAs' concerns, she may have been focussing on how they could be supported within the legal discourse. Certainly there was a linguistic difference between the two discourses. PWAs may speak of "egalitarian" relations with doctors and researchers, whereas legal specialists speak of "informed consent." And, as other examples illustrate, language itself has been taken up as an important site of struggle by AIDS activists.

According to the tone of the article, the AIDS activists and the grassroots AIDS organizations appeared to be largely in control of the agenda. PWAs and their supporters were given standing ovations. Government spokespeople got scattered or no applause. When the views of official spokespeople were presented, they were followed by a rebuttal from an AIDS activist. For example, Catherine Hankins (a member of the National Advisory Committee on AIDS) was quoted as chiding the gay community to "get its act together" regarding bathhouses, or else public health authorities might be forced to close

³⁹² The specific area of criticism was the government's record on approving new drugs for PWAs. At the time of the conference, AZT was still not approved, but the government was in negotiations with Burroughs Wellcome.

them down.³⁹³ That was followed by a response from Bob Tivey of AIDS Vancouver, who defended the baths. Hankins' statement was not allowed to stand alone, but required an interpretation for completion. This pattern was repeated throughout the article in relation to people speaking from the official discourses.

Thus, such coverage made the position of Rites as a counter-cultural discourse very clear. Official and mainstream spokespeople were dismissed, along with their arguments, and only PWAs or AIDS activists were accepted as legitimate voices.

Patient Zero. Three articles in Rites made specific mention of the "Patient Zero" myth, as created by Randy Shilts. In February 1988, in a news section, Rites reported that the "Patient 0" story had been widely excerpted and run in major US media outlets. This resulted in "allowing the straight media to blame a 'promiscuous' gay man for the spread of AIDS on this continent" (Rites, 1988A).

A second article, written by Rose Applebaum, was published in June 1988 (Applebaum, 1988). It was a review of And the Band Played On, originally printed in Frontline (a socialist magazine in the United States). Most of the review dealt with Shilts' revelations of government and medical incompetence or inertia. Applebaum was critical of Shilts' construction of the gay community response. Not only was he criticized for only taking the perspective of the "white, better-off section of the gay community," but also for being too selective in his interview subjects and for recreating conversations, dreams and

³⁹³ This incident was also mentioned in a Rites editorial. However, in the editorial, the "threat" was removed, and she was cited as suggesting "that public health authorities should move to close down the gay baths" (Rites, 1986/87).

thoughts of characters. Some of these characters were dead when he wrote the book, and this technique allowed Shilts to "inject his biases in the guise of reporting."³⁹⁴

Applebaum criticized Shilts' construction and use of the "Patient Zero" segment. It illustrated Shilts' underlying moralism, as well as providing a legitimation for those who called for the quarantining of PWAs.

The third article on "Patient Zero" was an article by video artist John Greyson entitled "Requiem for Gaetan" (Greyson, 1988). Originally written for the British magazine Square Peg: The Journal for Contemporary Perverts, it was a work of fiction that commented on Shilts' book and how the story of "Patient Zero" was used to support regressive policies.

Through various scenarios and characters, Greyson provided the following commentary:

I want to explore the book's [And the Band Played On] double messages: the simultaneous critiquing and validation of the mainstream medical establishment; the appropriation of gay liberation discourse to buttress deeply conservative positions; and finally, his dangerously reactionary views concerning sexuality and its regulation.... the fact that he's [Dugas] Quebécois is perfect -- not American, exotic, Other, but still not too Other, because then Shilts would have been called racist.

Despite Shilts' lauded efforts at documenting governmental inaction, corporate profit-taking and scientific bungling in the fight against AIDS in the United States, he was strongly criticized by all three of these articles. This centred on Shilts' presentation of the debates within the gay community (for example, over the closing of the baths in San

³⁹⁴ This was a common criticism of Shilts' book, and of this form of "journalism" in general. By creating conversations and thoughts which the writer would not have had access to, some form of fictionalization was occurring. In addition, this blurred the distinction between direct quotes taken from interviews and dialogue which had been created by the author.

Francisco) and his reciting of the "Patient Zero" myth. His book, while appearing to speak from a critical and even counter-cultural platform, resulted in providing conservative forces with the very metaphor of the dangerous PWA that they had been seeking. Here, the myth of Patient Zero was used as an illustration of the defects of Shilts' book, and as a cautionary tale about the dangers of mainstream cooptation.

Toronto AIDS Conference. On May 16-18 1988, the Canadian AIDS Conference was held in Toronto. It was co-sponsored by the Canadian Public Health Association, Health and Welfare Canada and the Canadian AIDS Society. However, the Canadian AIDS Society held its own conference for member groups on May 14-15. Reflecting its emphasis on the work of grassroots organizations, Rites covered this earlier conference in more detail than the later one. The article, written by Gary Kinsman (1988E), was titled "AIDS Groups Challenge Feds." The coverage emphasized the way in which the CAS conference was able to focus the increasing militancy among AIDS activists, resulting in the later conference becoming "a forum for opposition to the federal government's policies regarding AIDS."

This more militant mood was reported to be evident at both conferences. This mood was justified, due to what was characterized as "criminal negligence" on the part of the federal government. After years of playing by the government's rules, the grass roots groups were allegedly feeling betrayed and angry. However, Kinsman also recognized

that the militancy was not universally accepted, even with the grassroots organizations.³⁹⁵ Brian Peel, of AIDS Vancouver, spoke of the BC government's homophobia and inaction on AIDS, even to the point of labelling Vander Zalm (the BC premier) a "facist." However, Peel also argued for a more moderate approach in AIDS activism. Kinsman dismissed this with:

He [Peel] seemed to have no notion of the need to build a sustained grass roots opposition to the provincial government's policies regarding AIDS. Instead he pushed the same behind the scenes, back room approach that AIDS Vancouver adopted in response to the quarantine legislation.

Nevertheless, most of the militancy was directed against the federal government and specific agents of the government.³⁹⁶ The Federal Centre for AIDS (which had been in existence less than a year) was criticized for not communicating with or supporting grassroots groups. FCA's Director General, Alastair Clayton, was criticized for his very low-key approach to AIDS. For example, Michael Smith was particularly disturbed by Clayton's statements about prospective AIDS drugs. According to Smith, Clayton said that the AIDS "market" was not large (or profitable) enough to "sustain commercial interest in such drugs" (M. Smith, 1988).³⁹⁷ As the man ostensibly in charge of official Canadian AIDS research, this defeatist approach was taken to be symbolic of a

³⁹⁵ This tension between "activists" and "moderates" has remained. For example, in a later article Kinsman charged that some members of the Canadian AIDS Society were trying to distance themselves from AIDS activism in an attempt to protect their "respectability." Like any social movement, there is a broad spectrum of opinion on what should be done, and how action should proceed.

³⁹⁶ One of the implicit goals of activist groups was to "educate" government bureaucrats about AIDS and PWAs.

³⁹⁷ Clayton was also criticized by George Smith as being "the man who has done more than most to obstruct treatment for PLWAs" (G. Smith, 1988B).

government unwilling to question powerful pharmaceutical companies.³⁹⁸

However, the man who was most despised at the conference was the conveniently-absent Jake Epp, Minister of National Health and Welfare. He was criticized from the floor of both conferences, banners were unfurled that read "Epp = Death," and he was burned in effigy during demonstrations. Stephen Manning of the AIDS Committee of Toronto, in speaking of the shift toward militancy among AIDS workers, stated simply: "the problem is Epp." Thus, not only were the politics changing, but the focus of the complaints had narrowed to where individuals were named as the problem.³⁹⁹ At the same time as AIDS activists insisted on setting the governmental response to AIDS into a larger context of homophobia and moral panic about sexuality, they also singled out certain individuals as the primary source of the problem.

There also appeared to be a shift in the major focus of the complaints against the government. It was becoming more obvious in the coverage that the issue of the drug approval process was becoming a serious irritant. George Smith ended his "Diary of an AIDS Activist" with "When will the government see that treatment research is the No. 1 issue?" (G. Smith, 1988B). While the groups were still calling for money to be spent on public education, this was not presented as the most important issue. This shift might relate to the emergence of a construction of AIDS as a "chronic but manageable

³⁹⁸ However, at this point, the struggle was still with the federal government bureaucracy. Later, the site shifted somewhat to the actual pharmaceutical companies themselves, such as Burroughs-Wellcome and Bristol Myers.

³⁹⁹ While it was true that the individuals singled out were the ranking representatives of governmental bodies, the criticism against them was not limited to their positions. Epp, for example, was criticized for his personal moral stance, and it was assumed that his conservative views interfered with his public health decisions.

condition." If AIDS could be transformed into a chronic disease, then the issue of treatment was indeed of primary importance, as such a change was only possible through a combination of drug therapies. This effort to re-define the disease as chronic continues to the present. At the International AIDS Conference in Montreal in 1989, various AIDS activists attempted to have this re-definition accepted. Officially, while it was recognized that AIDS may become a chronic condition at some time in the future, it currently does not qualify.

The motivation for re-defining the nature of AIDS was not simply a matter of language choice. If AIDS were to be considered "manageable," then PWAs would be likely to receive more attention from the medical system. An AIDS diagnosis (or even a positive HIV test) was often considered to be, essentially, a death sentence. In addition, there may be more research on how to improve the quality of life of PWAs.

One other re-definition which appeared in these articles on the AIDS conference involved the use of the term "PLWA," to mean "Person Living With AIDS." It was an extension of PWA, but it was meant to emphasize the fact that these are people living with AIDS and not dying with AIDS. Even within the counter-cultural discourse, this acronym had not been used as extensively as PWA. Rites, however, was one of the most consistent users of "PLWA."

Scott Wentzell. In November 1983, in an article by Gary Kinsman (1988G), Rites covered the charges against Scott Wentzell. The first context of the article was the continuing mis-information of the media. Instead of covering the incompetence and

inaction of the government regarding AIDS, the mainstream media chose to emphasize this story of a PWA who acts "irresponsibly." As a result, initiatives such as the call for quarantines were supported.

In this article, Wentzell was named. This differed from the earlier story about Donna Jean Newman, when the article only referred to an "Ottawa prostitute." No comment was made on Wentzell's activities, partly because he had not yet entered a plea.

The major concern of the article was the hysteria around the "hunt" for Wentzell. (A Canada-wide warrant had been issued for his arrest, but he turned himself in to the Halifax police.) The crown prosecutor argued that Wentzell should not be released on bail, as he was too much of a danger to public health. These two actions were presented as being overly-dramatic, resulting in an exaggeration of the dangers and irresponsibility of PWAs. This then contributed to a legitimization of the arguments for quarantine measures.

International AIDS Conference. The message of Rites' coverage of the Fifth International AIDS Conference was the victory of PLWAs and their supporters over government bureaucrats and scientists. The coverage was written by Patrick Barnholden, Robert Champagne, Gary Kinsman, Karen Pearlston and Brent Southin, and included a number of articles in the July/August 1989 issue (Barnholden et al., 1989). By "taking over" the conference right before its official opening, AIDS activists had changed the current and future dynamics of international AIDS conferences. Representatives of AIDS Action Now!, Reaction SIDA (Montreal) and ACT UP (New York), in addition to their

supporters, occupied the site of the opening ceremonies, read a list of demands (called "le Manifeste de Montreal"), welcomed delegates and opened the conference on behalf of PLWAs everywhere. During the process, according to Rites, the majority of the attendees supported the activists. After reading the manifesto, "almost the entire body [of delegates] rose to their feet in support." Thus, the demands of the activists were constructed as being supportable by the majority of those involved in AIDS work.⁴⁰⁰ The real enemy was the government.

According to the coverage, one major reason for the demonstrations involved an emphatic denial of the value of the Canadian government response to date. As a co-sponsor of the conference, the Canadian government was wishing to showcase its attempts at AIDS intervention. On the other hand, AIDS activists wanted to use the conference as a way of showcasing Canadian government neglect. Judging from the media coverage of at least the opening ceremonies, the message of the AIDS activists at least received more consideration than that of the Canadian government. The Rites coverage generally agreed with this conclusion -- that the activists "won the day."

The coverage of the conference involved a reduction of the events to a quasi-military struggle between the forces of justice and sanity (activists) and the forces of governments and capitalist corporations.⁴⁰¹ The actual "science" of the convention was not covered

⁴⁰⁰ Some commentators suggested that this initial support was wearing thin by the end of the conference, as delegates tired of having sessions interrupted by AIDS activists determined to follow their own agenda.

⁴⁰¹ Despite the radical rhetoric, capitalism and the capitalist mode of pharmaceuticals development was rarely implicated. An exception would be the statement by Simon Watney that the conference was "a supermarket for the international capitalist pharmaceutical companies."

(with the exception of an article on challenges to the theory that HIV was the cause of AIDS); nor was there coverage of the numerous sessions related to social scientific research on AIDS. This reflected the trend in AIDS coverage in Rites -- from articles on AIDS and HIV to articles on AIDS activism.⁴⁰²

Feature Stories

To extend the above interpretations, this section analyzes a number of feature stories and editorials from the two publications. The discussion is organized according to the three major themes: the construction of the virus, the characterization of PWAs and the nature of solutions.

Ten articles from The Body Politic and three articles from Rites are included in this section. TBP stories include early articles by Robert Trow (1982B), Bill Lewis (1982B; 1983), Michael Lynch (1982), Rick Bébout (1983) and Bryan Teixeira (1983) and four editorials on AIDS (The Body Politic, 1983A; Jackson and Lesk, 1985; Rayside, 1986; Bébout and Grenville, 1986). Two editorials (Rites, 1985/86; Rites, 1986/87) and one article (Adler, 1985/86) were included from Rites.

⁴⁰² An exception to this was the continuing column by Sean Hosein, called "AIDS Update," which covered recent research on HIV and possible drug therapies for HIV and its related symptoms.

The Virus

As mentioned above, The Body Politic did refer to "gay cancer." And, in another early article, AIDS was referred to as "Gay Related Immune Deficiency" (Trow, 1982B). There was no criticism of the use of this term, even though the article questioned the linking of AIDS and the "gay lifestyle." While it might seem unusual that TBP (as a gay magazine) would use these terms, a feature article by Lynch (1982) noted that the reference to "gay cancer" originated in the New York gay community. On 3 July 1981, the New York Times published the first piece on what later became known as AIDS. The story had the headline "Rare Cancer Seen in 41 Homosexuals," and did not use the term "gay cancer" anywhere. Within a week, a booth had been set up on the boardwalk at Fire Island, a popular leisure spot for New York gays. At the booth, money was being collected to fight the "gay cancer."

Even at the same time as "gay cancer" was used, terms such as "epidemic" and "plague" were rejected. Lewis (1982B), in TBP, claimed that there was no evidence for calling AIDS an "epidemic." He wrote:

"In the same period that 200 AIDS cases were diagnosed, more than 400 gay men died in traffic accidents because they chose to go outside." And the term "plague" was inaccurate not only because the number of PWAs was not high enough, but because the term implied some form of divine intervention or visitation. And, according to Lewis, there was no evidence to support a "wildfire spread" of AIDS. He cited that the number of new cases had risen from 30 per month to 60 per month over the past year (1982), but

characterized this as a "relatively modest rate of increase considering the vastly increased awareness on the part of physicians and gay men themselves." The fact that Lewis did not contemplate the implications of a continual rise in the number of cases, and that he could dismiss the deaths of 200 people by comparing it to the deaths of 400 people prompted a letter writer to call Lewis glib, insensitive and ignorant (Callen, 1983: 5).

Lewis did compare AIDS with Hepatitis-B, in an effort to explain the mysterious in terms of a disease that was currently understood. Both diseases appeared to affect similar groups of people, suggesting similar transmission routes. However, Lewis noted that Hepatitis-B had risen fifteen-fold in Ontario between 1971 and 1980 and the media had never suggested an "epidemic" of Hepatitis-B. Lewis concluded that: "AIDS is deemed newsworthy because it is new and mysterious, but also because it has occurred primarily in gay men."

In September 1983, TBP published an article by Bryan Teixeira called "AIDS as Metaphor" (Teixeira, 1983). In the article, Teixeira argued that the metaphors used for AIDS affected the social response to the disease. One of the most common early metaphors for AIDS was "the gay disease." As a result, this distanced the disease from the larger population, and contributed to the government's slow and inadequate response to AIDS. The comparison was especially stark if one considered the US government response to Legionnaires' Disease or the Tylenol murders to the US government response to AIDS.

According to Teixeira, since AIDS was constructed as an "aspect" of the gay lifestyle, it was seen as a "gay illness rather than a human disaster." An effective response would

not be formulated until the disease was re-constructed as a potential danger to everyone.

The significance of the article lay in the argument that language and metaphors matter. The problem with terms such as the "gay plague" was not just that they result in a social stigma against gays, but that this affected the solutions which were pursued. Nevertheless, TBP had itself contributed to the unfortunate use of such metaphors.

In the early 1980s, there was some debate in TBP about which theory of AIDS to accept. For example, Callen (1983) argued for the "overload" theory of AIDS, rejecting the idea that a single virus was responsible. According to this "overload" theory, the immune systems of gay men had been compromised by numerous diseases (mostly sexually-transmitted), fast living and the use of drugs and alcohol. Thus, he argued that there would be no vaccine. Rather, changes needed to be made in the sexual practices of the gay community.

Lewis (1983) countered that this "overload" theory, apart from being at variance with the current medical information (which pointed to a communicable agent), was also dangerous.

The overload theory suggests that AIDS is not infectious, and that a person with the disease would therefore not have to worry about passing it on to sexual partners.

If, indeed an infectious agent were responsible, then such advice would actually help to spread the disease even further.

Since Rites only began publication in May 1984, the magazine did not go through the early debates on the medical nature of AIDS. Nevertheless, there was some hesitancy to accept the theory that HIV was a necessary and sufficient condition for AIDS to occur.

Rites was willing to discuss alternate theories related to AIDS, just as it covered alternative therapies for PWAs. But over time, the HIV theory was more fully accepted, and a regular feature ("AIDS Update" by Sean Hosein) reproduced the latest in scientific and medical knowledge about AIDS, gleaned from various professional journals. Thus, the intervention of this segment of the counter-cultural discourse was not primarily over the construction of HIV/AIDS, but over the ways in which officials and society had responded to the medical crisis.

People with AIDS

As expected, both TBP and Rites used the term "PWA." In addition, Rites referred to "PLWAs" after that term was promoted by PWA groups. This reflected the close relationship between the gay/lesbian press and PWA groups. Some of the authors in TBP and Rites were themselves HIV-positive. The mainstream media's questionable luxury of separating "them" (the infected) from "us" (the reporter's and readers) was absent.

However, in the earliest coverage, some other terms were used. For example, in a TBP article, Trow (1982B) referred to PWAs as "victims." But this was before "PWA" had been suggested.

In two TBP editorials, the term "risk group" was used to refer to the gay community. In the first, the editors called for the distribution of more information about AIDS, especially to risk groups (The Body Politic, 1983A). Two years later, in an editorial criticizing the widespread use of the HIV test, two members of the collective stated: "The

message to individuals in high-risk groups was the same regardless of the test results: practise safe sex" (Jackson and Lesk, 1985). Such usage contradicted the prevalent line that it was risk behaviours and not membership in risk groups that was most relevant.

It was acknowledged that the gay community and people with hemophilia had been especially affected by AIDS (although the latter received little attention in the gay/lesbian press). And, in his 1982(A) article, Lewis referred to the prevalence of AIDS among Haitians. Due to the malnutrition, poor sanitation and crowded living conditions, Lewis claimed that Haiti was "an ideal breeding ground for disease." He wrote:

It is probably not coincidental that Montreal, with the largest Haitian immigrant population in Canada, has both all the Haitian AIDS cases and three quarters of the country's gay AIDS cases.

Here Lewis upheld the view that Haitians were at risk, due to their ethnicity. He also added support to the suggestion that AIDS originated in Haiti, by citing the case of a Windsor man who visited in Haiti and later contracted AIDS. Thus, even within a discourse which attempted to break the link between the "gay lifestyle" and AIDS, the link between the "Haitian lifestyle" and AIDS was maintained.

In spite of these few slippages, the predominant characterization of PWAs in Rites and TBP was overwhelmingly positive. The magazines (especially Rites) championed the collective struggles of PWA coalitions and recognized the individual pain of PWAs and PWHIVs. For example, a Rites editorial published in late 1986, entitled "PWA, AZT, and fighting AIDS" (Rites, 1986/87), celebrated the work of the PWA coalitions and of the lives and examples of PWAs in general. The rise of the PWA movement was credited with giving AIDS activism, and even gay activism, new strength. In addition, the

struggles of PWAs had resulted in some new issues for the community, such as HIV testing and the early release of experimental drugs.

In sum, PWAs were characterized as responsible and courageous: if they were "victims" of anything, they were "victims" of a faltering health system, an intransigent regulatory apparatus and a homophobic society.

Solutions

Rites and The Body Politic differed from the official and mainstream media discourses in terms of the solutions which were offered. These two publications focussed on the political struggles around the response to AIDS and the need to eroticize safer sex.

However, this emphasis did not preclude the promotion of the standard solutions. For example, Lewis (1982B) was optimistic about the prospects of medical research and mentioned the possibility of a vaccine. In fact, in his TBP article, he actually praised the US government for being so forthcoming with research money, and he criticized Gay Men's Health Crisis in New York for raising funds for medical research.

I believe this money [from GMHC] has been wasted. As those recent million-dollar grants from US government agencies indicate, there will be no shortage of funds to support AIDS research. The money raised by gay organizations should instead go back into the community for patient support programmes and for campaigns to counteract the panic and paranoia fostered by media treatment of the disease.

But not everyone was totally supportive of the efforts of medical research. Lynch (1982), in TBP, was critical of the gay community's courting of the medical establishment. He

argued that certain groups, which were historically and fundamentally in opposition to the gay community, had been accorded too much legitimacy. He wrote:

Like helpless mice we have peremptorily, almost inexplicably, relinquished the one power we so long fought for in constructing our modern gay community: the power to determine our own identity. And to whom have we relinquished it? The very authority we wrested it from in a struggle that occupied us for more than a hundred years: the medical profession.

An editorial in Rites concurred with this position. The magazine's collective argued that gays should resist the medical profession's intimidation (Rites, 1985/86). Rather, PWAs and lay people working with AIDS issues should be allowed to participate in decision making and their advice needed to be validated. Instead of assuming that any and all medical interventions were necessary, Rites argued that the response to AIDS needed to be de-professionalized.

In addition, one of the feature stories in Rites addressed the implications of the mainstream media's appropriation of medical information (Adler, 1985/86). Titled "The media and us: The Journal and AIDS," it was a critique of the October 1985 three-part series on AIDS which was broadcast on the CBC-TV show, "The Journal." The format of the show involved a public forum, taped in Toronto, with a panel of six people who provided answers to the questions of the moderator, Barbara Frum, and the audience. The series was an attempt by CBC to address the issue of AIDS on its flagship public affairs program. While acknowledging that the medical information on the show was generally

clear and current, Adler was concerned about the nature of the panel, the audience⁴⁰³ and the moderator,⁴⁰⁴ and how that affected the program and the subsequent viewer interpretations.

The panel included two immunologists, a public health doctor, a physician, a professor and a person with AIDS. Only four of the six were given the opportunity to make opening statements. The two not asked to make opening remarks were the professor (who specialized in medical ethics and who was the only woman on the panel) and the PWA. Thus, there was a legitimization, from the beginning, of medical expertise.

This was indicative of the show in general -- listening to the medical experts and downplaying the gay and to some extent, the ethical issues.

Ironically, one of the medical "experts," the physician on the panel (Dr. Robert Mendelsohn), was very quick to question the validity of current medical knowledge on AIDS. He was the author of Confessions of a Medical Heretic, and had developed a reputation for his skepticism. Adler speculated that Mendelsohn was included on the panel in order to present a variety of views on the topic. However, his interventions only served to obscure the clarity of other people's statements. This was especially dangerous

⁴⁰³ Adler felt that there was a lack of emphasis on "affected" groups, such as gays, due to their absence in the audience. As a result, the agenda was skewed toward concern about "non-affected groups such as children and day care workers who may come into contact with children with AIDS." Issues such as safer sex, AIDS education or even specifics on transmission were not covered in any detail. Rather, hypothetical situations such as child-child transmission in a day care centre were discussed.

⁴⁰⁴ Adler suggested that Frum appeared to be uncomfortable with issues such as safer sex education. Whenever such topics would arise, she would move the discussion in a different direction. She also privileged a "moral" interpretation of AIDS. For example, at one point she invited a fundamentalist pastor in the audience to provide his interpretation of AIDS and what should be done.

when dealing with a potentially-volatile issue such as AIDS, when people needed to hear unequivocal messages. Mendelsohn ended up taking the position that, since so little was really known with certainty about AIDS, extreme public health measures needed to be taken to protect the public -- measures such as the quarantining of PWAs.

By presenting Mendelsohn as a doctor and a medical "expert," his views were equal to the views of the other panelists. Adler argued that this legitimized Mendelsohn's regressive social policies, which were paraded as serious critical analyses.⁴⁰⁵ Mendelsohn's continued interruptions and outbursts, while making for good television, also served to uphold the perception that the issues he raised were at least as important as those raised by other panelists.

In general, the two periodicals argued that education would be more immediately effective than medical research. Even in one of the first TBP articles, Trow (1982B) tried to provide some helpful advice. Given the lack of information about the cause of the syndrome at that time, the advice was understandably vague: "Meanwhile, the safest advice at present is to find out about AID syndrome and related diseases, stay in good health, and don't panic." These suggestions were not specific, and in the end may have been of limited use. However, their inclusion marked an interest on the part of TBP in empowering their readers to protect themselves.

Also in 1982, Lewis (1982B) noted the connection between sex and AIDS. However, there was no mention that some sexual practices might be inherently more risky than

⁴⁰⁵ This was a good illustration of how a critique of the medical system can actually serve to support other, even more restrictive, medical measures. Medical heresy is not necessarily socially progressive.

others. Richard Summerbell wrote a response to this article, which was published in a section entitled "Taking Issue." Summerbell, a microbial ecologist, argued that sex itself was "a singularly efficient way of removing the environmental barriers against disease transmission between us" (Summerbell, 1983). Thus, one way to outsmart the microbes was to limit this passage during sex. Summerbell referred to the minute cuts and abrasions which might occur during anal intercourse, thus providing microbes direct access to the bloodstream. In addition, rimming (oral-anal contact) had been shown to transmit both hepatitis A and parasites. Thus, this extended Lewis's comment about the link between sex and AIDS. Summerbell referred to two specific sexual practices and called for people to change their behaviours in order to "have sex in a way that favours us more than it favours our diseases." This showed an early attempt at defining safer sex practices.

The development of safer sex information was greatly aided by a TBP feature article, published in December 1983, entitled "Is there safe sex?" Written by Rick Bébout, this was the first extensive treatment of how different theories about AIDS implied different prevention strategies (Bébout, 1983). He argued that any safer sex information should be based on what was known, and since there were still many confusing aspects to AIDS, the advice had been understandably scattered.

In spite of the lack of knowledge at the time this piece was written, it still stands as insightful and practical. For example, Bébout complained that the use of the term "limit the exchange of bodily fluids" was "too vague to be useful in judging the risks involved in various sexual practices." In addition, it raised unnecessary panic about certain bodily

fluids, such as saliva, sweat and tears.

If one accepted the theory of a single causative agent, then safe sex advice was concerned with limiting the exchange of the agent responsible. Thus, sexual activity should be modified only in its specific practice, not necessarily in quantity. The danger was not the amount of sex one had, but the type of sex and the nature of the fluids exchanged.⁴⁰⁶

On the other hand, if one accepted the multifactorial approach (that AIDS resulted from long-term and systematic immune suppression brought about by a number of lifestyle-related factors), then the advice would be different. Bébout cited the booklet by Michael Callan and Richard Berkowitz, "How to Have Sex in an Epidemic: One Approach," as an example of this view.⁴⁰⁷

Instead of a new virus, they argue, there is simply a lot more of an old one, and a lot more sex going on that can put people in repeated contact with it.

As a result, the advice would indeed involve limiting the number of sexual partners, and even the number of sexual encounters. Bébout discounted this theory, since some of the

⁴⁰⁶ However, as some were quick to point out, the more sex one had, the higher was the likelihood that he/she would engage in unsafe sexual encounters. This is similar to arguing that the more sex one has, the higher the likelihood of becoming pregnant. This is true only if the sexual encounters are "unprotected." Sex occurs over time, in a linear fashion, with each encounter independent of others. Risk is at the level of the individual encounter. It is not calculated at the end of the year based on the aggregate number of sexual encounters.

⁴⁰⁷ This 40-page booklet was published in May 1983 and still stands as one of the best explanations of both HIV transmission and safer sex. Douglas Crimp, a New York City AIDS activist, wrote a later article in the same spirit titled "How to Have Promiscuity in an Epidemic." Crimp argued that it had generally been difficult for people to get useful knowledge about AIDS and prevention, even from the gay press. He used the example of the New York Native, which had championed a variety of "alternative" theories. In an attempt to be "critical" of the scientific discourses, the paper had served to trivialize widely-accepted "facts" and aggrandize unlikely explanations (Crimp, 1987B).

people with AIDS did not fit in with the stereotyped lifestyle, but he did think that some of the advice would be helpful.

Bébout provided information about specific practices. Advice such as "choose your partners carefully" was criticized for being too vague and of limited use. (What basis would people use to judge? Appearance? Class? Race?) Bébout noted the dangers whenever one person's blood could mingle with another's blood or semen. Thus, anal intercourse would be safer with the use of condoms and lubricants. Fisting (insertion of hand or fist into rectum) was dangerous, as it may cause rectal tears which would then allow direct access to the bloodstream.⁴⁰⁸ Oral-genital contact was deemed to be low-risk, a finding that was upheld five years later by the Canadian AIDS Society. (However, many official discourses still listed oral-genital contact as a serious risk.)

Bébout argued that the important step to take in changing behaviours was not to tell people what to avoid, but to find ways of eroticizing safer practices. This was in contrast with many official suggestions, which started with what to avoid (sex, then sex with more than one other person) and only later mentioned what sexual activities may be safe.

Bébout recognized that sexual habits were very difficult to change:

In the midst of an impassioned sexual encounter, swallowing cum or spitting it out is not a minor technical detail, but a matter of deeply seated desire.

Some practices provide more satisfaction than others, and this varies for different people.

Anti-sexual and gay-negative AIDS information tried to deny or repress desire itself, and

⁴⁰⁸ As recently as April 1982, The Body Politic had published (and later supported in an editorial) an article on fisting called "Lust with a very proper stranger." How the AIDS information juxtaposed with the rest of the magazine's content was a very important consideration.

so was doomed to failure. Not only did such information set unrealistic standards, it also fed into a latent stream of doubt within the gay community. He warned against such doubts arguing that a community which should (and did) provide support and affirmation could not be strengthened through fear and self-loathing.

In sum, this article remains an outstanding example of safer sex advice, especially given the time of its publication. Years later, government advice still did not address as clearly the reasons why certain practices were more risky than others. The reason for this gap was not solely an official obsession with caution. The difference in the advice also related to the inherent value that the two discourses put on the existence (and maintenance) of gay sexuality. Unlike most official discourses, Bébout provided advice out of a respect and concern for the gay community and an awareness of its political vulnerabilities.

One consideration in relation to safer sex was the debate over the effects of "promiscuity." Contrary to some later critics (including Persky in This Magazine), TBP did recognize that sex could be a route of AIDS transmission. Lewis (1982B) cited evidence to show that "while increasing numbers of sexual contacts is a factor in increasing risk, the correlation is not absolute." Thus, just decreasing one's sexual partners may not be the most effective method of protection.

This tentative approach to the dangers of "promiscuity" in TBP aggravated some readers. Michael Callen, a gay man with AIDS, found Lewis's analysis to be lacking. He wrote, in a letter published in April 1983: "I have been sick almost continuously since I began to be promiscuous. That, Dr. Lewis, is no coincidence" (Callen, 1983). He

continued:

Dr. Lewis cannot face the fact that through urban gay promiscuity, gay men have managed to create a disease setting equivalent to those of poor third world nations and junkies.

This view was presented as "medical and mathematical fact," and not as morality. And, Callen warned, if the gay community did not listen and change, then the forces of the Moral Majority would indeed win, as "we will kill ourselves."

Another letter, published in the same issue, concurred with Callen. The writer stated:

If homosexuals courted each other seriously, refraining from sex until they knew each other intimately, we might have a chance to track this disease down and stop it. But oh! mercy! beware the reactionary in our midst (Bruno, 1983).

It is significant to note the similarity between these messages and that of the more orthodox and official discourses. There was a very strong sense that the gay community, in some way, had been responsible for the spread of AIDS -- if not in a conscious way, then at least unconsciously. And this was backed by "medical" or "scientific" facts, not moral arguments. The "political" nature of AIDS was not limited to struggles between the gay community and the forces of orthodox consensus. The political struggle, complete with its extremes, also existed within the gay community itself.

In April 1983, Bill Lewis returned to the pages of The Body Politic to further discount the "promiscuity" theory (Lewis, 1983). He criticized Callen's letter, which implied that there was no viral origin for AIDS, and again noted that, as with other sexually-transmitted diseases, the risk of infection probably increased as the number of sexual partners increased. But the relationship was not clearly correlated in every case. The risk

depended on several factors, including "the types of sexual activity most likely to lead to transmission." Lewis hinted at a distinction among types of sexual practices, but did not go on to specify which activities would be more "risky" than others.

Lewis was well aware that the the focus on "promiscuity" was affecting the gay community, and was generating some pressure to close gay baths and bars. The pressure would come from both inside and outside the community. He noted that "we will need to defend the existence of our sexual meeting places."

Other solutions which were discussed in the official and mainstream media discourses were either ignored or delegitimized in the counter-cultural discourse. For example, quarantine or any need to protect the "general public" from PWAs, was discounted as both useless and regressive.

One "solution" which both the mainstream media and the counter-cultural discourses addressed was the use of the HIV test. In two different editorials, Rites argued that people should not take the HIV test. The first, published in December 1985 and written by Ed Jackson and Andrew Lesk, argued that the test was being used to screen people and not individual blood donations (Jackson and Lesk, 1985). The fact that, in Ontario, the names of people with positive test results were given to the local medical officer of health, meant that taking the test could lead to an erosion of privacy.

Rather than using the test as a possible "solution," the editorial called for massive educational programs. It was argued that such programs would go further in stopping the disease than the generation of lists of seropositive individuals. Thus, even from the beginning, the construction of the HIV test as a "solution" on a societal level was being

critiqued by the counter-cultural discourse.

The editorial concluded that people should not take the test. The division of people into HIV-positive and HIV-negative would be a waste of time and resources: "The message to individuals in high-risk groups was the same regardless of the test results: practise safe sex." Therefore, since the advice to both groups was the same, nothing could be gained by knowing which group one belonged to, and there was the possibility that much would be lost.

A second Rites editorial on the same topic, written by David Rayside, discussed the way in which the insurance industry had used the HIV test to screen applicants (Rayside, 1986). Manufacturers Life was singled out for using the test as a diagnostic tool, but other insurance companies were also in the process of screening potential clients. The editorial emphasized again the initial purpose of the test -- to screen blood donations. Within a few years, this initial purpose was forgotten, and the HIV test was now primarily seen (and constructed in the media) as a diagnostic tool to screen individuals.

The editorial pointed to the inherently discriminatory nature of choosing which clients would be required to take the test. For example, if an unrelated same-sex beneficiary was named, then the insurance company may ask for an HIV test. Thus, the practice may make it more difficult for gays (and lesbians) to procure life insurance policies.

A major preoccupation of TBP and Rites was the effect of AIDS on the gay community, as a community. This was expected, given the position of the magazines as interpreters and supporters of this community. The publications insisted that any acceptable solutions

for AIDS would also have to support and preserve the gay community's legitimacy and continued existence. Thus, a significant theme in the TBP and Rites coverage was the ways in which AIDS had challenged the community, physically, emotionally and politically.

In November 1982, TBP published an article by Bill Lewis on the panic and paranoia within the gay community (Lewis, 1982B). Part of a special section called "The Case Against Panic," it argued that (due to misinformation) there was now a tendency toward sexual conservatism within the gay community. Lewis felt that gay men needed to fully understand "what is happening to us both medically and politically."

A second story in this feature was an article by Michael Lynch on "Living with Kaposi's" (Lynch, 1982). Lynch started the article by telling the story of a courageous New York friend who had been diagnosed with KS a year earlier. However, the second part of the essay dealt with the ways in which the gay community had responded to the outbreak of KS. Lynch excoriated gay leaders such as Larry Kramer, a writer and a founder of both Gay Men's Health Crisis and ACT-UP ("gay homophobia and anti-eroticism"), and medical personnel who were working with gay men with KS and who acted as medical spokespeople.⁴⁰⁹ In general, Lynch was disgusted with many of the reactions of the gay community: from the defeatism that said "we're all going to get KS" to the "persistent, anti-sexual sense of guilt" which blamed the gay lifestyle for AIDS to

⁴⁰⁹ He criticized the positions of the doctors, which usually implied that some form of behavioural change was necessary. Thus, Lynch was especially upset when the gay community supported these doctors, and even raised money to assist their research.

the calls for radical change in sexual practices.⁴¹⁰

TBP also published two editorials which related to this concern over the political effects of AIDS on the gay community. In the first editorial, The Body Politic (1983A) claimed that any disease which affected an identifiable community became both a public health issue and a political issue. Thus, gays should be suspicious of anyone who called for behavioural change but denied the political dimension to such recommendations. As the editors wrote, these calls "dovetail so readily with a disapproving sexual ethic that has sought to control our lives for other reasons."

The community must face AIDS as a serious challenge to its integrity. The editors wrote: "Already there are ominous signs that our enemies may use the issue to push us back into the closet -- or worse." Ironically, beside the editorial, there was an advertisement for a hostess service for gay men, "Clevergirl." "For the sake of appearance..." the ad read, "a confidential service for gay men." The closet is never very far away.

The second TBP editorial expanded on this challenge to the gay community. Written by Rick Bébout and Doug Grenville (1986) it opened with a quote from an editorial (by Casey Klinger) that appeared in Jock, a gay pornographic magazine:

Discretion is an asset. Let's face the facts. It's no longer cool to be gay. Not any more. The days of the screaming queen are in our past, or should be.... Why wave the fag-flag in their faces when you no longer hold the winning hand? It's time to be discreet.... Just quit being such a flighty dick-pig, bath house queen, indiscrete (sic) butt-

⁴¹⁰ Lynch argued that, since Stonewall, there existed a "sexual brotherhood of promiscuity as the foundation of our [gay] identity." Thus, any threats to the validity of "promiscuity" also threatened the very basis of the post-Stonewall gay community.

chaser and uncontrollable whore.

The editorial condemned this "run back to the closet" as naive internalized homophobia in the gay community. Since the appearance of AIDS, it was becoming clear that even within parts of the gay community there was a view that gays had taken sexual freedom "too far" and were now "paying" for that "irresponsibility."

Bébout and Grenville rejected this, calling it "an immensely insulting and demeaning crock of shit -- and one that we seem all to [sic] ready to dump on ourselves." "AIDS is not a moral judgement," they argued, nor did gay history begin with AIDS. Rather, the gay community was already in place when AIDS appeared, which made the dissemination of information much easier. As a result, sexual practices had changed. Any retreat back into the closet would only mean that the openness about sexual practice that currently existed would be lost. And the strength and imagination of the gay community would be weakened. However, this does show that, even within the counter-cultural gay discourse, there was sometimes a struggle to uphold the legitimacy of the gay community's response. The power of the ban against homosexuality could be seen in the difficulty for gays to maintain their own self-respect and pride even within their community.

Rites also affirmed the political nature of AIDS in two editorials. In an editorial called "The AIDS crisis and our community," the collective wrote:

We cannot treat AIDS as a non-political issue. If we don't affirm and defend our rights during this period, this crisis will only be used, as indeed it has been to push our liberation backwards. We have to take AIDS out of the discourses of the medical profession and state health bodies. In so doing we will gain more control over our lives, bodies

and health in the process (Rites, 1985/86).

The political context of the response to AIDS was stressed in the editorial. For example, public health practices might violate individual civil rights or the reporting of HIV test results had the potential of breaching confidentiality.

The editorial also recognized the complexity of developing a response to AIDS. If the gay community emphasized AIDS as a disease especially affecting gays, then the community as a whole would be isolated and segregated. However, if they emphasized that AIDS was a disease spreading throughout society, then the gay community might be labelled as "polluters" or "infectors." Either way, a stigma was attached to the gay community which had to be opposed.

A later editorial (Rites, 1986/87) reasserted that the response to AIDS must take place on a political level. It had to include support for sexual orientation protection in human rights legislation, opposition to the censorship of sexual and erotic materials, and resistance to repressive measures against prostitutes. Thus, the targets in the struggle were very broad.

One reason for this was the way in which the context of AIDS was constructed. The collective wrote: "AIDS is not only a medical issue but a social and political battlefield that demands a political response from us." As a publication devoted to political struggle and personal emancipation, this contextualization of AIDS was an illustration of Rites' project. It might also account for the extensive coverage of AIDS-related news in the publication. AIDS was not just a viral disease, but a site where the forces of social control and the forces of emancipation met.

Rites also recognized that the relationship between government funding agencies and the gay community was problematic. There was the danger that, if grassroots groups accepted government money, it might place limits on the evaluation of the government response. There would be the possibility of jeopardizing further funding, if the criticism were too direct or damning. Thus, it was argued that the gay community needed to balance these factors:

getting, using and popularizing medical knowledge and acquiring state funding while avoiding various professional and state strategies of management and containment of our communities (Rites, 1985/86).

In the midst of such political complexities, the collective called on the community to keep the gay liberation struggle alive.

Conclusions

What follows are some general comments on the two periodicals considered in this chapter. The conclusion to the next chapter will discuss the contributions of the counter-cultural discourse as a whole.

The coverage of The Body Politic and Rites offered several insights into the counter-cultural construction of AIDS. But surprisingly, there were a few of the same problems with terminology. In TBP, AIDS was referred to as "gay cancer" (Trow, 1982A), "Gay Related Immune Deficiency" (Trow, 1982B) and even "Black Death" (Hannon, 1985). The use of "gay cancer" was critiqued in a later TBP article (Teixeira, 1983) as being misleading. In addition, some coverage in 1982 and 1983 speculated on the possibility

of a genetic predisposition (among gays) to KS, and the effects of the gay "lifestyle" on the immune system. However, these gaps appeared in early reports, so some negotiation of meaning was still occurring.

Nor was Rites totally free of such problematic terminology. The publication referred to the "AIDS virus" (Rites, 1985) and the "presumed AIDS virus" (Kinsman, 1986B). This term was criticized in later reports (in Rites and elsewhere) as being inaccurate.

Medical "experts" were predominant as sources for the stories in TBP. Of 31 individuals cited as sources in the previous articles, 22 of them were doctors or medical researchers. Rites, on the other hand, tended to use more non-medical sources. One reason for this could be that Rites emerged at a time of more advanced polarization. But it is also the case that Rites was more explicit in validating the struggles of PWAs and AIDS activists. Thus, expert medical sources were treated with suspicion.

The Body Politic also tended to publish more information from US medical sources than Canadian medical sources. Dr. James Curran of the Centers for Disease Control in the United States was referred to more often than Dr. Alistair Clayton, head of LCDC and later the FCA in Canada. Part of the reason for this could be that, especially in the earlier history of the disease, most of the research was being done in the United States. However, even when discussing the response of the gay community, New York City was more often discussed than Toronto. While this reflected the sources of most of the information and discourse on AIDS, it may also have helped to psychologically distance Canadian readers from the disease.

In general, while these publications did provide some descriptive material on HIV and

AIDS (and Rites provided more than TBP), the focus of the coverage was on a more analytical level. This included both a consideration of the challenges facing PWAs and discussion of the ways in which AIDS had affected the gay community.

One marked difference between this discourse and the mainstream media was the treatment of PWAs. In this discourse, the experience of PWAs was allowed to stand as evidence, and was even treated as a privileged source of information. The abundance of positive PWA models then mitigated against the fear-mongering and finger-pointing of the mainstream media.

In relation to terms for PWAs, there was a uniformity in the use of "PWA" or "PLWA." However, in the earlier coverage, "victims" and "patients" was used in TBP, and "carrier" or "carrier state" was used in Rites (cf. Kinsman, 1984; 1986B). These terms were later rejected by PWA coalitions. Also, "risk group" was used in early news stories and even editorials (cf. The Body Politic, 1983A; Jackson and Lesk, 1985). This was later criticized for confusing risk group, with risk behaviour.

Again, this illustrates that the word choice, in the early days, was occasionally as misleading as in the mainstream press. This could have been due to the general lack of information, or possibly due to media construction biases. If the latter were responsible, it would show the effect of the media context (lack of time, privileging of expert sources, etc.). And, it was in the early news updates that these slippages most often occurred. The later feature stories were not as likely to make the same errors.

In terms of solutions, the context that showed through was very different from the mainstream media's context. This was the most marked in the case of feature stories,

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where both the contexts and texts of the mainstream and counter-cultural media were in opposition: different authorities, implications, legitimations and concerns.

There was an emphasis on the political implications of AIDS in this segment of the counter-cultural discourse. This included consideration of the effects of homophobia and (in the case of Rites) even of capitalism (cf. Patton, 1984). In the early coverage, there was some dissension about how the gay community should respond to AIDS. This was especially acute when little was known about the cause of the disease. With the rise of safer sex material, and the assurance that it would actually restrict the transmission of the virus, there was more consensus in both publications.

Rites, for example, represented a consistent source of support for the struggles of the gay and lesbian community, as well as PWAs, against the stigmatization and discrimination they had received due to AIDS. The coverage of issues was always sensitive to an informed vision of progressive politics which included anti-racism, anti-sexism, anti-classism and anti-heterosexism. In addition, the positions taken by AIDS activists were explained and affirmed.

Safer sex education allowed for this celebration of a sex-positive and gay-positive stance, at the same time as strong measures were being taken against AIDS.⁴¹¹ It was obvious that there was a different level of commitment to safer sex in the gay press than in the mainstream media. Rites and TBP were not only reacting in an effort to protect individuals or control the spread of HIV, but also due to a fear of losing the community

⁴¹¹ On the other hand, some of those who championed the multifactorial theory of AIDS continued to call for a total re-evaluation of sex itself.

itself. AIDS represented a fundamental challenge to its legitimacy and existence. Thus, solutions had to be "surgical," in the sense that they did not destroy the ability to practice gay sexuality. For, if gay sexual practice had to be abandoned, that would support the idea that gay sex was a cause or a fundamental reason for AIDS.

As the chapter discussion indicated, there were some differences between the coverage of TBP and that of Rites. One observation of note is that, within TBP, the articles on AIDS were written by and about gay men alone. (The only exception was a 1983 article by Jane Rule which referred to the moral discourse around AIDS.) There was no explicit discussion of forging links between gays and lesbians in the struggle against AIDS, even though The Body Politic was ostensibly devoted to both gay and lesbian liberation. In Rites, men were still dominant as writers.⁴¹² There were only three female authors in the sample. However, the magazine itself very consciously attempted to include both men and women as equal participants, and it continued to take the side of groups of women (such as prostitutes) when they protested against state regulation related to AIDS.

Secondly, there was a difference of approaches between The Body Politic and Rites, partly due to the latter's insistence that AIDS was linked to broader issues of domination and power. It was, after all, part of the reason for the existence of Rites to link progressive issues. That was part of its genesis, as it tried to fill this gap and help gays and lesbians to see their own struggles as linked to others (and vice versa). The Body

⁴¹² In terms of the sample, the most important author was Gary Kinsman, who appeared as an author seven times. He is a prominent (in the gay community) journalist, author and academic. He worked with The Body Politic, was a charter member of the Rites collective, is the author of The Regulation of Desire: Sexuality in Canada, and is currently teaching Sociology at Memorial University. He continues to write for Rites, especially in the areas of sexual regulation and AIDS activism.

Politic had fought other battles directly linked to the regulation of sexuality, such as the Toronto bathhouse raids, but did not coalesce around AIDS in the same manner. For Rites, issues around AIDS have been the most significant source of news and commentary in the last three years. For the magazine, the way in which the disease has been constructed and the manner in which PWAs have been treated have provided striking illustrations of the effects that a homophobic and intolerant society has on its stigmatized members.

Over time, the coverage of AIDS changed in order to further incorporate new findings (such as the research on transmission of HIV). As a result, one can see the hesitations and halts of TBP more than of Rites, due to the dates of publication (the former were generally earlier stories). In TBP coverage, a more unitary approach to AIDS took shape between 1982 and 1985. For Rites, the period between 1986 and 1989 was a time of increasing politicization, as AIDS activism developed. To some extent, with both publications, it took time to determine what AIDS was and how to protect against it, both individually and collectively.

In this chapter, texts from two outlets of the counter-cultural discourse have been covered. In addition to their role as disseminators of information and reflectors of a community, these outlets represented the voices of those who were dealing with the disease and its related physical and social effects on a daily basis. For this reason alone, it was important to consider the ways in which their sorrow, anger and grief were expressed, accepted and, in some cases, politicized.

This is the second chapter of texts from the counter-cultural discourse. The chapter includes texts from Canadian publications with a feminist orientation (Herizons, Healthsharing, Kinesis, Broadside, Women's News/Bulletin Femmes) as well as articles from This Magazine, Canadian Dimension and Fuse. For each of these outlets, all of the stories which were indexed (to the end of 1989) were considered. AIDS might have been mentioned in other articles, but not as a primary focus of interest.

One significant intervention discussed in this chapter comes from the feminist publications. In some articles, they argued that just advocating education was not enough. The relations of power in the (hetero)sexual economy were such that women could not always convince their partners to take the necessary precautions for safer sex. Cindy Patton, an author and AIDS educator, focussed on these struggles in a book called Making It: A Woman's Guide to Sex in the Age of AIDS:

Women do not exist in a sexual economy as equal participants with potential partners, as do gay men. Indeed, women more often trade sex for other commodities -- money, security, acknowledgement, favours. It was clear to me early on that it would be very difficult to help women find the self-confidence and resources to make the choices necessary to insure their health (Patton, 1988A: 106).

Thus, women had to negotiate sex from a disadvantaged position. Given the historic struggle which women of all social classes had experienced in carrying out their choices about birth control, the prospect of having to insist on safer sex practices with their partners was daunting. Patton argued that feminists had to find ways to empower women

in this struggle.

This chapter, in addition to extending the interpretations of the last chapter, also provides an illustration of the diversity of opinion on AIDS within the counter-culture. It would be a mistake to assume that there is a unitary position which can define a "left perspective" (or even a "gay perspective") on AIDS. Like the other two discourses, the counter-cultural discourse, while possessing some unifying characteristics, is also a site of internal struggle over signification and politics.

Since the media outlets did not cover events in common, the chapter is organized according to the three major questions, relating to the virus, PWAs and proposed solutions. But first, a brief background on the periodicals themselves and the articles that they published.

Herizons was a Winnipeg-based magazine with a stated goal of providing "an alternative means of communication with a feminist perspective."⁴¹³ The magazine began in 1979 as a publication with a Manitoba focus. In September 1984, Herizons published its first national issue. The magazine reached a circulation of 7,200, but subscriptions only accounted for less than 20 percent of the total budget. Thus, when Herizons lost its federal funding in 1987, it had no choice but to suspend publication. The last issue was released in March 1987.

Herizons published a number of short updates on AIDS, as well as an editorial and a major article. In addition, the issue of female genital mutilation as a co-factor with AIDS

⁴¹³ This was part of the masthead. The stated aim continued: "...in order to stimulate, to inform, to effect change, and to unify women's strengths, serving as a forum for women."

for some African women was covered in Herizons, including both an article by Hannah Edemikpong (September 1986) and an update based on the work of Fran Hosken (December 1986).

Three articles from Herizons will be analyzed in this chapter. Two of them (an editorial and a major article) were written by Mary Louise Adams (1986A; 1986B), who was then Eastern Region Editor of Herizons. (She has also been on the editorial collective of Rites and has written for Healthsharing.) The third piece was an update on women and AIDS, written by C.T. Sand (1986).

Healthsharing is a Canadian magazine which focusses on health and health care delivery issues, especially as they relate to womens' experiences. The tone of the articles is often critical, calling attention to the ways in which sexism, patriarchy and economic disparity influence health and medical delivery systems. The magazine began publication in 1979, and the current circulation is estimated at 5,000 (Gale, 1990).

Three articles from this magazine were included in the sample. A cover story on women and AIDS (McCaskell, 1988), a note about the International AIDS Conference in Montreal (Adams, 1989B) and an article on how AIDS has affected prostitution in the Philippines (Guttman et al., 1988).

Kinesis is a Vancouver-based publication, which is subtitled "News about women that's not in the dailies." It features news stories from across Canada (and around the world), as well as some special reports on current topics. It was started by the Vancouver Status of Women in 1972. Currently, its circulation is estimated at 2,000 (Gale, 1990).

Kinesis published several stories which related to AIDS. For example, one discussed

the contribution of female genital mutilation to AIDS in African women (again mentioning the theories of Hosken). A second article discussed the possibility of syphilis being the primary co-factor in AIDS, and the implications if this were the case.⁴¹⁴ The third article was a general discussion of AIDS, including strategies for protection. It was titled "AIDS: health, safety and sex" and was written by an unnamed staff writer (Kinesis, 1987).

Broadside, a "women's" magazine (in tabloid format) with a feminist perspective, began publishing in 1979. Their current circulation has been estimated at 2,000 (Gale, 1990). In 1987, the magazine published an article called "AIDS and Women's Safety" (Broadside, 1987). However, it was simply a reproduction of a fact sheet prepared by the Ontario Public Education Panel on AIDS and distributed by the Ontario Ministry of Health. In this case, a part of the official discourse appeared in a counter-cultural discourse, without critique.⁴¹⁵ The article illustrated the possibility of the counter-cultural reproduction of official constructions.

Women's News/ Bulletin Femmes (WN) is an Ottawa-based news sheet for women. In November of 1987, it published some material on women and AIDS, written by Cindy Moriarty (1987). Unlike Broadside, WN's article was more critical of the official line on

⁴¹⁴ Since the position of the counter-cultural discourse is often critical of the assumptions of the mainstream press, there is more of an opening for alternative explanations for AIDS and HIV. In fact, parts of the counter-cultural discourse are still very suspicious of concluding that HIV is the "cause" of AIDS.

⁴¹⁵ Broadside published the fact sheet in the original question and answer format. However, in the headline, "AIDS and" and "Safety" were in normal type, while "Women's" was made to look as if it were added later by pen. This implied a subversion of the material. The standard headline was transgressed by the addition of "Women's." But there was nothing subversive (or critical) about the article.

AIDS. In addition, an article from New Internationalist called "Sex after AIDS" was re-printed, along with a listing of safe and unsafe sexual practices.⁴¹⁶

Started in the 1960s as a critical analysis of education, This Magazine (TM) has now become one of the leading popular magazines on the Canadian left. Since dropping the last three words of their original name (This Magazine is About Schools), TM has branched out to cover other economic, social and political issues. Published by the Red Maple Foundation, the magazine offers a critical comment on the status quo, as well as original poetry and prose. In addition, the magazine puts an emphasis on investigative reporting. The publication has a circulation of 6,266 (CARD, 1990).

TM published a cover story on AIDS in the March/April 1988 edition. Entitled "AIDS and the State," it was written by Stan Persky, a member of the board of directors of the B.C. Civil Liberties Association, a teacher at Capilano College and an editor of TM (Persky, 1988). While the title suggested that the article would put AIDS into the context of the current state system, or maybe even touch on a political economy analysis of AIDS, this did not happen. The article was mostly about the struggle over "quarantine" legislation in British Columbia.⁴¹⁷ Three letters, which were published in response to

⁴¹⁶ The listing referred to practices which could include either same-sex or opposite-sex partners. The advice stressed forms of sexual play other than penetrative intercourse, which was presented as both dangerous and uncreative.

⁴¹⁷ Persky acknowledged that the title was misleading in a later note, responding to critical letters. The Quarantine Bill (Bill 34) was originally proposed by Health Minister Peter Dueck in summer 1987, and it would legalize the isolation of anyone with an infectious disease who was likely to expose others. While the bill did not specifically mention PWAs, an assumption was made that it was written in response to stories of PWAs "wilfully" spreading HIV. Opposition to the Bill was mobilized in the organization, the Coalition for Responsible Health Legislation. After some last minute changes to the wording, the Bill passed third reading on December 8, 1987. The legislation was first used against an HIV-positive prostitute in May, 1990.

the article, are included in this sample. Both David Rand (1986) and Gary Kinsman (1988B) criticized the essay (for different reasons), and Richard Summerbell (1988) applauded Persky.

Canadian Dimension is a magazine devoted to progressive analyses of national and regional politics, economics, labour issues and culture. It has been published since 1963, and remains one of the prominent national magazines on the political left in Canada. The current circulation is estimated at 4,380 (CARD, 1990).

Canadian Dimension has published a number of articles on AIDS. The first article, written by Jackie Larkin (1987), appeared in September 1987. It emphasized the responses to AIDS, and the way in which they illustrated the political and ideological agendas of governments. And, in 1989, the magazine published an entire section devoted to AIDS and the rise of AIDS activism. This included an editorial (Canadian Dimension, 1989), and articles on the International Conference on AIDS (O'Malley, 1989), AIDS activism (T. McCaskell, 1989) and AIDS and women (Patton, 1989). The tone of the section emphasized the commonality between the struggles of AIDS activists and those of other segments of the left in Canada.

Fuse is a critical magazine which features interpretations of the artistic and cultural landscape of Canada. Published in Toronto since 1976, it focusses on critical analyses of current trends, especially in the arts. The current circulation is estimated at 6,000 (Gale, 1990). In 1987, Fuse published an article by Sara Diamond, entitled "More on Sex in B.C." (Diamond, 1987). As the title suggests, it focussed on the moral and ideological struggle over AIDS education in British Columbia.

The Virus

The stories in this chapter are from 1986 and later. This, in itself, is a comment on the speed at which the left picked up on the AIDS issue. This Magazine and Canadian Dimension, both considered important radical magazines, ignored the issue until the late 1980s. As a result, the articles were published after much research had been done and many of the earlier questions had been resolved. Thus, in terms of the virus, none of the early constructions were evident. Rather, many of the articles criticized these earlier problems. (However, one wonders how well these same magazines would have done with the limited information available in 1982....)

In a Herizons editorial entitled "AIDS: Plagued by Media," Mary Louise Adams (1986A) turned the use of the term "plague" upside down. Instead of AIDS being characterized as the "plague," the media was considered to be the "plague" which was affecting (and distorting) AIDS. This twist showed the overall perspective of the editorial: that the reaction to AIDS had been conditioned by media coverage, thus resulting in misperceptions in public opinion. In a later article, Adams (1986B) continued this inversion in an article titled "Plagued by the New Right: Politics, Women & AIDS." On the other hand, Persky (1988) was comfortable with the term and referred to AIDS as "the plague of our times."

While the grave nature of the virus was accepted, the focus of many articles was on the ways in which AIDS had been the site for moral and ideological struggle. When, in a Fuse article, Diamond (1987) mentioned the "AIDS panic," she was referring less to an

actual virus than to the social responses to the virus. Her article was centred on the ways in which AIDS had been used both as a metaphor for the "need" for moral purity and as a "justification" for the efforts of the moral entrepreneurs.

Likewise, in Canadian Dimension, Larkin (1987) presented AIDS as being very dangerous. But the social upheaval around AIDS was to be feared as much as the virus. At one point, Larkin noted that anti-gay sentiments, after the arrival of AIDS, had taken an "even more virulent form." The use of the viral metaphor suggested that the responses to AIDS were as real and as dangerous as HIV itself.

Some articles noted that there may be co-factors that either contributed to HIV transmission or influenced whether HIV developed into AIDS. For example, M. Adams (1986B) noted that "poverty is more often a cause of AIDS than 'promiscuity'." This was especially evident in the third world.⁴¹⁸ While this placed the disease into a larger social context, it also served to dispell the argument that the North American AIDS epidemiological profile would inevitably come to resemble the African profile. (While there might be one major virus, there were several different diseases.) Both Kinesis and Herizons referred to the possible contribution of female genital mutilation to AIDS in African women. Kinesis also published an article on the theory that syphilis was the primary co-factor in AIDS. Since the position of the counter-cultural discourse was often critical of the assumptions of the the mainstream press, there was more of an opening for alternative explanations for AIDS and HIV.

⁴¹⁸ There were some areas of the US where this co-factor was also becoming more obvious. In New York City, areas which had traditionally had high levels of people with tuberculosis were also showing a high rate of people with AIDS. These areas were marked by poor sanitation and poor health care.

While it was recognized that the numbers of people affected by AIDS was significant, dramatic scenarios of a viral holocaust were absent. For example, M. Adams (1986B) noted that the incidence of AIDS was stabilizing in Canada. At the same time, she mentioned that the number of confirmed "cases" was still doubling every seven to nine months. Instead of using this latter statistic to cultivate fear, Adams downplayed the rate of spread of HIV.

Finally, since the articles did not discuss HIV or AIDS in great detail, there were not as many slippages in information. But they did occur. An article on AIDS, published in Kinesis (1987) and titled "AIDS: health, safety and sex," related the general story of how the virus could be transmitted, the benefits and drawbacks of the HIV antibody test⁴¹⁹ and what to do to limit the chance of contracting the virus. However, it was stated that "the most common source of AIDS among women is intravenous drug use." Earlier, IV drug use was called the "most important risk factor for women." This might have been true for the United States, but it was not (nor had it ever been) the situation in Canada. As a result of using US data for the Canadian context, the nature of AIDS in Canada was distorted.

People with AIDS

In general, terms like "victim" and "patient" were not used in these articles. Rather,

⁴¹⁹ Pregnant women, or those using birth control pills (which simulates pregnancy in the body), may receive false positive test results.

"PWA" and "Person [or woman] with AIDS" was used. Although, in some articles, when discussing statistics and projections for the future, the term "cases" was used for PWAs with confirmed diagnoses. This occurred in both Herizons (M. Adams, 1986B) and Kinesis (L. McCaskell, 1988). And Moriarty (1987), in Women's News, referred to "patients," "sufferers," "carriers" and "people with AIDS." The only term rejected as inappropriate was "victim." As Moriarty stated: "If people with AIDS are victims, the [sic] are victims of ignorance, prejudice and bias." However, there was no similar critique of "carrier," nor a sensitivity to how this term could lead to ostracization. A second article which used both the term and the concept of "carriers" was Persky's article in This Magazine. The article was a defence of the BC Government's quarantine legislation, and the argument for quarantine rested on the assumption that there were infected people ("carriers") who acted irresponsibly, and who could not be prevented from spreading the virus in any other manner. The story of Gaetan Dugas fit into this assumption. In fact, Persky started his article with the story of Dugas:

He was hot. He was a Canadian. He had a charming Québécois accent, a body to live and die for and an air travel pass that could parachute him into any gay bathhouse in North America and points beyond. He also had AIDS. And, long after he knew the fatal virus could be spread sexually, he continued having unprotected anal intercourse in the baths. In his fear and anger, he even boasted about it.

This set the context for the article, by introducing the reader to the "frightening tale" (Persky's words) of airline steward Dugas. He became a model for just the sort of "rights of the reckless" which needed to be curbed.

Two columns later, Persky mentioned that the reality of gay men living with AIDS was

very different from "the demonic image of Patient Zero." However, this "truth" came rather late in the introduction, and was only a side note. If, as Persky suggested, the image and situation of Dugas was not representative, then why was it included in such a prominent place and in a somewhat sensationalized style?

G. Smith (1988A), in a critique of Persky, pointed out that the Patient Zero anecdote was used to explain how AIDS originally came to the United States. Thus, as a story of a Canadian "carrier" of HIV -- a "foreigner" -- who infected the United States, it was both xenophobic and racist. This was the sort of critique of "carriers" that Smith felt should be done. He was disappointed in Persky's decision to accept the media's use of the Patient Zero myth.

The placement of PWAs into "high risk groups" was generally absent. In most cases, other terms were substituted, such as "at-risk contacts" (L. McCaskell, 1988).

One exception to this was the Broadside (1987) article, reprinted from the Ontario Ministry of Health. In addition, a Herizons article used the term in relation to the screening of sperm donors, although it was not stated who would be considered to fit into that category (Sand, 1986). And both the term and the concept were used in a Kinesis article, also related to finding sperm donors. The article stated:

The safest choice is to use a donor who is not a member of a high risk group i.e. gay or bisexual men, and intravenous drug users. If gay donors are chosen, give priority to those who have been in a monogamous relationship since 1979 and whose medical and sexual histories are known and indicate lesser risk of infection (Kinesis, 1987).

Admittedly, the problem of choosing sperm donors was a difficult one, as a person's past sexual history was often not known. Thus, it was easier to screen out entire groups who

had been represented in the epidemiological profile of the disease. However, this both stigmatized an entire group (by implying that having AIDS was an inherent risk of being gay) and led to a false sense of security. These two examples illustrate that certain terms, criticized by some texts of the counter-cultural discourse, were used in other texts of the same discourse.

Articles in Herizons, Healthsharing and Kinesis all pointed out the discriminatory nature of referring to prostitutes as a "high risk group." According to M. Adams (1986B), they had been constructed as the conduit through which HIV would move into the heterosexual population. As a result, they became scapegoats: folk devils. Instead of discussing prostitutes as being at risk of contracting HIV, "they are more often seen as receptacles for and transmitters of the virus." Adams cited state actions which had been taken against prostitutes in the past, implying that updated-versions of these regulations were possible.⁴²⁰ At present, there were structural barriers which limited the education of prostitutes. For example, the laws against soliciting made it difficult for street workers to keep contact with prostitutes, and had also limited the interaction which prostitutes had with each other on the street.⁴²¹ According to Adams, what made this especially distressing was that prostitutes would be a valuable resource for safer sex education as they had contact with many people who might not otherwise be exposed to such information.

⁴²⁰ For example, shortly after the first world war, 18,000 American prostitutes were rounded up and committed to prison hospitals, in an effort to protect American troops.

⁴²¹ This made the street a more dangerous place to work for prostitutes. They were less able to share information about bad tricks or health risks and they were more likely to be forced into positions which put their physical safety at risk.

Healthsharing explored this bias in an article about prostitution in the Philippines (Guttman et al., 1988). It focussed on the sex trade in Olongapo, which was largely supported by the servicemen stationed at the nearby US Navy's Subic Base. The rate of AIDS, and of other STDs, was higher here than elsewhere in the Philippines. The explanation generally given was that the Olongapo prostitutes (most of whom were the daughters of landless peasants) were spreading AIDS to the US servicemen. As a result, the prostitutes were subject to mandatory HIV testing, partially funded by the US Navy.⁴²² The pictures of HIV-positive women were posted on the Navy and Air Force bases, as a warning to potential clients. On the other hand, US military personnel were not tested, nor was the Navy under any obligation to identify seropositive servicemen to the Philippine authorities.

Guttman et al. cited the evidence of a US Navy doctor who, in 1986 after studying AIDS among military personnel, concluded that "it was indeed U.S. servicemen who were spreading the disease [AIDS] among Filipina bar workers in Olongapo."⁴²³ Nevertheless, it was the prostitutes who were being tested and regulated, not the servicemen. In Healthsharing, this served as an illustration of both the stigmatization of "high risk groups" and the media search for "folk devils."

⁴²² The tests were given bi-weekly to all registered "hospitality girls," dancers and bar waitresses. The US Navy provided technical and medical personnel to conduct the tests, but it did not subsidize any treatments for those who were HIV-positive.

⁴²³ The doctor (Lt. Commander Thomas O'Rourke) recommended that the Navy re-train HIV-positive bar workers. Shortly afterward, he was brought up for court martial for illegally dispensing regulated pain killers to Filipina PWAs in Olongapo.

Solutions

One of the most enduring themes of this segment of the counter-cultural discourse was the assertion that AIDS was a political crisis, as well as a health crisis. It was political in the sense that societal, media and governmental responses had serious consequences for those groups affected by the disease. Consequences which imposed regulations on individual actions and challenged the viability of certain communities. The struggle against AIDS was thus a part of a larger agenda -- one that included the eradication of sexism and homophobia, both within society and within the health care system. It was not that AIDS was being used by the discourse to promote these changes, but that AIDS and its effects could not be successfully conquered without these changes.

Some of the solutions proposed in the official and mainstream media discourses were treated with caution and even derision in this discourse. For example, the work of science, medicine and pharmaceutical research were devalued. O'Malley (1989), in a review of the International Conference on AIDS in Montreal, referred to "the pretentious ramblings of America's best funded scientists" and the drug companies' "criminally over-priced products." Science, certainly under capitalism, had not been able to provide a solution for AIDS, so alternative actions had to be taken.

T. McCaskell (1989), in a Canadian Dimension article on AIDS activism, agreed with O'Malley's evaluation. McCaskell focussed on "the pharmaceutical industrial complex which dominates social institutions of medicine." The very structure of pharmaceutical research was seen as problematic. Researchers were paid to conduct drug trials, so they

were in a conflict of interest when advising prospective subjects for the drug tests. McCaskell suggested that the notion of "informed consent" would be distorted by the researchers allowing their material interests (the need for subjects) to affect their counselling of patients.

In addition, "the proprietorial system itself acts as a barrier to the development of new treatments." Since different companies owned competing drugs, it was very difficult to conduct tests that directly compared drugs. Rather, drugs were tested against placebos. If the patients on the drug did better than the patients on the placebo, then the drug might be approved for sale. However, the comparative value of competing drugs were not directly tested. This information was available only after competing drugs were used in various combinations by patients. McCaskell recognized that "challenging proprietary rights embarks on a road for broader social change that will not come easily." Nevertheless, it was just this sort of change that was needed, and it would require more than just the limited resources of AIDS activists. Thus, McCaskell called for a fundamental critique of the medical system and, in the process, implored other progressives for assistance.

This was an important critique. When the emphasis of protest was solely on the government (and it usually was), then the drug companies were able to escape examination. For example, the federal government had to negotiate terms of sale and a price for AZT with the manufacturer (Burroughs Wellcome) before the company would release it in Canada. The decision to "allow" AZT in Canada was more complex than simply a matter of the licensing of a substance. Without the deal, Burroughs Wellcome

had threatened to withhold the product from the Canadian market.

Another "solution" which was rejected was HIV testing. Moriarty (1987) stated that large-scale testing would be tantamount to a "witchhunt," as seropositive individuals would be isolated from society, and some attempts might be made to "mark" them as a risk. And compulsory testing necessarily led to questions of quarantine, which was generally rejected. Larkin (1987) presented quarantine as one more attempt of state authorities to regulate individuals. In the case of AIDS, it was individual sexuality which would be controlled. In the past, the state might have regulated sexuality for moral or ideological reasons, but with AIDS it now claimed a medical exigency in the same regulation. As a result, the repressive measures were bestowed with a "legitimacy" that was previously lacking.

However, not all texts rejected the validity of quarantine. In this regard, Persky's This Magazine article provides an illustration of how the counter-cultural discourse is sometimes a contested site.⁴²⁴ His article included tentative support for quarantine (or at least the need for quarantine legislation). Persky commented in Q Magazine (a Vancouver gay magazine):

If there are people who oppose the amended bill, then I'd say that, apart from being irresponsible, they're also

⁴²⁴ Persky's position was perceived by some as legitimizing a government intervention that had no real benefit in limiting the spread of AIDS. As an influential person on the left (both the political left and the gay left), his approval of the legislation was an important endorsement for the government. Whether or not his argument was valid is not important here. What is significant is the way in which it was perceived, by other segments of the gay community, as being unfaithful to the goals of emancipation.

woefully naive about politics (cited in Kinsman, 1988B).⁴²⁵

Since Persky was not threatened by the spirit of the quarantine bill, he was most concerned about ensuring that the wording of the bill be appropriate. He rejected the notion that one should be suspicious of everything that governments did, noting that "the erosion of any workable concept of legitimate authority in the late eighties has to be disturbing in a democracy." The legitimate authority of elected governments and legislative practice was accepted, and the struggle was to influence decision-makers using the accepted channels of lobbying. In his conclusion, Persky haltingly applauded the Coalition for Responsible Health Legislation, which organized demonstrations against the Quarantine Bill, for "their hearts being in the right place." Two of his three cheers, however, went to "the unlikely combination of forces that produced some sane second thoughts in the midst of a plague." These forces, included the BC Civil Liberties Association, the Social Credit Government and the provincial medical association -- "strange bedfellows," as George Smith (1988A) would characterize the coalition.

In addition to his support for Bill 34, Persky devoted almost a page of his article to a critique of the gay left's position on sexual freedom, singling out The Body Politic. He argued that absolute sexual freedom was "a thoroughly defensible political position for gays until early 1982." But since HIV, the situation had been fundamentally altered. Persky criticized those who felt that bathhouses and other sites and expressions of sexual freedom should still be protected and celebrated. The limiting of sexual freedom was not

⁴²⁵ This quote was reproduced in an article in Rites magazine, making Persky's position on the bill (and the underlying issues of public safety and personal responsibility) well known within parts of the gay community. This might explain some of the critical response to his This Magazine article.

interpreted by Persky as an attack on civil rights, nor was homophobia seen to be behind the quarantine legislation.

Three letters were published in response to Persky. Richard Summerbell (1988) applauded the article, concurring that the gay community was slow to condemn unsafe sexual practices. Summerbell (who worked as a volunteer at TBP in its last years) believed that saving lives was more important than saving gay culture. (This assumed that they were mutually exclusive endeavours.) It was not clear how this related to the quarantine legislation, or to Persky's major argument (the need to work with governing bodies), but it did illustrate that others in the gay community agreed with Persky.

Rand (1988) pointed out that the new legislation was not actually necessary, as the Criminal Code already protected against those who deliberately threatened the life of others. This raised the question of why the BC government would go to all the trouble it did to pass an unnecessary Bill? According to Rand, Persky did not seriously question the need for Bill 34 nor the way in which the government used the legislation to send its message about AIDS and PWAs.

Gary Kinsman (1988B) also responded, arguing that Persky had used his space only to further justify the position he took on the quarantine bill. In the process, according to Kinsman, Persky fell into the predictable traps set by the New Right, such as delegitimizing the response of the gay community and repeating the sensationalized story of Patient Zero. Instead of critiquing the widespread use of the anecdote in the media, Persky allowed it to stand and even added to its currency by supporting it himself.

Kinsman was especially upset by his perception that the article misled straight

progressives about the gay community's response to AIDS. Kinsman claimed that TBP was never as naive and confused as Persky suggested. And, in his own experience, Kinsman said that he had rarely, if ever, heard gay activists argue for "absolute sexual freedom."⁴²⁶ Thus, Persky characterized the gay community as sexual libertarians who did not wish to alter their behaviours, and Kinsman rejected that depiction. For Kinsman, it was Persky who was naive and confused, as he seemed unable to recognize the ways in which the media, government and moral entrepreneurs had used AIDS to support their own agenda.⁴²⁷ As this extended discussion shows, the counter-cultural discourse was sometimes a site for the negotiation of meanings.

The concrete and immediate solution which was most privileged in this discourse was education. Even Persky agreed that the order of priority for limiting AIDS would be education, anti-discrimination protection and then public health measures. However, he did not believe that education was enough to limit the spread of HIV on its own.⁴²⁸

Education was seen as an empowering act. The assumption was made that, given better information, individuals would be able to make more responsible choices. It implied a certain amount of trust in the inherently-rational nature of humans. And the "education"

⁴²⁶ According to Kinsman, the term "absolute sexual freedom" was first applied to the gay movement by Harry Reasoner in an anti-gay CBS production called "Gay Power, Gay Politics," broadcast in 1980.

⁴²⁷ Another response to Persky's appeared in the May 1988 issue of Rites. It was written by George Smith (1988A), a member of AIDS Action Now! and a regular writer for Rites. Smith agreed with Kinsman and strongly denounced Persky as a pawn of the heterosexual authorities. By emphasizing the need to restrain and regulate PWAs, Persky had provided support for the forces and arguments of the BC Social Credit government.

⁴²⁸ To be fair, Persky did note that it was "crucial to retain a 'sex-positive' attitude," and his criticism of "safe sex" was that AIDS required a serious re-examination of ideological beliefs and not just an adjustment in sexual practices.

was operationalized as both information about HIV and its transmission and about safer sex practices, with an emphasis on the latter.

The education was to be gay-positive and sex-positive. Adams (Herizons, 1986B) cited a finding from a University of Michigan study that one of the most important determinants of changes in gay sexual practices was positive feelings about being gay. If literature stressed the "inherent dangers" of gay sexuality (and even gay orientation), then it might actually work against promoting the adoption of safer sex. If people internalized the equation "gay sex = death," but at the same time realized that they could not change their sexual orientation, they were caught in a trap.

In addition, the education would have to be sex-positive. (By denying the reality of sexual practices, it was argued, some educational programs may actually further spread the virus.) This included an attempt to "eroticize" safer sex -- to increase the likelihood of such practices being followed. This would include information about alternative forms of sensual activity. Moriarty (1987) criticized the focus of most AIDS literature, which emphasized prevention within the parameters of traditional penetrative intercourse -- vaginal, anal or oral. This "barrier" mentality served to underscore the limits of what was commonly viewed as "sex" -- that it must necessarily involve the exchange of "bodily fluids."

An example of sex-positive education included an article in Women's News, reprinted from New Internationalist. It was called "Sex after AIDS" and it listed safe and unsafe sexual practices. The listing did not distinguish between same-sex or opposite-sex partners and the advice stressed forms of sexual play other than penetrative intercourse

(which was presented as both dangerous and uncreative).

It was recognized that such educational efforts to broaden the knowledge and practice of "sexuality" might be politically dangerous, if not impossible. For example, within the public school system, even if a progressive teacher wished to cover such issues along with AIDS education, s/he may experience resistance from administration, parents or religious groups. Thus, the struggle against AIDS, as presented here, was set within a larger context. It was not only a virus that was the imminent danger, but also conservative moral attitudes, gender inequality and the enforced silence on alternative sexualities.

This larger context of the struggle for safer sex education was explored in an article in Fuse (Diamond, 1987). The essay focussed on the situation in British Columbia, and argued that much AIDS education was essentially anti-erotic. Students learned about "sex as terror," and the material adopted a position of fear and loathing toward expressions of sexuality (especially homosexuality). In this way, education about AIDS could backfire and result in inculcating a disdain for the very people who needed support or in providing a false sense of security to those who considered themselves to practice "normal" sex. For example, Diamond cited one writer as arguing that "the trick is to warn young people about the danger of AIDS without giving them information about sex." In this formulation, education required a limitation so that it did not become either overly-explicit or overly-emancipative.

Diamond recognized the effects of the official discourse on the setting of the AIDS agenda. In British Columbia, Premier Bill Vander Zalm had tried to impose his own moral stance on the debate. He was quoted as saying: "I influence the decision making,

so my own views will without a doubt have some bearing." In terms of whether this was an unfair advantage, Vander Zalm replied: "I no doubt have a lot in common with people who value Christian or Judeo-Christian principles. That's not perhaps excluding anyone from the process." Here, a consensus was constructed around traditional Judeo-Christian principles and then extended to the entire population.

A result of this official hesitancy over AIDS education was that anything deemed too explicit was banned. Canada Customs in the B.C. region would black out any references to anal sex in the gay literature crossing the border. While this was justified by officials as a way of maintaining community standards of "decency," Diamond suggested that such practices actually contributed to the spread of AIDS by outlawing valuable information. To confuse AIDS prevention with sexual abstinence was to set up an unnecessary equivalence.

The most effective educational programs were considered to be those initiated by community-based AIDS organizations. O'Malley (Canadian Dimension, 1989) claimed that, globally, AIDS activists "are responsible for 80 per cent of the work in fighting AIDS." These groups were closer to the people they were helping and, at least in some communities, were considered more credible than government sources. Thus, the most important institutional sites for implementing solutions were the community AIDS groups.

Adams (Herizons, 1986B) criticized government task forces which received funding but produced very little of value. However, community-based AIDS organizations did the actual day-to-day support, education and research work, and all without much government funding. Since this article was written, things have changed somewhat, with community

groups receiving more funding. However, the benefit/dollar of government AIDS programs is still criticized as being far below the benefit/dollar spent by community groups.

This increased state funding of community groups has not been without some criticism. In a Canadian Dimension article, McCaskell (1989) claimed that AIDS activism had been able to affect the agenda and course of research and treatment of PWAs. However, the acceptance of government money limited the positions and actions which they could take. On the other hand, AIDS Action Now!, since it was not "dependent" government funding, was free to take on the state head on and to uncover the swamp of bureaucratic and political indifference and neglect which had characterized the Mulroney government's record on AIDS.

One of the most important interventions within this counter-cultural discourse was the sensitivity to the ways in which patriarchal social relations affected the adoption of safer sex practices. Several of the articles (especially in the feminist magazines) focussed on how women needed to reclaim power in heterosexual relationships. There was a recognition of the wider issues which affected individual behaviour, and an implication that the social structure as presently constituted must also be altered in order to contain AIDS.

In a Healthsharing article, McCaskell (1988) argued that the negotiations for safer sex might require a great deal of self-confidence and assertiveness. Thus, if there was an unequal power relationship between two partners, then the decisions over sexual practice would reflect that imbalance. In Women's News, Moriarty (1987) wrote:

how do we, as women who are often in unequal power relationships with men, talk about safe sex... Male defences kick in: "Do you think I'm sleeping around?... with prostitutes?... with men???" What should be a discussion about an issue in the best interests of both partners becomes a challenge to male pride or worse an affront to their sexuality.

When gender relationships were unequal, the resulting sexual interaction might also be unequal. The extent to which women had borne the responsibility for birth control was evidence of this.⁴²⁹ Decisions regarding changes in sexual practice needed to be consensual, but if women could not convince their partners of the need for the changes, then more safer sex information would not help. One of the most difficult sites for safer sex negotiations was at that micro level. Here Moriarty showed how the larger issue of gendered inequality affected AIDS prevention activity at the individual level.

Not all women agreed with this emphasis. McCaskell (1988) quoted Ruth Schwartz of the Women's AIDS Network (San Francisco), who was hesitant to press this connection: "Our primary function at the Foundation is to eradicate the spread of AIDS not to eradicate sexism." But others questioned whether the two could, indeed, be separated. In a Healthsharing article on the International AIDS Conference, Adams (1989B) observed:

women from different parts of the world stressed the huge barriers to women being able to practice safer sex as long as men hold the power in heterosexual relationships.

⁴²⁹ The new trend toward marketing condoms to women showed that this situation was not about to change quickly. By several studies, 70 per cent of all condoms are bought by women, and a portion of the 30 per cent bought by men are purchased by gays. Thus, heterosexual men represent a group who are largely resistant to AIDS prevention efforts (Patton, 1986). An example of this intransigence comes from a quote by Paul Dean, a member of the Canadian rock group "Loverboy." He said: "keyboards are like condoms -- you only use them when you have to" (cited in Sutherland, 1989).

McCaskell argued that these inequalities were probably more common in opposite-sex relationships, where the full weight of patriarchy endowed the partners with different expectations and power potentials. Same-sex relationships might avoid them, as both partners occupied a similar site in the gendered social hierarchy.⁴³⁰

In addition to the above, other arguments were given for why women were uniquely challenged by AIDS. In a Herizons article (M. Adams, 1986B), AIDS was presented as a feminist issue. Due to the political nature of AIDS, even if a woman was not personally "at risk" of contracting the virus, she might be affected by the right-wing backlash that was underway.

AIDS is one more reason to promote a return to something they [the political right] call traditional values. We know there is no place for feminists there.⁴³¹

Thus, feminists had a reason for becoming active in AIDS issues.

Feminists also had expertise in social activism which they could share. From their marginalized experience, women had an understanding of the relationship between sex and health. This included both a critical approach to a medical system which was not responsive to women's needs and an ability to place an individual's suffering within a

⁴³⁰ It was also suggested that same-sex activities might be more open to experimentation, and thus more malleable. However, same-sex relationships may also involve well-defined passive and active roles.

⁴³¹ Part of the reaction of the new right stemmed from a perception that their values were under attack in secular society. Thus, they made attempts to strengthen what they considered to be basic principles and institutions. For example, the Standing Committee on National Health and Welfare, in October 1987, met to consider an Order of Reference, empowering them: "to study the feasibility of establishing a federal-provincial sponsored communication program, including the use of television, that will affirm the importance of marriage and family life" (Issue No. 29, 2nd Session, 33rd Parliament).

larger political context (M. Adams, 1986A).

In Canadian Dimension, Patton (1989) pointed out that women who were perceived to be at high risk were sometimes encouraged to become sterilized. And, if pregnant, there might be pressure for them to seek an abortion. McCaskell (1988) was also concerned that pregnant women with AIDS should have the same rights as other pregnant women, including the right not to abort.⁴³² Thus, reproductive choice for some women may come under serious attack. As a result, women were encouraged to become more involved in AIDS research and treatment issues.

In spite of this sensitivity, there were still some slippages in the AIDS information for women. This illustrates the finding that there was always some variability in a discourse; meanings were never completely fixed. Moriarty (Women's News, 1987) criticized the panic surrounding AIDS, but then went on to state that many women "risk AIDS." They included: women who work in laboratories, hospitals and patients' homes, prostitutes and women who have male sexual partners. Thus, this list put the majority of Canadian women at "risk." If so many were in danger, then the panic that existed might be understandable.

C.T. Sand (1986), in a Herizons article titled "Women and AIDS update," provided information that was almost exclusively from US studies.⁴³³ The article stated that "of

⁴³² Mandatory abortion or even sterilization would also involve racial issues. In the United States, 90 per cent of children with AIDS were children of colour; 51 per cent of women with AIDS were black, and 21 per cent were Latino. In Canada, over a third of women with AIDS were immigrants from Africa or Haiti.

⁴³³ An article in Kinesis (1987) titled "AIDS: health, safety and sex" also used information compiled largely from AIDS organizations in the United States.

the women who have AIDS, over half have been I.V. drug users." This was not the situation in Canada. It was ironic that this discourse, which would criticize the conflating of AIDS in Africa with AIDS in North America, sometimes made a similar mistake by assuming that AIDS had affected all parts of North America in the same manner.

Sand claimed that women who had "had sex with I.V. drug users, gay or bisexual men, or hemophiliacs since 1977 may have been exposed to the AIDS virus." However, 10 lines later she stated: "Lesbians who are at risk have had sexual contact with people who use I.V. drugs, men who have had gay sex since 1979...." It was not clear why there were two different dates cited nor why there would be a need for two almost-similar lists, one for "women" and one for "lesbians." While these might be minor points, the inconsistencies affected the credibility of the information and suggested that the residue of certain social divisions was still evident in the counter-cultural discourse (e.g., the division between "lesbians" and "other women").

Finally, the magazines used in this chapter were, for the most part, considered to be on the political left. However, the left came under scrutiny in some of the articles for not responding quickly to AIDS. As this sample showed, for the first part of the 1980s, the left did not deal with AIDS at all. In a Canadian Dimension article, Larkin (1987) addressed this irony:

the Left and the feminist movement have been disturbingly silent in the face of this world-wide disease of epidemic proportions which threatens millions.

One of the reasons for this lack of response, according to Larkin, was the Left's "long tradition that denies the link between sex, politics and the state." It was even possible

that some on the Left shared the condemnatory attitudes of the Right when it came to gay sexuality -- that the gay community was hedonistic and was now paying the price.⁴³⁴ One evidence of this might be that the Left has always been reticent to join gay men in their struggle against homophobia. Heterosexism has never mobilized the Left in the same way that class, race or even gender has. The first group to come to the aid of gay men in the struggle against AIDS was lesbians. This was understandable, given their common experience of homophobia. According to Larkin, the left needed to recognize the importance issues around AIDS -- to recognize that the terrain currently being lost to the bureaucrats, scientists and forces of the New Right was its own. Canadian Dimension, in later issues, did attempt to correct this gap. Its efforts in this regard are useful to analyze, as they illustrate the sometimes-faltering attempts of the left to incorporate (or co-opt?) gay struggles and AIDS activism.

In September 1989, the magazine published a feature section on AIDS (including articles and an editorial) which emphasized the common struggles of AIDS activists and other segments of the critical left in Canada. The unsigned editorial, titled "AIDS and the Changing Face of Gay Politics," celebrated the broadening of gay politics to include other justice and rights issues (Canadian Dimension, 1989). The editorial claimed that:

After Stonewall, the emphasis was on building communities

⁴³⁴ For example, one US publication on the left, In These Times, had actually legitimized the conservative moral agenda on AIDS, coming out in support of such policies as mass testing and quarantine. Also, some alternative publications uncritically accepted certain mainstream solutions, such as "more money for AIDS research," without demanding any changes in the way in which the money was allocated or spent. In an effort to address this failure of the left, Radical America devoted two special issues to AIDS. Gary Kinsman praised these issues, commenting that they represented an important framework for the "beginnings of a socialist response to AIDS that can help illuminate the situation we are in and help us chart our way forward" (Kinsman, 1988A).

for gays and working for gay rights. The community was largely insulated -- gays did not respond in an organized way to other people's rights, and, by and large, were controlled by the business owners whose main concern was dollars not change.

One could ask if the gay community was insulated from other progressive groups, or whether it was actually isolated by other progressive groups. The history of the relationship appears to support both perspectives. After Stonewall, the primary focus of some North American gay liberationists was, indeed, struggling to expose and overcome homophobia. However, neither has the progressive left been forthcoming in trying to build links between their own movement and the gay and lesbian movement. The credo "An injury to one is an injury to all" notwithstanding. A letter to Canadian Dimension referred to this reticence of the left:

The more telling point is that other movements were not particularly welcoming of gay men and women. With some notable exceptions, labor and the left virtually ignored gay rights, while the feminist movement was deeply divided over lesbianism, so that the left needs to look at its own record (Vadney, 1989).

Within the Canadian Dimension editorial, there was also the contentious claim that gays were controlled by profit-hungry business owners. Aside from the unsavoury scent of the charge of false consciousness, whereby gays were seen to have been duped by capitalists, this statement ignored the role of these very businesses in making a gay community possible. Certainly there could be an argument made about the class or race divisions within the gay community. But, such critiques appeared in the gay press itself.

Generally, in spite of the implied intention of this editorial (to support and welcome the changes in gay politics) the piece had a paternalistic tone. For example, the editors made

comments such as: "Gay activists have come out of the rights closet and into the broader political world." Supposedly, gays were saying goodbye to a self-indulgent past, and coming of age, politically. This "welcome to the club, good to see you've finally made it" tone was the very sort of left condescension that gays and lesbians had criticized. There was an assumption that heterosexism was the lesser of several prevalent social evils (if indeed it was seen as an "evil"), and that the struggle against heterosexism could easily be subsumed under other struggles.

In fact, as an earlier editorial illustrated, one notable reason for supporting gay and lesbian struggles was that they could assist in this "larger" struggle.

Promoting gay and lesbian rights will not bring capitalism to its knees, but it's another chink in its armor. That, among many other more obvious, equally valid human-rights reasons, is why socialists should support lesbian and gay rights (Canadian Dimension, 1988).

Thus, the support was strategic. It was justified by the greater good which might result, and not just by the immediate effects.

According to the 1989 editorial, the catalyst for these changes within the gay community had been AIDS. In organizing against AIDS, lesbians and gays had recognized that an adequate response required a wider definition of the political terrain. In his letter, Vadney pointed out that:

even the awakening left often seems to define gay people mainly by AIDS. It has taken a disease to make it possible for some straight people to relate to gays, perhaps because AIDS enables them to give support while subconsciously still thinking of gay men and women as sick (Vadney, 1989).

This again raised the issue of "who moved to whom?" And why did it take a disease to

facilitate the move? While both sides may agree that AIDS had changed the agenda of the gay community, it was not clear whether AIDS had changed the agenda of the progressive communities.

Conclusions

The first part of this section provides a brief comparison of the magazines used in this chapter. This will be followed by some general comments on the counter-cultural discourse as a whole.

First, a comparison of the "feminist" publications. In Herizons, there was an emphasis on the societal response to AIDS, and how that would affect women. The articles tried to get women involved in the issue, and the political "backlash" as a result of AIDS was seen to be related to the prevalence of homophobia and sexism in society.

Healthsharing was also interested in how AIDS would affect women's health -- both those who were HIV positive and those HIV negative. The magazine was sensitive to the existing biases within the health care delivery system, and how they would work against PWAs. Also, Healthsharing was interested in the effects of AIDS on some of the continuing concerns of the publication, such as women's reproductive rights. Like Herizons, this magazine stressed the political nature of the "solutions" employed to limit AIDS, and emphasized how governmental policies affected individuals ("the personal is the political").

Women's News/ Bulletin Femmes was also critical of the official line on AIDS. It

reprinted an explicit guide to safer sex, from another alternative source (New Internationalist), and expressed the fear that patriarchy would have an effect on the adoption of safer sex practices. As a result, there was a need to revise what was defined as "sex" to include safer, more egalitarian, practices.

As an important side note, these feminist magazines were more likely to address issues of concern to lesbians than the gay/lesbian press. Certainly, TBP generally ignored lesbians, whereas Rites was more willing to integrate them into the AIDS activist movement. However, Horizons, Healthsharing and Women's News all appeared to be more forthcoming in dealing with lesbian issues. Since they dealt with structural concerns (patriarchy, classism, etc.), they argued that women (lesbian and straight) would be challenged by AIDS in similar ways. The gay press, on the other hand, was covering the more immediate effects of AIDS on PWAs.

Two of the "feminist" magazines did not address the larger issue of effects of patriarchy. While Kinesis did refer to the effects of patriarchal practices in Africa (genital mutilation), it did not make the same links for the North American situation. The information in Kinesis included some consideration of alternative theories, such as syphilis as the primary co-factor for AIDS. However, most of the information came from the United States, and problematic terms such as "high risk group" were used without comment.

In Broadside, there was no clear description of any editorial position on AIDS. The only article published was the reproduction of a pamphlet that was already widely available. One could conclude, on this evidence, that the publication found government

information to be acceptable. Unfortunately, some of the gaps in the original information were not corrected for Broadside's readers.

For a magazine that claims a specialty in investigative reporting, This Magazine was very silent on AIDS, an area that was ripe for such investigation. Instead, it featured an article by a staff writer who was defending his position on a quarantine bill -- a bill that was protested by many progressives.

As a result, it illustrated the lack of consensus within the counter-cultural press and showed how this discourse can be its own greatest critic. Persky's most severe reproof was for those progressives he disagreed with, not for the governmental and medical authorities who had crafted the official response to AIDS. While the article did address the issue of the state regulation of individuals, it came out in support of the state's right (in society's interest) to impose restrictions.

Of the magazines in this chapter, Canadian Dimension was the most interested in the effects of capitalism on responses to AIDS. This larger economic context was taken to be a significant factor. The magazine also attempted to deal with the silence of the left - to address it and even to do penance for it. But, in the process, CD exhibited that some of its own strong biases were difficult to change. The magazine still privileged anti-capitalism, and still did not provide a solid affirmation of the intrinsic legitimacy of lesbian and gay rights (apart from any larger "progressive" movement). Nevertheless, it did open its pages to the discussion of AIDS activism

Fuse was concerned with the attempts of governments to impose stricter censorship laws, especially those which affected the activities of artists and cultural producers. Thus,

the struggle over AIDS education was relevant to the publication, and it published on this topic. Fuse was very critical of the limiting of explicit information, as an attempt to impose a particular moral vision. (This was encountered in the art world as well.) First, in a plural society, there is no consensus unless it is a forced one. And, more importantly, the health and safety of people should be privileged over community moral standards. (For moral standards are a site of ideological struggle as well.) Like the other sources in this chapter, the magazine was more interested in the social effects of AIDS, than in the virus itself.

What follows are some comments on the counter-cultural discourse as a whole. The contribution of this discourse had largely to do with a critique of the social reactions to the virus. It was less a discussion of a virus than of the ways in which it had been used both as a metaphor for the "need" for moral purity and as a "justification" for the efforts of the moral entrepreneurs. While official or governmental actions were criticized, these were not the only sites of analysis.

With the exception of Rites, the sources did not provide extensive discussions of the nature of HIV itself. At the same time, a number of alternative theories were presented. For example, female genital mutilation as a factor in HIV transmission was discussed in both Herizons and Kinesis. And poverty was cited as a risk factor.

Like the mainstream media discourse, much of the information on AIDS came from US sources. Given that the majority of the AIDS research had been done in the United States, it could be expected that the media (regardless of ideological commitments) would turn to this bank of information. Nevertheless, sometimes readily-available Canadian

information (such as the epidemiological profile) was ignored, resulting in misperceptions of the Canadian AIDS situation.

The construction of the PWA in the countercultural press was very different from that of the mainstream press -- the latter preferred the stories of "carriers" and "threats," rather than those who lived out their lives quietly and creatively, helping others to cope. The most striking difference was the willingness, within this discourse, to allow experience to stand as a legitimate form of evidence. There were stories about PWAs, and their words were used. Also, some of the authors spoke in personal terms about their own experience with HIV and their own anxieties (cf. L. McCaskell, 1988).

These texts were sensitive to the ways in which the coverage of AIDS had stigmatized PWAs. By giving a "meaning" to the disease, commentators had also characterized PWAs. Jane Rule noted, in The Body Politic:

If AIDS is going to be called an Act of God, I want the phrase interpreted as it is in some insurance policies.... For an insurance agent, Acts of God relieve the victim of any responsibility and therefore require total compensation (Rule, 1983).

She cited this tendency to judge the victim when something terrible happened. To look for some meaning or reason behind the unthinkable; someone or something to blame, even themselves. "For whatever cold comfort that is, it can seem preferable to facing the fact of random, morally purposeless disaster" (Rule, 1983). This predisposition to impute meaning to sickness was critiqued in the counter-cultural discourse.

The discourse also critiqued the distinction, made elsewhere, between "innocent" and "guilty" PWAs. The basis for the division was often whether the person "unwittingly"

contracted the virus. Those who did, were considered innocent. However, the application of this logic presented the following difficulty. If a person contracted HIV from a blood transfusion received during an elective surgery, they might be classed as a "victim." It was argued that this person was not aware of all of the possible dangers. On the other hand, if a person contracted the virus during a sexual encounter, he/she was not given the same sympathy. There was a perception that the person chose to engage in a particular behaviour which put them at risk. But both people made a choice. And both did so under a condition of imperfect information. The fact that, at least in the early 1980s, both had no knowledge of the risks of HIV suggested that they should be treated equally. As voices in the countercultural discourse made clear, that had not been the case.

Some texts noted that an effect of claiming PWAs were responsible for their disease was a reticence to provide optimal health care. For example, the BC government put a ceiling on how much of the cost of AZT that it would cover. And why was AIDS being singled out in this way as a disease that was self-induced? Were those who contracted lung cancer due to smoking denied health care? Were the pharmaceutical costs of those with hypertension questioned by provincial health plans?

In some accounts, the terms "risk group" or "high-risk group" were used. However, the use of these terms was suspended much earlier than in the mainstream press or the official discourse. A December 1983 TBP story was titled "Ontario removes Haitians from list of high-risk groups." In the same story, the term "high-risk group" was acknowledged to be "controversial," and a new term ("specially affected group") was suggested. The new term referred to the very same groups, but avoided the

misinterpretations of the former term. Nevertheless, despite the text, the article's headline used the offending term, without setting it in quotations (Jackson, 1983C).

In mainstream accounts, "high risk groups" were constructed as intrinsically "threatening." In the counter-cultural discourse, they were considered as intrinsically "vulnerable." (Or, as the above term noted, "specially affected.") However, AIDS was not acquired by being a specific "type" of person or member of a particular ("at risk") group. Rather, it was a result of particular interactions with infected persons. To confuse identity with practice would mislead people on the true nature of the virus. It did not "seek" lifestyles, but only hosts. Thus, the counter-cultural emphasis on risk behaviours instead of risk groups was one way of addressing this prevalent confusion.

This discourse rejected the assumption that PWAs were inherently dangerous to society. As the example of the mainstream media's treatment of Donna Jean Newman illustrated, there was pressure to redefine AIDS as not only communicable and reportable, but also as requiring the isolation of certain PWAs. When Newman was released in May 1985, she was required by the provincial Health Protection and Promotion Act to conduct herself "in a manner as not to expose another person to infection" (cited in Kinsman, 1986B). However, the police opposed her release on the grounds that it would contravene the protection of "public safety." There was an implicit assumption that HIV could be transmitted in a "casual" manner and just her presence in society was a danger. Based on its rejection of this possibility of casual transmission, the counter-cultural discourse also rejected any need to isolate PWAs -- even those involved in the sex trade.

Not only did these texts support PWAs, but many of them also celebrated the rise of

AIDS activism. As a progressive model of patient advocacy, AIDS activists were congratulated for actively questioning medical authorities and for demanding the quick release of new therapies. This fit with the discourse's concern over the larger political context of AIDS.

In terms of solutions, these texts privileged education as an immediate and concrete action against the spread of HIV. The best education was considered to be explicit, sex-positive and gay-positive. Safer sex needed to be "eroticized." The political difficulties in generating and disseminating such information within society were recognized. There was a strong faith in the value of education, that people would be able to change their behaviours and protect themselves. To some extent, this ignored the complexity of desire. And, as some of the feminist articles noted, it also ignored the effects of patriarchy on the adoption of safer sex practices.

In the gay press, the struggle over safer sex was easier to win than the struggle over the limiting of sexual partners. The gay community came behind the former message, but there was controversy over the latter message, partly because of its negation of a part of modern gay life for some vocal writers. To advise people to limit the number of their sexual partners seemed like too much of a moral message. However, to tell people to change what they did with their sexual partners was advice on a different level and it appeared to be more specifically related to disease prevention. Maybe this was something that the official discourse still needed to learn in terms of public education. The gay community had already gone through this adjustment of its message in its various debates over "promiscuity" and prevention.

Other "solutions" such as quarantine or mass testing were strongly rejected. According to Cindy Patton, "The introduction of testing... has really kind of warped the whole system of thinking about safe sex" (cited in M. Adams, 1989: 10). Testing changed the idea that everyone needed to practice safer sex, and the emphasis was put on determining who needed to be more careful than others. A hierarchy of hygienity developed, and the discourse rejected its implications. While it was still considered to be an individual decision, both TBP and Rites editorialized against taking the HIV test.

It would be inaccurate to portray this discourse as being homogeneous. Rather, it was a contested terrain upon which debates over meaning and implications occurred. The interaction which was spurred by Persky's This Magazine article illustrated one such debate. Persky argued for the lobbying of officials and working for "best-possible" political solutions. His critics (Kinsman and Smith) argued for action and empowerment, whether it was in the form of street demonstrations, civil disobedience or setting up drug therapies without waiting for government approval. For the two sides, the solutions appeared to be very different. But they both spoke out of a relatively-similar background -- the gay left.

Finally, most discourses have a larger context within which the texts were set. This larger context differed for the different discourses. In this case, it was the context of oppression, homophobia, sexism and governmental/ medical intervention or regulation.

While there was sometimes a struggle over what this larger context was (capitalism? homophobia? gay sexuality? patriarchy?), it was assumed that it had certainly influenced the slow and inadequate response of officials. And the continuing struggle against these

sources of oppression coloured the construction of AIDS, people with AIDS and the possible solutions.

AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it. We know AIDS only in and through those practices (Crimp, 1987A: 3).

This chapter returns to the three questions that guided the textual analysis: How is the disease constructed? How are the patients characterized? And, what solutions are put forward? In so doing, it brings together the messages from the three discourses and discusses the implications stemming from these constructions. This provides an overview of the results of the coverage of AIDS in Canada, as well as a comparison of the ways in which, in different discourses, contexts influenced texts. To further draw out this latter point, some background material will be introduced to illustrate how the texts sometimes reproduced and sometimes ignored larger contexts surrounding AIDS. Contexts (and the discourses of knowledge which emanate from them) do not directly determine texts. Nevertheless, there is a connection between the two which is significant and enduring.

The chapter is organized into three sections, according to the major questions. Each section contains a number of themes, relating to the coverage.

THE VIRUS

Naming the Affliction

The disease underwent a number of changes in nomenclature. These were both official and informal. For example, in the beginning, the term GRID was widely used (Gay Related Immune Deficiency). This was a semi-official term. However, at the same time, the term WOGS was also circulating. This stood for Wrath of God Syndrome (Treichler, 1988: 198).

The term Acquired Immune Deficiency Syndrome was chosen by the Centers for Disease Control as a more neutral (and accurate) term for the medical condition. Even after it entered into circulation, certain media continued to refer to the "gay plague," sometimes putting the term in quotation marks.

The name for the virus also changed, this time as a direct result of political negotiation. The first name was LAV (Lymphadenopathy-Associated Virus), used by the French researchers. Gallo and some of his American colleagues used HTLV-III (Human T-Lymphotropic Virus Type III). When it was agreed that they were the same virus, the name was changed to HIV (Human Immunodeficiency Virus).⁴³⁵ This agreement was

⁴³⁵ The "co-discoverers," Gallo and Montagnier, collaborated on a joint history of HIV in a special issue of Scientific American. The article described the research of the two men as being complementary, but not entirely parallel. Any allegations of viral plagiarism or even competition were side-stepped. Rather, this "historical" account of the discovery of HIV re-worked and revised the actual chronology so as to create a more socially-acceptable story of ingenuity, industry and cooperation (Gallo and Montagnier, 1988). While the name of the virus was agreed to be HIV, specific names were maintained for different strains. Thus, LAV and HTLV-III were considered to be biologically different (Gallo and Montagnier, 1987). However, this latter action also allowed the two researchers to maintain some control and ownership over their own particular discoveries.

endorsed by both Gallo and Montagnier, as well as their respective national governments.

The use of terms to "construct" the disease is essential. Without such, as Treichler pointed out, the disease would not be intelligible. Without setting it into discourse, we could not relate to the disease. This placement, which is subject to contestations over meaning, organizes the perception of AIDS. For example, the use of "gay plague" inscribed the disease with a particular "meaning," constructed lists of who was "at risk" and who was not, and implied which PWAs were "guilty" and which were "innocent" (Treichler, 1988: 232). "Gay plague" was almost always used in the early coverage of AIDS (cf., Globe and Mail, 1983; Westaway, 1983; Guggi, 1982; and Riley, 1982).⁴³⁶ Even after it was recognized that the term was no longer accurate, it would be used, but put inside quotation marks. And, some of the early advice focussed solely on behavioural changes for gay men. Thus, the assumption that gays were the most likely to be affected was maintained (cf. Mackenzie, 1983). In a Herizonas article, Adams rejected the idea that AIDS was a "gay plague," arguing instead that AIDS was a "media plague" (M. Adams, 1986A). That the disease had been shaped and distorted by the media, resulting in a "plague" upon the gay community in general.

At times, the virus itself was invested with an intelligence and consciousness that guided its actions. A Toronto Life article ended with the solemn warning that the virus may have a commitment to survival that exceeds our own (Roberts, 1987: 50). Forsyth (1987) wrote of how HIV "sought out" and attached itself to certain human motivations, such as

⁴³⁶ Link Byfield, of the Alberta Report, referred to AIDS as the "gay virus" in an editorial (cited in Pepper, 1990).

the sex drive. And Teshler (1983B) referred to AIDS as a "killer" that was actively "stalking" people. Consequently, the ability of people to resist such an "intelligent" enemy was questioned. In addition, if the virus showed a conscious "selection" of hosts, then that would reinforce the moral proscriptions of those who tried to see HIV as having a transcendental "message."

HIV versus AIDS

One common practice, especially in the mainstream media discourses, was a lack of distinction between HIV and AIDS. For example, there was a repeated use of "AIDS virus" to denote HIV. This even appeared in a work by Gallo and Montagnier (1987). And, the Ontario Ministry of Health claimed in a widely-disseminated pamphlet that the term "AIDS virus" meant "HIV" (Ontario Ministry of Health, 1988A). The BC Ministry of Health, in a glossary, also claimed that "the AIDS virus" and "HIV" were interchangeable.

There were other confusions as well. For example, a story in the Toronto Star stated: "AIDS is an often fatal virus" (Toronto Star, 1985B). Another author referred to "AIDS 'antibodies'" (Allen, 1987A). And, in the discussion of the Donna Jean Newman case, many outlets claimed that she could "pass" AIDS on to her clients (Globe and Mail, 1986). At most, she could only assist in the transmission of HIV.

However, does it matter if AIDS and HIV are confused? What are the possible distortions that could result? For one, the imprecision reinforced the confusion over

people with AIDS and people who had tested positive for antibodies to the HIV virus. By equating AIDS and HIV, PWAs and PWHIVs were also treated in a similar manner, despite wide differences in health status.

And, according to AIDS educator Simon Watney:

the fact that eight years into this epidemic, the distinction between a disease and a syndrome is still not universal is just one of the many measures of the total failure of public commentary and health education throughout the western world (cited in CBC, 1989: 9).

Watney argued that the conflation of HIV and AIDS both hindered public understanding and illustrated how little was comprehended, despite the incessant discussion.

Linking AIDS to Other Disease

Another important consideration is, "How is the disease constructed in light of other diseases, and in light of medical history?" By placing AIDS into the field of disease, various discourses were able to reinforce certain links.

One of the early metaphors for AIDS, was "cancer," or "gay cancer." This was true in both mainstream and counter-cultural discourses. One reason for this was the presence of Kaposi's Sarcoma in many of the early PWAs.

However, one of the most common links was to refer to AIDS as an "epidemic." The term, as used by epidemiologists, refers to the direction of growth of a disease, and not its relative size or even virulence. Thus, medical practitioners may use the term differently than lay people, who may envision rampant disease. This term was used very

early in the coverage of AIDS. In July 1983, Maclean's referred to AIDS as an "epidemic." At the time, there were 29 known PWAs in Canada.⁴³⁷

In the mainstream media, for example, "epidemic" was often linked with "plague." This compared AIDS with past diseases such as the Bubonic Plague. For example, the Maclean's article entitled "Plagues of the Past," which linked AIDS to cholera and the black death (Allen, 1985C). (The term "gay plague" also reinforced this link.) And, in Canada and the World, one of the suggested activities for discussion was to investigate the parallels between AIDS and the Black Death.

However, this plague metaphor did more to obscure the differences between AIDS and other diseases, than to elucidate the nature of AIDS. Plagues, such as the black death of 14th century Europe, are commonly characterized as ravages which rely on casual contact for transmission. (Vectors such as infected water or fleas are necessary for such a rapid and thorough spread of disease.) By linking AIDS to the Bubonic Plague, the nature of the disease and its transmission was misrepresented. Possibilities for prevention were downplayed, resulting in unwarranted fear. And, the "necessity" for strong public measures was legitimated.

In addition, the use of the term "plague" implied a moral dimension to the disease. As Schafer (1990) wrote: "plagues are inflicted rather than merely endured. They a [sic] punishment for sin."

⁴³⁷ Similarly, a BC doctor referred to AIDS as an epidemic because the number of cases in the BC Lower Mainland had increased from zero to five in a few months (Ouston, 1983). However, not all mainstream outlets immediately pounced on the idea of AIDS as an "epidemic." For example, an early article in the Toronto Star rejected the appropriateness of the term "epidemic" (Toronto Star, 1983A). In addition, an early article in The Body Politic also argued that terms such as "epidemic" and "plague" were neither accurate nor warranted (Lewis, 1982B).

It would have been more accurate to equate AIDS with other, known diseases such as hepatitis-B. Both conditions involve a virus which utilizes reverse transcriptase (an enzyme which catalyzes the reproduction of the virus from RNA to DNA) to replicate. And the methods of transmission, and possibilities for prevention, are similar (Blumberg, 1988).

Another set of metaphors which were often used in the discussion of AIDS was military metaphors. The virus (as described above) was sometimes represented as "stalking," and efforts to prevent its spread were conceived as part of a battle. As the CPHA campaign invited, "Join the Attack on AIDS." John Greyson, a video artist, stated: "AIDS is a war, not only of politics and medicine, but also of representations" (Greyson, 1988/89). And the title song for a videotape called "Testing the Limits" (on the resistance of AIDS activists in New York City) was called "Living in Wartime" (Bordowitz, 1987: 187). According to Frankenberg, this use of military analogies (which is present in much medical discourse) fits in with the concept of quarantine (Frankenberg, 1988: 198). When campaigns against disease are structured like military campaigns, there is also the chance of constructing the "diseased" as either the enemy or at least in fraternity with the enemy.

In many cases, AIDS was referred to as constituting a very severe and qualitatively new health crisis. One result of stressing this is a reinforcement of the possible necessity for extreme measures to contain the virus. For example, Bob Pennock stated in the House of Commons: "AIDS is a terrible disease which must be dealt with by harsh measures, if we are to protect all Canadians" (Hansard, 17 March 1988, p. 13846). This extra-normal character of AIDS might require a suspension of normal rights.

In an issue of Health Promotion, a publication funded by the federal Department of Health and Welfare, it is noted that "anyone describing a disease such as AIDS twenty years ago would have been dealing in the realm of science fiction."

Another example is the wide use of the term "The New Facts of Life" by the Canadian Public Health Association. If, indeed, AIDS is a break with the past history of disease and disease prevention, then new methods of containment and control are acceptable. This "new" nature of AIDS had resulted, according to an Alberta Report article, in doctors questioning the relevance of the Hippocratic Oath (Koch and Orr, 1987). A Maclean's article corroborated this, by noting that the "frightening spread" of AIDS had "severely strained" the traditional practices of doctors (Steacy, 1987A). Thus, the qualitatively "new" nature of AIDS had "forced" actions and changes to the "normal" course of medical care.

In a similar manner, some dentists questioned whether they were duty-bound to provide care to PWAs and some politicians wondered aloud whether the criminal justice system had adequate sanctions to prevent "carriers" from infecting others. Rather than stress the new and terrible nature of AIDS, one could also stress how its transmission is similar to other known diseases, such as Hepatitis-B and/or syphilis.

In general, the above characterizations related to a construction of fear around HIV and AIDS. In addition to the usual terms such as "killer disease" and "wildfire spread," loaded terms were used. For example: "a lethal pandemic unparalleled in human history" (Barber, 1985B); "potentially one of the most devastating epidemics of infectious diseases to hit mankind in historical memory" (Armstrong, 1987: 57); and "AIDS: The world's

most frightening four-letter word" (Campbell, 1987A: A1). This was the sort of media over-statement which might have fuelled "irrational" public fears.

In terms of the medical construction of AIDS, as different research specialties took over the leading position in AIDS research, different approaches and theories were taken. The major change was from immunology to virology. Immunologists are interested in the interaction between the person and the environment, and search for why particular bodies are affected differently by the same infection. Thus, the prevalence of an immune overload theory fit with the immunology agenda.

However, when virology took primacy in the research, there were some changes. As Patton wrote:

Virology has a whole different approach. They want to find the virus and if there are differences in the people they are thought to be attributable to differences in the virus and that the approach is to see how strains of the virus differ and see how that correlates with different manifestations. There is much less interest in what might actually differentiate the people themselves (Patton, cited in M. Adams, 1989A: 10).

This was a conceptual shift in the scientific construction of HIV and AIDS.

The current shift in the construction of AIDS is from seeing it as an invariably fatal condition to seeing it as a chronic but manageable condition. AIDS activists have called for this shift, but medicine is not yet ready to change its own perceptions, and the mainstream media is not about to take the lead on this. (After all, in the media, death sells better than life; or, at least it is more adaptable to sensationalization.) With this shift, if it ever fully occurs, certain solutions would become more privileged. For example, treatment therapies for PWAs would become more important, rather than

focussing research on vaccines or cures. At the same time, more attention would be focussed on PWAs, rather than on viruses and T4 cell counts.

Slippages and the Bi-National Focus

There was some confusion, especially in the mainstream discourses, about when AIDS first became a problem. According to various sources, AIDS was first diagnosed either in 1978, 1979, 1980 or 1981. Even the official discourse exhibited some notable gaps in knowledge. The report of the Standing Committee (AIDS in Canada) stated that "AIDS was not diagnosed in Canada until two years after being identified in the United States" (Standing Committee, 1986: 9). The committee then argued that the progress of AIDS was still two years behind that of the United States. However, the gap between diagnoses in the two countries was less than a year. While this might seem a minor point, it was used in their argument about the current (and possible future) status of AIDS in Canada. To claim that Canada was simply "behind" the United States by two years obscured the real differences in the epidemiology of AIDS in the two countries.

Another major gap in knowledge related to the use of US data, which was generalized to cover Canada. This most obviously created a problem in the discussion of the percentage of PWAs who belonged to the risk category of IV Drug Users. Magazines such as Canadian Living and Alberta Report noted that 17 percent (the US figure) of PWAs in Canada belonged to this category (Armstrong, 1986: 53; Byfield, 1987). And Kinesis reported (erroneously) that IV Drug Use was "the most important risk factor for

women" (Kinesis, 1987: 3).

In addition, some articles gave compound figures which related to the incidence of AIDS in both the United States and Canada. As a result, these figures were significantly higher and a more dramatic scenario could be developed.

Estimates of the Spread of HIV

There was also the question of the numbers of people infected. This number represented both a concrete measure of the present "danger" of AIDS, as well as an implication for the future. The concern here was over the number of HIV-positive people, and not the number of PWAs (although the two numbers were related). The greatest fear was over the pool of people who do not exhibit symptoms/ signifiers of infection.

Estimates of the number of people affected varied, sometimes widely. They ranged from 24,000 (Cameron, 1986) to 75,000 (Allen, 1987A) "carriers" in Canada alone. A Reader's Digest article claimed that, by 1991, there could be 300,000 "carriers" in Canada (Pekkanen and Naccache, 1987).⁴³⁸

One of the most common estimates used was 50,000 HIV-positive people in Canada. The estimate originated in the official discourse, and then was widely disseminated by the

⁴³⁸ In a 5 April 1986 story, the Ottawa Citizen reported that the federal government's AIDS estimates had been too high. Although the FCA itself admitted this, they could not give an explanation for why the public was not informed of the adjusted estimates. The government had estimated 20,000 AIDS "cases" by 1990 (Ottawa Citizen, 1986). As of 3 December 1990, there had been a total of 4,193 people diagnosed with AIDS in Canada.

mainstream media. The "50,000" figure was the dominant message of the CPHA "Join the Attack on AIDS" poster. The very same estimate was repeated by various government spokespeople for over more than two years (Standing Committee, 1987; Office of the Prime Minister, 1989).⁴³⁹

While this estimate was often repeated, it was sometimes used as one end of a range. For example, a "Current Issue Review" of AIDS, released by the Library of Parliament, estimated the number of infected people in Canada to be 50,000 to 100,000 (Milko, 1989).

Another high estimate came from a report published by the Society of Actuaries in August 1987. The report, AIDS, HIV Mortality and Life Insurance was widely read in the insurance industry. The report estimated that, at the time, 70,000 Canadian men were infected.

This figure was even taken to be too small. Nikiforuk, in a Canadian Business article, stated that "Canadian health officials estimate anywhere from 50,000 to 250,000 cases of HIV infection nationwide" (Nikiforuk, 1988: 110). Thus, the "50,000" figure was accepted as the lowest estimate. As expected, no citations were provided for this claim.

The estimates were at least partially based on the numbers of known infections.⁴⁴⁰

⁴³⁹ The continued use this figure (at the same time as AIDS was supposed to be increasing in scope) represented a tacit admission that the earliest estimate was not accurate. However, sources did not appear to be willing to adapt the estimate. For example, at the International conference in Montreal in 1989, Dr. Clayton of the FCA, in a plenary session, presented information to suggest that the number of people to contract AIDS in Canada for the 30 years from 1980-2010 would be 30,000. However, Prime Minister Mulroney, in his plenary address, repeated the estimate of 50,000 people now infected.

⁴⁴⁰ In some cases, it was implied that the numbers were not even estimates, but actual figures. For example, a Verve article stated that at least 50,000 people "test positively on the [HIV] antibody

It was also estimated that the under-reporting of AIDS was running at about 15 percent (Sadinsky and Associates, 1989: 12; Kirkey, 1990). This showed that even the best epidemiological records on AIDS were subject to some miscalculation. Dr. Robert Remis, the director of the FCA's Bureau of Epidemiology and Surveillance, admitted that:

There's no way of really knowing what that number is [number of people infected].... In fact, in order to do that in any really theoretically valid sense, you'd have to basically test everyone in Canada and obviously not give them the choice (cited in CBC, 1988: 17).

There were some forms of evidence which could have been used to generate estimates, but which were apparently ignored. For example, data from the Red Cross showing the number of blood donations which had tested positive could have been used. Granted, the sample was not fully representative, but at least there was some basis for an estimate.

One of the most disconcerting aspects to the use of these estimates was the lack of information on where they came from and how they were derived. Sometimes, the source was stated as "health officials" or "AIDS experts." But as to their derivation, no clues were given, making it almost impossible for readers to critically evaluate the information. In addition, different government departments would use different estimates. For example, the Laboratory Centre for Disease Control estimated 2,326 new cases in 1987 (Popert, 1986), whereas the Department of Health and Welfare estimated only 1,642 total cases by the end of 1987 (Ottawa Citizen, 1988E). (In the end, the figure was 827.)

test" (Verve, 1987B).

The Politics of Scientific Discovery

AIDS and HIV, as medical discoveries, possessed a particular history which included competition and intrigue. However, to admit to the importance of the political dimension would be to allow that it may have affected the "purer" domain of science.

For example, there was a fight over the ownership of the virus itself, or at least over its discovery. This was largely ignored, at least in the official and mainstream media discourses. Even when an outlet reported on both the discoveries of Dr. Montagnier and Dr. Gallo, there was little reference to any conflict (cf., Ottawa Citizen, 1984). Thus, the effects of scientific competition on further research was generally ignored. To accept the assumption that politics affects scientific work is to admit to the way in which science can be distorted by societal factors.

McGrath and Sutcliffe argued that the "regime" of intellectual property, and the subsequent protections put in place, actually hindered the sharing of information. In this way, the pace of scientific research was slowed (McGrath and Sutcliffe, 1986: 17). They also pointed out that Dr. Gallo had been very cautious about sharing "his" HTLV-III with other researchers. And, since HIV was very difficult to replicate in the laboratory, this reticence had far-reaching effects on how many scientists could actually get to work with the virus.

There are also criticisms of those who withhold their information until it is both published in a medical journal and patented. As James wrote: "Many journals demand that authors keep their results secret until the publication date, usually many months after

the scientists submitted the paper" (James, 1986: 45). As a result, there are long gaps between when advances are discovered and when other scientists can benefit from those advances. On the other hand, there is also criticism when "discoveries" are made known through press conferences.

Origin Myths, #1: African Genesis

In terms of the geographical origin of the virus, the theory of an African Genesis was usually upheld.⁴⁴¹ With it came a number of assumptions about that part of the world. This included a suspicion that African scientists were more stringently controlled than their Western counterparts. For example, the following was from a synopsis of the 1986 AIDS Conference in Paris, published in AIDS Treatment News, which was normally considered to be an "alternative" publication:

An undercurrent at the Paris conference was that the Africans there were not being cooperative. The reality is more complicated. The African scientists had to speak in terms acceptable to their governments, which are afraid that an AIDS panic will damage their shaky economies (James, 1986: 44).

While this was meant to be an alternative explanation (by putting the blame on African governments rather than on African scientists themselves), it still reinforced a negative image of the African response to AIDS.

Given the assumption of an African origin, some journalists speculated on why the

⁴⁴¹ History shows that sexually transmitted diseases are usually viewed as having come from "somewhere else." For example, syphilis was called "the French Disease" in Italy, "the Disease of Naples" in France and "the Christian Malady" by the Turks (H. Smith, 1986: 44).

epidemiology of AIDS was different in Africa. This often hinged on the stereotype of a more "promiscuous" and even "backward" African. For example, an article in Maclean's referred matter-of-factly to the "widespread tribal custom" of a widow having sex with her former husband's closest male relative as a significant factor in HIV transmission (Wood, 1987: 37). An article in AIDS Patient Care noted that "ritual wife-sharing is a common practice among many African tribes" (Singer, 1988: 13). And, a Toronto Star story referred to "rampant venereal disease" and "a higher rate of sex with prostitutes" as factors (Toughill, 1988).⁴⁴²

On the contrary, contributing factors such as malnutrition, widespread malaria and other diseases which have affected immune responses, medical practices such as the re-use of hypodermic needles in inoculation campaigns, and the economic conditions of underdevelopment were not usually emphasized. This larger political and economic context was generally downplayed.

The treatment of Africa in discourses on AIDS was critiqued in a book Aids, Africa and Racism, by Richard and Rosalind Chirimuuta. The Panos Institute released a report on AIDS in Africa in late 1986. This was an important document used in discussions of AIDS in Africa. The Panos Institute was referred to in one media account as a "prestigious international information and policy studies organization" (Turner, 1987: A1). At the time it released its report on Africa, Panos had been in existence for less than a

⁴⁴² It has been argued that, if HIV originated in Africa, then any possible HIV vaccines would need to be tested there on the African population. In addition, the spread of the virus has significantly slowed in North America, making some scientists look elsewhere for high seroconversion rates. Such testing of unproven products on an African population would raise a number of troubling issues (Cerullo and Hammonds, 1987).

year.

The report argued for the African genesis of HIV, and sharply criticized the African response. The Chirimuutas responded with "Racism, not science, motivated the search for the origin of AIDS" (Chirimuuta and Chirimuuta, 1987: 128). They also pointed out several inaccuracies: AIDS first appeared among Africans with a history of foreign travel; unreliable epidemiological studies of Africa had been widely quoted; the cited rates of HIV infection were often higher than the rates of venereal disease in general; and African green monkeys do not suffer from an AIDS-like virus -- Asian macaques do.⁴⁴³

Origin Myths, # 2: Gay Community as Reservoir

The social history of the idea of moral plagues reveals... a characteristic use to justify the moral superiority of peoples who survive plagues and the demoralized sense of failure of peoples who do not (Richards, 1988: 527).

Related to the issue of the geographical genesis of AIDS were the theories about the reason for AIDS. This did not refer to the "cause" of AIDS (widely held to be HIV), but suspicions about "why" it appeared. Medical science generally does not address this area, leaving such transcendental questions to theologians and philosophers. But in the mainstream media, this served as the entrée for a discussion of the "moral" aspects of

⁴⁴³ The naive view of an African genesis often contained undeniable racist overtones. In relation to this latter point, an Edmonton physician publicly stated that "the first human to acquire AIDS may have engaged in a bestial act with an African green monkey" (cited in Koch, 1987: 32). Surprisingly, Penny Nault of the National AIDS Centre (later the FCA), was quoted in the same article as supporting this as a possibility.

AIDS.⁴⁴⁴

In some cases, homosexuals were held responsible as a "cause" of AIDS. Here, some notion of divine retribution was often involved.⁴⁴⁵ However, some tried to couch this in a more "scientific" veneer of "offending nature" and thus reaping the results. For example, one article discussed the possibility of a gay "predisposition" toward AIDS (Globe and Mail, 1984B), and another referred to the "sexual Third World" of gay bathhouses which "paved the way for AIDS" (Roberts, 1987: 45).⁴⁴⁶ And the BC Health Minister, in trying to apologize for the homophobic comments of the BC Forestry Minister, noted: "there are many cases perhaps where it [AIDS] is a self-inflicted wound... where in some people, in fact, the lifestyles have invited the disease" (cited in McInnes, 1989). This is akin to saying that "water causes typhoid fever" rather than saying "the bacteria which causes typhoid fever can be transmitted through water."

By locating a North American origin within the gay community, there was also a stigmatization of members of that community. As an Alberta Report article noted: "What was once seen as a 'gay plague' is now perceived as a threat to anyone who comes within spitting distance of a homosexual" (Weatherbe, 1985A: 46). And the top civil servant in

⁴⁴⁴ These "moral" aspects were used to provide support for a broader "New Right" agenda. For example, US anti-feminist Phyllis Schlafley published a pamphlet called "AIDS-ERA," wherein she tried to link the spread of AIDS with the drive toward accepting the Equal Rights Amendment in the US (M. Adams, 1987: 10).

⁴⁴⁵ The Southern Baptist Convention adopted a resolution at their 1988 convention stating that homosexuality was "the primary cause of the introduction and spread of AIDS in the United States" (CDC AIDS Weekly, 1988A).

⁴⁴⁶ Such a view even surfaced within the counter-cultural discourse. In a letter to The Body Politic, Michael Callen (a PWA from New York City) wrote: "gay men have managed to create a disease setting equivalent to those of poor third world nations and junkies" (Callen, 1983: 6).

charge of Canada's AIDS program was cited as saying "What we don't know is how many homosexuals and other individuals are incubating the disease today" (cited in Ottawa Citizen, 1983C). The gay community was represented as both reservoir and incubator of AIDS.

This presentation would have very real material effects. A 1987 survey asked the question, "Who is at fault for AIDS?" A third of the respondents answered "gays" (Provencher, 1987A). This presumed link between AIDS and homosexuality actually obscured the ability to analyse and respond to the disease.

Origin Myths, # 3: Promiscuity as a Cause

In some cases, "promiscuity" (which was rarely defined) was held as a "cause" for AIDS. For example, Girve Fretz stated in the House of Commons that "promiscuity and homosexuality are probably the two greatest causes of AIDS" (Hansard, 7 June 1988, p. 16203). And a Saturday Night article claimed that "The twentieth century's shallow obsession with sexual freedom created ideal incubating conditions for a deadly virus" (Bliss, 1988: 83).

The concern over the mean number of sexual partners originated in the official discourse. For example, an early article in the Lancet stated that "frequent receptive anal intercourse with many homosexual partners predisposes to HTLV-III infection" (Goedert et al., 1984: 711). Even within this respected scientific source, there was a suggestion

that promiscuity itself "predisposed" people to HIV infection.⁴⁴⁷

Like the discussion of gay sex, references to "promiscuity" often revealed the slippage between a "possible vector of transmission" and a "cause." This then fit with the privileging of advice such as "limit the number of sexual partners" over "practice safer sex with your partners."

This use of "promiscuity" was most pronounced in the mainstream discourse. One result of this was that: "in the heterosexual media response to AIDS, promiscuity became the defining property of gay sexuality" (Seidman, 1988: 191). Thus, AIDS was seen as a "natural" result of this "inherent" behavioural pattern. Promiscuity was seen as essential to homosexuality, rather than a historically specific and variable property.

While it might be true that, at some locations at certain times in the past, gay men have had more sexual contacts than heterosexuals or lesbians, this did not automatically lead to the assumptions which were made about the "essential" nature of gay sexual practice.

It is reasonable to assume some connection between this behavior and AIDS among homosexual men. The error is to assume a genetic causal tie between homosexuality, promiscuity, and disease or to take AIDS as evidence of the pathological nature of homosexuality (Seidman, 1988: 202).

This error was seen in texts such as those on Rock Hudson's death, where his "fault" was shown to be his homosexuality (secret, in this case) and not the contraction of HIV.

⁴⁴⁷ This is not the only example of a scientific discourse using "promiscuity" as an inherent health danger. In a book on cancer, Cairns referred to promiscuity as a "carcinogen" (1978: 157, 162).

The Economics of Scientific Practice

Just as the politics of academic competition affected the science of AIDS, the introduction of the business world also distorted the science of AIDS. Pharmaceutical companies and scientists do not share the same interests. For example, it is not in the interests of Burroughs Wellcome that a rival to AZT be found. Whenever there are indications that it might be found, the stock of BW goes down. And, the company actively stalled the testing of AZT in combination with other drugs that BW does not make (Kingston, 1987; Lexchin, 1988). They did not want to lose their share of the AIDS market. As The Economist noted, "The price [of AZT] clearly has more to do with the temporary monopoly which Burroughs Wellcome enjoys than with research costs" (cited in Kingston, 1987: 14).

The control that BW exerts over AZT is somewhat tentative. AZT was first developed at the US National Cancer Institute by Dr. Jerome Horowitz in 1964. It was to be used as an anti-cancer drug, but the side effects were too severe. The patent for the drug was then allowed to rest in the public domain.

Twenty years later, Dr. Samuel Broder of the NCI found that AZT exhibited some promising results against HIV. Broder turned his results over to Burroughs Wellcome. As a result, BW does not own a patent on AZT. However, it has tied up the world supply of thymidine, a raw product needed for the manufacture of AZT. It has an agreement with Pfizer, a US multinational which makes thymidine, that ensures Burroughs Wellcome first option on all thymidine produced (Lexchin, 1988). The

company declined to provide breakdowns on cost of AZT, as such information was considered to be "proprietary" and "price-sensitive" and might give competitors an advantage.

The federal government assists in legitimizing this involvement of the "free market" in organizing research and drug therapies. Neither the Medical Research Council of Canada nor Health and Welfare Canada claim any patent rights with regard to inventions resulting from research supported by their grants. Researchers are urged to seek patent protection on their own, or in conjunction with corporations. Researchers are asked, in the guide for applicants, only to make efforts that "the maximum benefit to the Canadian economy results from the application of any such discoveries." This gives researchers a fairly free hand in developing products and also gives them an extra bonus when their research has direct market potential.

This introduction of the business discourse into the world of science is important. When the site of science becomes a marketplace, there may be reason to be reticent about the results. For example, there is a journal of AIDS research called AIDS Research and Human Retroviruses. The board of editors includes such AIDS luminaries as Luc Montagnier, Robert Gallo, James Curran (CDC) and many other people who were deeply involved in early AIDS research. The peer-reviewed journal is sponsored by the Burroughs Wellcome company. David W. Barry of Burroughs Wellcome is on the editorial board of both this journal and the magazine AIDS Patient Care. This latter periodical (which is focussed on health care delivery for PWAs) also has an editorial board, which includes doctors, researchers, epidemiologists, lawyers, insurance executives

and pharmaceutical representatives. Notably absent are any persons from a PWA coalition.

This interaction between AIDS research and corporations acting for profit in a multinational capitalist marketplace was obvious at the V International Conference on AIDS. To provide some background, pharmaceutical companies are directly involved at many medical conferences. This is also reflected in the prominent drug advertisements in most medical publications.

At the Montreal conference, this interaction took many forms. Gerald Valiquette, a consultant for the conference, drew up a 27-page book of sponsorship possibilities. Some of the privileges for sale, and their price, were as follows:

- the corporate name and logo in the main conference publication: \$100,000.
- exclusive ads on the back page of the conference's daily paper: \$15,000 per day.
- company logo on napkins used at coffee breaks: \$10,000.
- company can select a speaker at one major session: \$200,000 (Mediaaction, 1988C: 1, 3).

As a result of publicity around this schedule of privileges, Valiquette resigned and the Conference organizers backtracked on some of these offerings. However, this did not mean that the idea of corporate sponsorship was dropped. For example, the first edition of the conference paper (Dimensions) included advertisements from the pharmaceutical companies Ortho, Coulter, IAF BioChem, Fujirebio, Murex, Marquest, ICN and Sandoz, in addition to ads from the Federal Centre for AIDS (Canada), the American Academy of Ophthalmology, the Canadian Council of Churches and the D.C. General Hospital.

In addition, at the conference, corporations would sponsor roundtables and press

conferences with researchers who had done favourable studies of their products. For example, London International Group promoted a study on Nonoxynol-9 and Nonoxynol-11, both spermicides which the company manufactured. In addition, they issued press releases on the findings of a study which showed that their natural skin condoms could protect against AIDS. The press release mentioned their condoms by brand names.⁴⁴⁸ Burroughs Wellcome sponsored a roundtable on the benefits of retrovir (AZT). And PHE, Inc., an American contraceptive mail-order business, featured a series of events including the flying of a huge hot air balloon shaped like a condom in an effort to push their "safer sex with condoms" message.⁴⁴⁹

People with AIDS

Naming the Afflicted

As a person with AIDS, I can attest to the sense of diminishment at seeing and hearing myself constantly referred to as an AIDS victim, an AIDS sufferer, an AIDS case -- as anything but what I am, a person with AIDS. I am a person with a condition. I am not that condition --
Max Navarre (1987: 143)

Throughout the discourses, there were various terms in common usage for PWAs. Each of these has particular implications.⁴⁵⁰ And, as the work of PWA coalitions affirmed,

⁴⁴⁸ There had been some reports that HIV could pass through natural skin condoms.

⁴⁴⁹ PHE was an interesting addition to the companies represented at the conference. Most of the company's sales come from a division called "Adam and Eve." According to a prospectus, it provides "a broad range of adult-oriented products including lingerie, books, condoms and sensual accoutrements for an improved and healthier sex life."

⁴⁵⁰ Nevertheless, in some accounts, terms were used as synonyms. For example, the following passage: "AZT's effectiveness seems restricted to AIDS victims with PCP. To be eligible for the

it mattered which word was used. The struggle over protection from discrimination for PWAs was seen to begin with the struggle over how to define themselves -- as people with a medical condition, and not that condition itself.

First, there were five terms that were most often used for PWAs in Canadian press reports. "Victim," "case," "sufferer," "patient" and "carrier."⁴⁵¹ (Recently, some usage of "PWA" has occurred.) While several terms may be used interchangeably, it was very rare that "carriers" were also presented as "victims." The latter were not responsible for their situation, whereas the former implied some volition. As mentioned below, certain PWAs were seen as "innocent," whereas others were culpable for contracting the virus. Thus, "carriers" could refer to specific PWAs and "victims" referred to others, depending on the circumstances of viral transmission. As such, "carrier" could be a euphemism for "guilty."

The mainstream media was hesitant to use the term "person with AIDS." Eve Savoury, the science, medicine and technology reporter for CBC's "The National," stated that she had trouble getting the term "by the desk" (the editors). The complaint was that "person with AIDS" was complex and awkward: "The tongue stumbles over it and it looks funny on the screen, and the eye tends to stop and read it" (cited in CBC, 1989: 3). And, if the audience stopped to read and reflect on "person with AIDS," then they'd miss the rest of the item. However, Savoury respected the wishes of PWAs, and tried to use the terms

program the AIDS sufferer must have had that particular infection. The patient must also be relatively well" (West and Philip, 1986: 43). Here, three different terms were used in three concurrent sentences.

⁴⁵¹ The government used the term "case," as much of its concern revolved around strategic planning which necessitated the use of epidemiological data.

they requested.

Naming Conventions and Epidemiology

If you wanted to be a victim, this is a great disease to be a victim in" -- Kevin Brown (in McInnes, 1986).

What man victimizes, he fears -- Barbara Tuchman (1978: 115).

In the media, everyone's a victim -- Max Navarre (1987: 143).

Given the variety of terms used, one could ask whether there were any medical or scientific differences which could distinguish among the choices? For example, "patient" could be used to refer to those under direct supervision by medical practitioners. And "case" made reference to the discourse of epidemiology.

More problematic were the terms "victims" and "carriers," and whether there were medical differences implied between the two states. During meetings of the Standing Committee on Health and Welfare, MP Barry Turner stated: "I am suggesting this: if someone is a carrier, as you say, not necessarily an AIDS victim..." (Standing Committee, 1987: 14). Here Turner might be using "carrier" to mean a person with HIV, and "victim" to denote someone who had developed symptoms of AIDS. (This sidestepped the question of whether AIDS was anything other than advanced HIV infection. Were they points on a continuum, or were they discernible physical states?)

And Maclean's magazine, in a report on the International AIDS conference in Montreal, referred to AIDS activists who had "mounted a weeklong campaign to promote the rights

of AIDS victims and HIV carriers" (Burke, 1989: 43). The terms "HIV carrier" and "AIDS victim" were repeated in the article, implying that this word choice was considered appropriate.

But a "victim" is still a "carrier," as s/he can just as easily "carry" the virus. And a "carrier" is also a "victim."

The terms can also refer to different social designations. "Carriers" were more likely to be feared than "victims." Measures to isolate or restrict were more commonly considered to be necessary to restrain "carriers." "Victims," on the other hand, were constructed as less dangerous.

The Innocent and the Guilty

There was, at times, an explicit division between "innocent" and "guilty" PWAs. Turner noted that, in general, people with sexually-transmitted diseases are seen as "agents" in the construction of their disease, whereas people with other diseases are characterized as "victims" (Turner, 1984: 221). However, a shift in perception from "victims" to "agents" (or "guilty victims") can occur over time with a single disease. For example, as evidence became clear that smoking was a contributing cause to lung cancer, those who contracted the disease were seen to be "agents" of their medical condition. While it can be empowering for subjects to be aware of how their actions affect their bodies, this individualization of disease (which makes the body culpable for its own destruction) resonates all too well with New Right demands for a privatization of health services.

"Why," they ask, "should we pay to provide medical therapy for someone who contracted a disease due to their personal lifestyle choices?"

At times, this distinction between "innocent" and "guilty" also appeared to relate to the terms "victim" and "carrier," respectively. This was not a part of the counter-cultural or official discourses (although there was a concern over "carriers" in the latter). It was more evident in the mainstream media discourse.

For example, there was an assumption that gay men could have reduced their risks through changes in their sexual practice. However, hemophiliacs and blood transfusion recipients had to rely on "luck" or "fate." So the latter were "victims" in the classic sense of having no control over their disadvantaged position and no responsibility in contracting HIV.⁴⁵²

It is a truism that individuals are embodied. While debates continue to smolder on what constitutes a "subject" and to what extent subjects are constructed or autonomous, it cannot be argued that subjects inhabit bodies. Just as social structures can exert effects on subjects, so does the existence within a body. Much of a subject's existence is taken up with the daily round of eating, sleeping and assuring the provision of shelter and food for the body.

In the academic and intellectual community, the interpretation of bodies has often been left to the medical discourse. However, the use of "body" as a metaphor for society was

⁴⁵² It is interesting to note the number of stories and media presentations of "innocent victims" - of people who had contracted HIV through blood products. Empathy for "innocent victims" was easy to cultivate. Empathy for "guilty victims" might have subverted the underlying moral message. One of the first federal government grants on AIDS to be issued in Canada went to a study of the "natural history of HIV in hemophiliacs."

a central tenet of both Durkheimian and Parsonian sociology.

Nevertheless, the concern within the discipline was limited to the body as a metaphor. To be sure, some streams of social science (influenced by anthropology) have been interested in physical bodies -- how they are adorned and fashioned to produce a "meaning" in a specific culture. But such work was in the minority.⁴⁵³

When, some years ago, feminists proclaimed "the personal is the political," many were astounded. Just the idea that one's experience within the body had some relationship to theory and politics was edifying to some, disturbing to others. It was probably no coincidence that it was women who most clearly articulated the effects of specific embodiments. A person is most aware of her/his body during illness -- the cycles of the body are felt in high relief. In a similar way, women, who have felt oppression, are more aware of the ways in which their own bodies are structured and commoditized and processed by a patriarchal society.

To bring this discussion back to AIDS, if bodies have meaning and can be interpreted, then what happens when certain bodies are uninterpretable? Not because they contain a plurality of meaning, but because the meaning is hidden. The body as an uninterpretable text -- a signified without a signifier. "Carriers" represent just such bodies. Their "meaning" is hidden, knowable only through the obscure semiotics of antibody presence

⁴⁵³ For example, Foucault's researches on the effects of power on bodies (rather than the effects of power on ideological systems) was seen as a seminal breakthrough, at least in part because bodies had been ignored. For sociologists to theorize about "real" historical bodies was as revolutionary as historians writing about social history, political scientists looking beyond official state-sanctioned political parties and media scholars admitting that an active audience was, indeed, involved in the mass communication process. It was an obvious, but long-deferred, recognition. To be fair, this aversion to studying the physical body may have had less to do with an oversight than a "gentleman's" agreement between social science and medicine, that they would not meddle in each other's territories.

and T4 cell counts.

A good diagnostician is similar to a good semiotician -- except that, for the former, the text is a body. The diagnostician, like the semiotician, searches for structures, for patterns, for connections within the system, which can be interpreted.

The Panic Over "Carriers"

Language is not neutral. Words bear the marks of the interests of particular discourses.⁴⁵⁴ So it is with "carriers." The word itself comes to us with some meaning intact. In medical terms, a carrier is a person who harbours an organism or virus, which can be transmitted, but who bears no symptoms of disease. "Typhoid Mary" is probably the most famous model for a "carrier" in North America. She was allegedly responsible for a large typhoid outbreak in New York in 1903. She was finally quarantined in 1915, and remained forcibly isolated until her death in 1938.

"Carriers" also have a legal status all their own. Depending on the disease, medical authorities can demand that a carrier be quarantined.⁴⁵⁵ The body, as a repository of

⁴⁵⁴ For example, journalists at the V International Conference on AIDS (June 1989) were given a glossary of preferred terms to use in relation to AIDS, prepared by the Canadian AIDS Society. It was an effort to eliminate derogatory terms in media usage which both demeaned PWAs and misled the media audience. However, the coverage from the conference was not significantly changed, and at least one story was openly critical of the attempt to educate the journalists present about the effects of language use.

⁴⁵⁵ While it would be attractive to argue that quarantine laws show the cooperation between the state's policing powers and the medical discourse, quarantine laws are not modern inventions. They were a part of the Mosaic Code, and appear various places in the Old Testament, originally in relation to leprosy.

infection, is incarcerated. The term implies some volition in the transmission of the disease, as well as opening a space for the legitimization of a quarantine law against "carriers."

To refer to "carriers" implies that something is transported from somewhere to someplace else (or from someone to someone else). In the case of AIDS, "carriers" were seen to cross a boundary that separated the homosexual closet from the heterosexual world. (Bisexuals, who were seen as already straddling this fragile boundary, were thus among the most dangerous of "carriers.")

But, "carriers" not only transport but also harbour a danger to others. In order to be a threat, they have access to a repository of infection. For example, an article in Equinox made frequent reference to a "reservoir" of HIV infection, centred in the "risk groups" (Forsyth, 1987). According to Webster's Collegiate Dictionary, one meaning of reservoir is: "an organism in which a parasite that is pathogenic for some other species lives and multiplies without damaging its host." The claim that the homosexual community represented a "reservoir" implied that there might be something intrinsic to this community which produced the virus in the first place. There was also a touch of relief in the article, that the disease was still limited to this "reservoir." However, there were "disconcerting" signs that the disease was being spread to "others."

The "carriers'" own understandings of their condition and their actions were ignored. On the contrary, the actions of "carriers" were seen to contain a malicious content. As a story in Alberta Report argued: "Indeed, some syndrome carriers, perhaps angry at the world for their affliction, have been known to deliberately infect others" (Koch and Orr,

1987: 33). As proof, the article gave the example of a male prostitute in the United States who apparently continued to work after having contracted the virus.

Thus, a subtext of the coverage of "carriers" was the unwillingness to trust PWAs. As Nikiforuk wrote, in a Canadian Business article:

Control of the epidemic's spread largely rests in the hands of its victims, which is not reassuring: the history of the control of sexually transmitted diseases is one of persistent failure (Nikiforuk, 1988: 60).

However, the "failure" might not be due to individual malice or incompetence, as it was implied.

Particular PWAs sometimes represented the epitome of the "dangerous carrier."⁴⁵⁶ For example, the Ottawa Citizen used Donna Jean Newman as an example of both the carriers' threat to public safety and the need for restrictive measures against at least some PWAs. Scott Wentzell represented a condensed image; a bisexual prostitute who had allegedly infected a pregnant woman, and possibly her fetus. Thus, a number of panics came together in this one incident -- the boundary-straddling bisexual, the diseased prostitute, and the criminal "carrier" who threatened the defenceless. James Thornton and Gordon Summer also provided fodder for editorial writers on the possible conflict between individual rights and public safety. In all of these cases, the "carriers'" own understanding of the situation was largely ignored.

And, of course, the most reviled of all was Gaetan Dugas -- "the airline steward who carried a disease and a grudge" (Shilts, 1987B). The story of Patient Zero entered into

⁴⁵⁶ Not all mainstream characterizations of PWAs are negative. In fact, the first PWA to speak to the media about his experience, Peter Evans, was given positive coverage.

the mythology of the AIDS story, and he became an integral "demon" in the myth.⁴⁵⁷ For example, California magazine used him in an advertisement for their publication. The large letters at the top of the ad read: "WHILE EVERYONE WAS SEARCHING FOR A CURE FOR AIDS, WE DISCOVERED THE CAUSE." Underneath was a mock-up of an employee pass for Gaetan Dugas, complete with his picture. The text boldly stated:

The AIDS epidemic in America wasn't spread by a virus. It was spread by a single man. Young. Egocentric. The star of the homosexual jet-set. A Canadian flight attendant named Gaetan Dugas, who continued to infect up to 250 men a year. Even after U.S. health officials begged him to stop (cited in Mediaaction, 1988B).

Randy Shilts had published the story of Patient Zero in the magazine in an article titled "Patient Zero: The Man Who Brought AIDS to California." Apart from the unfortunate and obvious inaccuracies, this pandered to fear-mongering and the blaming of individual PWAs for the disease, rather than HIV. This advertisement appeared in such high-profile media as the New York Times and Advertising Age.⁴⁵⁸

⁴⁵⁷ One could ask, "If Dugas was the demon, the personification of evil, then who was the hero, the saviour?" Crimp (1987B) suggested that it was Shilts himself. The constructions of And the Band Played On gave Shilts, as the only full-time reporter covering AIDS, a privileged position. The events were narrated as if Shilts himself knew the outcome long ago. This argument was strengthened by the inclusion of Shilts as a keynote speaker in the final Plenary Session of the International AIDS Conference in Montreal. To have been asked to speak to this group was a recognition that his reporting and his book did not fundamentally challenge the system. AIDS activists took his involvement to be a sign that Shilts did important work for those in power -- work which they recognized, even if Shilts did not.

⁴⁵⁸ The whole question of how Gaetan Dugas, an actual historical subject, had conducted himself has been largely determined by Shilts and the discourses that picked up on his sensational coverage. However, earlier accounts of Dugas varied significantly from that of Shilts, and shed considerable doubt on the accuracy of his characterization. In an earlier book, Fettner and Check referred to Dugas, although they respected his confidentiality and called him "Erik." He had been very cooperative, giving doctors lists and phone numbers of his sexual contacts. After he had been informed that he may have transmitted the virus to others, he was filled with remorse. According to one doctor who worked with Dugas, "He felt terrible about having made other people sick. He had come down with

This construction provided a legitimation of the calls for quarantine and other restrictive measures. As an article in Maclean's argued:

But it [quarantine] has forced its way into the debate because of the existence of so-called "loaded guns" -- AIDS carriers and sufferers who continue to have sex with unwitting strangers (Allen, 1985B: 47).

Without the spectre of the dangerous carrier, the motivations for the efforts at social control would have been more transparent.

This characterization was in stark contrast to the actual efforts of some PWA groups to educate members about safer sex. The vast majority of PWAs who publicly advocated responsibility were ignored. For example, in 1983 at a National Forum on AIDS in the United States, PWAs in attendance argued that PWAs should:

Substitute low-risk sexual behaviours for those which could endanger themselves or their partners, and we feel that people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status (cited in The Body Politic, October 1983).

And, a November 1985 article in Rites made it clear that members of "affected groups" should not give blood, even though the Red Cross had begun to test all donations for HIV (Collins, 1985).

Such press activity illustrated the journalistic bias of privileging anecdotal evidence over statistical evidence. As Stocking and Gross (1989) pointed out, journalists find the former to be more compelling, even if it does not accurately represent the "reality." (The genre of "human interest" stories has become a legitimate category of news reportage.) The fact

Kaposi's but no one ever told him it might be infectious" (cited in Fettner and Check, 1985: 86).

that stories about the same transgression or the same "carrier" are repeated by various media outlets over time showed the paucity of such examples, and their anomolous nature.

Risk Groups and the General Population

Another common division of PWAs was into "risk groups" or "risk categories." Data on the number of PWAs in Canada was usually accompanied by a breakdown of the PWAs by risk category.⁴⁵⁹ In addition, the same categories were taken to be indications of one's potential for acquiring HIV. By this it was implied that membership in a "risk group" made one more susceptible to infection, irrespective of individual activity. In short, the "risk groups" referred to both a current epidemiological analysis and an indication of individual risk.

The use of these terms was very widespread. "High-risk group" was employed by media outlets as well as organizations such as the Canadian Human Rights Commission and the Red Cross. Sometimes, slightly altered terms were used. For example, the draft copy of the National AIDS Strategy referred to "target populations," an Equinox article used the even more-pejorative term "HIV reservoir" (Forsyth, 1987), and a Rites article referred to "affected communities" (Dobko, 1985).

There were several major problems with this terminology. First, the assumption was

⁴⁵⁹ This information came from the reporting physician. For example, the original form for HIV tests from the Ontario Ministry of Health requested the doctor to fill out the patient's "risk group" (Armstrong and Grenville, 1985). This was a part of the laboratory request form which would collect information on all persons taking an HIV test. The form was withdrawn.

made that mere membership in the group was the relevant risk, rather than particular behaviours. The confusion of "risk activities" and "risk groups" resulted in the medicalization of a social designation.

Second, it was rarely made clear that members of "high-risk groups" were at risk for contracting HIV, and not for spreading it. They were constructed as being intrinsically threatening, rather than vulnerable.

Third, the risk groups were listed in a particular order, with gay men first. This was true of official discourses, and then was mirrored in the mainstream media coverage. According to the Federal Centre for AIDS updates, the groups were listed in "hierarchical order." However, the basis for the hierarchy was not given, and the order was not directly related to the numbers of people affected.

Finally, there appeared to be a discrete boundary drawn between "risk groups" and the "general population."⁴⁶⁰ As a result, "average" people or members of the "general population" were often reassured that they were not "at risk" (cf. F. Orr, 1983; Armstrong, 1986; Toronto Star, 1985A). Sometimes, there were attempts to find physical evidence to demarcate this boundary. For example:

Male homosexuals have abnormalities the general population doesn't have, including antibodies that kill their own lymphocytes (cited in Globe and Mail, 1984B).

To emphasize this boundary, and to hold it as some sort of "natural" protection for the straight world, was to naturalize a social relationship. As such, this was myth-making,

⁴⁶⁰ "General population" may sometimes have been intended to mean "entire population," as in "AIDS may soon affect the general (entire) population of Canada." Even so, it would still have recognized the existence of boundaries. When did AIDS not affect members of the "entire population?"

in the sense that Barthes spoke of it: "myth has the task of giving an historical intention a natural justification, and making contingency appear eternal" (Barthes, 1973: 142). This conjuring trick of myth takes a historical reality and gives it a natural veneer. In the process, it denies the origins of what it proclaims upon and negates the position that things could have been/could be different.

There were at least four major results of this distinction between the "general population" and "risk groups." First, it reaffirmed an essentially social boundary between groups, most notably between heterosexuals and homosexuals. The term "general public" could be taken to be both "an ideological construct and a moral prescription" (Bersani, 1987: 203). As a result, it was implied that a group such as gay men were outside the normative boundaries of society.

Second, the existence of the "boundary" was taken to be some comfort in the early history of the disease. Readers of the mainstream media were continually being stroked and reassured that they were not at risk. (Members of "high risk groups" were in marginal social positions, so their existence as readers could be ignored.) Then, when AIDS "crossed" this boundary into the "general population," there was the potential for hysteria.⁴⁶¹

Third, when AIDS did "cross" this boundary, there was a perceived necessity to determine who had facilitated this transmission. Because, if risk groups and the general population were discrete groups, then there had to be some group of "folk devils" who

⁴⁶¹ For example, after the publication of the Masters and Johnson book on AIDS among heterosexuals.

bridged this gap. In many cases, this resulted in a stigmatization of prostitutes as the boundary-straddlers and as the "source" of infection among heterosexuals.⁴⁶² As discussed above, the "risk" associated with prostitution was a risk of contracting, not transmitting, the virus.

Finally, one specific group which was often constructed as being outside the category of "high risk" were women. There was an unwillingness to admit that women were actually at risk, and the cases of women with AIDS were often viewed as coming outside of the "normal" routes of HIV transmission. As a result, women were sometimes ill prepared to take precautions. And, as with some other STDs, women were actually at as much or more risk than men.⁴⁶³

During the time of the Bubonic plague in France in the 14th century, Jews were accused of being responsible for the disease. They were called "well poisoners," using the metaphor that they had infected the sources of drinking water with the plague (B. Tuchman, 1978). In this case, the people were looking for a human agent to receive their hostility -- the very hostility that was directed at "God," whatever they perceived such a deity to be. This became a justification for lynchings and burnings of Jews, as a way of "punishing" the "causes" of the plague. Entire communities of Jews were murdered in

⁴⁶² The use of the female as the "source" of infection is not unique to AIDS. This is also a consistent feature of the constructions of sexually-transmitted diseases. During the Enlightenment, "the image of the syphilitic shift[s] from male to female, and with this shift comes another: from victim to source of infection" (Gilman, 1987: 95). This shift from male as victim to female as source took about 200 years to occur. In the case of AIDS, both of these representations can be seen in the same disease.

⁴⁶³ Recent studies suggest that HIV transmission is more likely to occur from male to female than from female to male. Thus, women are in a position of increased risk.

cities such as Freiburg, Augsburg, Munich and Mainz. All of this, in spite of the epidemiological "fact" that the plague affected the Jews as much as the Gentiles and that the plague raged in areas where there were no Jews. For the Jews of Germany and Western Europe, the accusations, attacks and pogroms of their former neighbours were at least as mortal as the Bubonic Plague itself.

The accusation of well-poisoning was used at least as early as the plague of Athens of 430 BC, when it was applied against the Spartans. Could it be said that the role of "carriers" is as the "well poisoners" of our age? How else can one account for those who see AIDS as having originated in the gay community, and spread elsewhere? Or those who claim that it is the homosexuals who have endangered the nation's blood supply? Is not a blood supply, a national system of blood collection and distribution, a "well" in some very concrete, as well as metaphoric, sense?

The 14th Century outbreak of the Bubonic Plague was seen as "God's terminal disappointment in his creature," because "a scourge so sweeping and unsparing without any visible cause could only be seen as Divine punishment." This explanation resulted in certain types of "solutions," such as the penitent processions (authorized by the Pope). The processions, some of which lasted as long as three days, featured large groups of people clothed in sackcloth, weeping and tearing at their bodies, whipping themselves and imploring the mercies of the Saints and the intervention of the Virgin. Ironically, due to the nature of the processions and the large congregations of penitents, this "solution" actually helped to further spread the plague.

In a similar manner, some present-day "solutions" for AIDS may also be invitations for

further contagion. To construct a category of folk devils, call for measures to mark those who belong within its boundaries, emphasize its danger to the "general population" and legitimize the intervention of the repressive powers of state forces appears to be a common set of solutions in early-1990s Canadian society. To call this a "solution" is to use that term very loosely. To call it a temporary "re-solution" of the conflicts between dominant ideologies and a virus would be more accurate.

One of the implications of all of this is that people are marked and isolated, rather than activities. Excision of the folk devils from the "Body Politic" is preferred over education.

PWA Self-Definition

The struggle of PWAs for self-definition was first covered in parts of the radical press. And, especially in the gay press, the preferred terms (PWA and PLWA) were used. However, this struggle achieved limited success in the mainstream or official discourses. The term "PWA" was rarely used in media coverage, except in the context of stories on AIDS activism. And, terms such as "PLWA" and "PWHIV" are totally absent. (The use of specific descriptive words is important to many PWAs, but they are not alone in objecting to demoralizing stereotypes. People with cancer do not like to be called cancer "victims" either.)

In June 1983, at the Second National Forum on AIDS in Denver, a statement was issued which called for the adoption of the term "Person with AIDS" or "PWA." The statement read, in part:

We condemn attempts to label us as victims, which term implies defeat, and we are only occasionally patients, which term implies passivity, helplessness and dependence upon the care of others. We are people with AIDS.

Thus, within a year of the term "AIDS" being coined, the term "PWA" came into existence. However, it has enjoyed limited success. During the International AIDS Conference in Montreal, when the media were implored to use "PWA" and other less pejorative and more accurate terms, some journalists took the opportunity to complain about the request. This took place both informally, in the press area, and in newspaper articles.

Former Minister of National Health and Welfare, Jake Epp, in a meeting of his Standing Committee, referred to the cost of "care to death" for PWAs (Standing Committee, 1987: 21). This showed the expectation of imminent death for all PWAs. In large measure, this might have been the case.⁴⁶⁴ However, it was partly due to this prevalent assumption of impending death that some PWA Coalitions began to insist on the term PLWA -- Person Living With AIDS.

One implication of allowing PWAs to speak for themselves was to legitimate the validity of their own experience with HIV. This experience was then used as "data" in organizing and understanding the disease. The constitution of the National Advisory Committee on AIDS illustrated the bias toward experts and away from the legitimacy of personal experience. After it was formed in 1983, the chair (later the head of FCA) Dr. Alastair Clayton defended the decision not to involve any members of "risk groups." He

⁴⁶⁴ According to statistics from the CDC, 15 percent of PWAs in New York City survived for at least five years after their primary diagnosis (Focus, 1988).

was quoted as saying that it would not be appropriate to include members of "interest groups" in the discussions (Jackson, 1983A).

The Rise of AIDS Activism

We are a gentle, angry people/ And we are singing, singing
for our lives -- Holly Near.

This struggle for new terms was a part of the larger theme of AIDS activism. In some articles, PWAs were seen as actively challenging the systems in place. A Globe and Mail article about the second Canadian AIDS Conference stated:

They [PWAs] have every right to despair, yet theirs is a message of hope. They are sentenced to death, yet their voices are filled with life (McInnes, 1986).

Here PWAs were seen as choosing life and courage over despair.

In addition, mainstream coverage of the V International Conference on AIDS often focussed on the protests. These challenges were fundamental and foundational, even if they were not always presented as such. They amounted to much more than linguistic rearrangements. This did not mean that the mainstream discourses agreed with the activists. Characterizations such as "angry tirades" or "emotion-laden rhetoric" on the part of AIDS activists suggested at most a marginal acceptance of the agenda and tactics of the activists.

In parts of the counter-cultural discourse, such as Rites magazine, the coverage of AIDS slowly shifted to a coverage of AIDS activism. Over the space of several years, there was a constant politicization of the disease. Or, more appropriately, the political

dimensions of AIDS were increasingly recognized.

While magazines such as Rites were most supportive of AIDS activists, they also relied on mainstream coverage to assist in their demonstrations. Part of the struggle of activist groups was how (or whether?) to use the media to disseminate their message. In a letter which supported grass roots protests over government lobbying, Kinsman stated:

The burning in effigy of Jake Epp and the media coverage this captured was far more important in winning us some victories than lobbying on its own could ever have been (Kinsman, 1989/90).

One of the primary sites for PWA activism has been through PWA coalitions, which provide a variety of services, peer support and the dissemination of information. One of the first publications of PWAs was the PWA Coalition Newslines, started and run by PWAs, which began publication in June 1985. Within two years, it had a circulation of 11,000, and was sent free to PWAs who requested it (Navarre, 1987).

The very existence of PWA publications represented a denial of the traditional medical diagnosis that AIDS was a symptom of an imminent death. To develop publications with a subscriber base implied thinking about the future. The magazines also provided invaluable sources of information on drug and other therapies, and on the various combinations which people have used. Since these drugs were not generally tested against each other in the laboratories, the information from PWAs was both of practical use and of important scientific merit. The publications also empowered PWAs by giving a voice to their experience and dealing with the psychological stresses of an HIV-positive test result. They were a challenge to those "healers" who have been unable to offer any

hope to PWAs or PWHIVs.⁴⁶⁵

Homosexuality Revealed

Due to the epidemiology of AIDS in Canada, there were strong links which were maintained between the disease and homosexuality. In the index to the House of Commons Debates from 1986-88, under "Homosexuals" it stated "see AIDS." And, as discussed above, there were many assumptions of the culpability of gays in the spread of AIDS. For example, Jim Jepson, a Tory MP from Southwestern Ontario, stated "we must recognize that the root of this problem [AIDS] lies with alternative lifestyles practised by some Canadians, including homosexuals" (Hansard, 27 January 1987, p. 2736).

One unintended effect of the coverage of AIDS and PWAs was the magnification of analyses of the gay and lesbian community. Homosexuality became a more common topic within the press. Treichler wrote that "part of the shock of AIDS was thus the shock of identity" (Treichler, 1988: 200). Gays had formerly been a more invisible group. But, after AIDS, people began to realize that they were everywhere.⁴⁶⁶

This relation to homosexuality obviously affected the tone and nature of the coverage

⁴⁶⁵ The distribution of these magazines effectively targetted those most in need of the information. For example, a copy of The Body Positive, a PWA magazine in New York City, is given to every person who tests positive at a City or State anonymous testing site.

⁴⁶⁶ But this effect was not universal. For example, in some educational materials, gays almost disappeared, even though they were primarily affected by AIDS. The Ontario Ministry of Education's curriculum on AIDS included six case studies of PWAs, and only one involved a gay man (the brother of the narrator of the case). In these materials, gays were virtually invisible as individuals, and even as a community (Lenskyj, 1989).

of AIDS. Caitlin Kelly, who wrote on AIDS for both the Globe and Mail (as their medical reporter) and the Montreal Gazette spoke about the discomfort that she and other journalists felt:

[journalists] have to confront the fact that homosexual sex actually happens. It's something that people do, it's something that we have to write about as reporters and it's something that we have to confront as human beings or as reporters. How do we feel about that? I think a lot of reporting doesn't get done because we're not comfortable talking about those sorts of things (cited in CBC, 1989: 6).

According to Kelly, it was a struggle for some journalists to acknowledge the "facts" of gay sexuality. Thus, their willingness to analyze or discuss AIDS and AIDS prevention was limited by this discomfort.

However, the extensive media coverage of AIDS and of gay homosexuality may, in the end, result in at least a more open discourse on sexuality and sexual object choice. Topics are entering the discourse which would have been barred earlier. Even in right-wing discourse, in order to warn against gay sexuality, there may be a need to "name" and describe it.

It is, then, possible that AIDS may have a long-term beneficial effect. AIDS requires credible empirical knowledge of homosexuality. This will stimulate and legitimate research on homosexuals, much of which will challenge stereotypes. Finally, this knowledge will be disseminated throughout society and will be taken seriously because of its link to a health crisis. This could provide a favorable setting for legitimating homosexuality and gaining the social inclusion of homosexuals (Seidman, 1988: 203).

In addition, the response of major gay communities to AIDS has affirmed the community's strength and ability to respond in effective ways. Paradoxically, AIDS has

provided the gay community with an opportunity to illustrate its resilience and compassion.⁴⁶⁷

Solutions

The Hope for a Cure

Scientists joke that more people are working on the disease [AIDS] than have it -- Lukits, 1984.

Especially in the official and mainstream discourses, there was a privileging of a medical-scientific solution. Articles focussed on possible medical breakthroughs and photographs featured researchers resplendent in their white lab coats in their journal-lined offices or complex laboratories. Education and prevention were looked upon as stop-gap or second-rate measures. For example, a Maclean's article referred to governments "falling back on education as the best means of stopping AIDS" (Barber, 1987B: 50). As the earlier discussion of medicine showed, this distrust of public health efforts was unfortunate and misguided.⁴⁶⁸ One result is a lacuna of explicit information on prevention and therefore a further spread of the virus. It also put a lot of pressure on scientists to find a cure, and raised public expectations that such a breakthrough would

⁴⁶⁷ However, Padgug (1987) noted that, at least in the US, when the gay community was represented in the media, it was most often as a "pool of victims" rather than a community of acting and interacting persons.

⁴⁶⁸ The split between public health and curative medicine is also reproduced in the organization of the disciplines and even in federal granting councils. The National Health Research and Development Program funds studies in public health and the organization and delivery of health care. The Medical Research Council funds basic, applied and clinical research in the health sciences.

be imminent. However, a cure would not affect the prevalence of AIDS, but only the mortality associated with it. Education would affect the prevalence.

This emphasis on a medical model could passivize both people "at risk" and people with the disease. It also illustrated a particular view of nature, that humans must destroy viruses in order to be successful: it was nature that had to be altered, and not humanity. And sponsoring research into a cure was a less political and less controversial effort at limiting the spread of disease than sponsoring explicit education.

Only seldom was it suggested that one solution would be to spend more money on AIDS research. More often, when the government was being criticized, it was for being too slow to regulate new drugs or too timid to provide useful educational materials. One exception to this was the coverage of the first Canadian Conference on AIDS, where the need for more funds was stressed (cf. Campbell, 1988B). There was little discussion, however, of where these funds would be used.

Nevertheless, when pressed for an answer to what they were doing about AIDS, politicians frequently referred to the amount of money being spent on AIDS programs. In the House of Commons debates, members of the government referred to the \$39 million, and later the \$129 million, pledged to the Federal Centre for AIDS. And, in one of the first government pamphlets on AIDS, prepared by the National Advisory Committee on AIDS and published in 1985, the question was asked: "What is being done now to deal with AIDS in Canada?" The first answer was: "The Canadian government

has devoted more than \$2 million to AIDS research."⁴⁶⁹

The Litany of Prevention

If you have a monogamous relationship, keep it. If you don't have one, get it -- US Surgeon General Koop, April 27, 1985.

The persistent questioning and coverage of sex education [in the media] probably has people thinking about the subject more than they should -- Bill Vander Zalm, on the dangers of sex education, 1987.

There was a litany of preventive activities, which was usually expressed in the following order: 1) chastity; 2) monogamy; 3) safer sex. The order (and the panic over maintaining it) showed the importance of morality; saving lives was not enough. It was better to reform and protect. Those who died, it was implied, might have already stepped outside of the bounds of acceptability.

The moral agenda for chastity was served by a construed medical "knowledge" about prevention. Then, the scientific-medical discourse was used to "prove" the superiority of a particular moral agenda. Abstinence was certainly one response to AIDS. However, by no means was it the only one, nor was it the one which would work for the majority of people entering their years of potential sexual activity.

According to one public health researcher:

if one fails to mention sexual abstinence at the head of a

⁴⁶⁹ Ironically, the second answer was "Support groups have been formed in major cities in Canada to help AIDS patients, their families and friends." But this was not a part of the government's response. In fact, some of the impetus for their formation was the very lack of government action.

list of preventive measures in the U.S., there is trouble, for the American Moralist is a ubiquitous species. But I find that a depressing and curious iteration. Proposing sexual abstinence in early adolescence is a family ethic; but proposing it as a **durable** solution to anything is rather astonishing to a biologist (Osborn, 1989: 77).

This litany was especially evident among official discourses. For example, a piece of advice from the BC Ministry of Health: "Take the time to know a person and discuss your concerns about AIDS before you become sexually involved." While this might be a good strategy, it was not clear how effective this sort of "protection" would be.

Sometimes, this insistence on including celibacy and monogamy in official accounts was presented as an attempt to provide the full details on protection. For example, the following statement from the former Health Minister Jake Epp, to the Standing Committee:

I do think Canadians would expect, in a public health education approach, that we give the entire details. For example, that there are various ways of protecting oneself ranging all the way from not engaging in sexual activity... the safer approach of monogamous relationships and what today in public, in the media, for instance, is called safe sex (Standing Committee, 1987: 11).

Epp was adamant, during questioning, that the "no sex" option must be included in the public education message. And, the order of presentation here is not casual, but ranked according to Epp's comfort with the content of the suggestions.⁴⁷⁰

This reticence to disseminate explicit information was also reflected in an active

⁴⁷⁰ Epp's cautious position was at odds with that of many health officials. In 1988, there was a conference on AIDS for Federal Health Ministers. Epp disapproved of a recommendation of his peers that argued for more explicit AIDS education. He also rejected a recommendation for free needle distribution for drug users (CDC AIDS Weekly, 1988A).

campaign on behalf of Canada Customs to ban such information from crossing into Canada. For example, in the BC region, Canada Customs regularly blacked out any references to anal intercourse in erotic and pornographic magazines crossing into Canada (Diamond, 1987).⁴⁷¹ And, lesbian and gay bookstores such as the Glad Day Bookstore in Toronto continue to encounter difficulties in importing safer sex erotica.⁴⁷² For example, a book of safer sex stories compiled by US writer John Preston called Hot Living has been banned in Canada. What makes this more ironic is the constant stream of heterosexual pornography and erotica which is allowed free access across the border. To illustrate this, in December 1985, The Joy of Gay Sex was banned in Canada; its heterosexual parallel, The Joy of Sex, is sold in bookstores across the country (A. Orr, 1986).

These acts of censorship, which were increased during the federal government's consideration of its "anti-pornography" legislation, Bill C-54, also affected anti-AIDS education done in Canada. Both The Body Politic and Xtra! had to decline publishing safer sex illustrations due to printers worried about the possibility of being charged, even though the legislation was never passed (Helwig, 1989: 839).⁴⁷³

⁴⁷¹ For example, in a list of high-risk activities published by Blueboy, Canada Customs blacked out the following three suggestions of things not to do: "eat asshole," "take cum in the ass" and "drink piss" (cited in The Body Politic, 1986A).

⁴⁷² Every year, 50-100 shipments of books bound for Glad Day are detained by Customs Canada (Kirchhoff, 1990).

⁴⁷³ In addition, the Centers for Disease Control came under pressure from the White House and the Department of Health and Human Services to censor AIDS educational efforts in the United States. In 1986, the CDC announced that it would only allow those materials judged "inoffensive to most educated adults beyond the target group. Audio-visuals and pictorials used in projects must communicate risk reduction methods by inference rather than through any display of the anogenital area or overt depiction of the performance of safe sex or unsafe sex" (cited in The Body Politic,

One result of this hesitancy to produce (or even allow) explicit information was the privileging of either ambiguous or futile advice. Dr. Jon Baggaley, a Concordia University professor of education, studied the Canadian government's public service announcements on AIDS. He concluded:

The announcements which are gaining the most public exposure are therefore those which are likely to be having little or no educational effect, being cautious and vague (cited in Marketing, 1987).

When questioned about the FCA's lack of explicit educational materials on AIDS prevention, Alastair Clayton responded:

let's go a little bit at a time, a little bit more frank next time, a little bit more frank the time after that, till eventually we get the kind of message we want (cited in CBC, 1987: 14).

This illustrated that the ads were recognized as being less than what was necessary. The struggle, however, was perceived to be with the puritanical standards of the Canadian public.

The Medical Post surveyed doctors on the question "are AIDS ads too tame?" Most preferred more explicit ads and felt that not enough was being done to alert the country to the dangers of AIDS. Also, there was a stated need to be clearer in language. For example, a term like "body fluids" is so ambiguous as to be useless at best and dangerous at worst. "If our survey shows anything at all, it is that while politicians might not be ready to handle this admittedly coarse material, the doctors of the country are not so squeamish" (Cassels, 1988).

The hierarchy of preventions was also relected in the mainstream accounts. A Family Health article advised readers to limit "sexual contacts to one faithful partner" (Sackman, 1987). Canada and the World (1985) claimed that "doctors recommend care in the choice of partners." Verve (1987A) argued for chastity first, but "the next best thing is common-sense sex with someone you know and trust." Chatelaine advised, "before you engage in sex with someone, get to know him" (Cameron, 1986). And a Toronto Life article stated "the only clear-cut answer to AIDS is celibacy leading to monogamy" (Roberts, 1987).⁴⁷⁴

The counter-cultural discourse was more willing to discuss explicit safer sex suggestions. For example, the publication of Safer Sex Guidelines by the Canadian AIDS Society in late 1988 was welcomed in the counter-cultural discourse, but was treated with suspicion and even condemned in official and mainstream discourse. This set of guidelines dealt explicitly with sexual activity and showed an ultimate respect for the individuals making sexual choices. The document did not discuss abstinence, as it was, by definition, not sex. To include abstinence in safer sex guidelines might confuse readers.

It was in the counter-cultural arena that the earliest safer sex advice was produced and disseminated. A pamphlet called "How to Have Sex in an Epidemic" was published in May 1983. The information still stands as one of the best explanations of modes of transmission and suggestions for safer sex. In addition, a 1983 article in The Body Politic

⁴⁷⁴ This message was repeated later in the same article when the author wrote: "One thing is certain, it is possible to avoid catching the disease if you have not already got it -- and that has nothing to do with condoms: stay monogamous" (Roberts, 1987: 50).

by Rick Bébout strongly urged the need to eroticize safer sex advice.

And, it was only in the counter-cultural discourse that a strong affirmation of gay sexuality appeared in parallel with safer sex advice. Instead of making blanket statements about all anal intercourse being highly dangerous, publications such as Rites and The Body Politic made suggestions about protection during anal intercourse.

This was important, as a University of Michigan study showed that one of the most important determinants of changes in sexual practices was positive feelings about being gay (cited in M. Adams, 1986B). If literature stressed the "inherent dangers" of gay sexual practice (and even gay orientation), then it might actually work against promoting the adoption of safer sex. However, if advice was provided out of a respect and concern for the gay community and an awareness of its political vulnerabilities, then it was more likely to be perceived as "educational," rather than "manipulative." This "self-empowerment" model of health education varied significantly from the more traditional "behaviour change" model (Homans and Aggleton, 1988).⁴⁷⁵

In addition, the information should be in the language of the target group. June Osborn, a doctor who specialized in public health, stated that "education CAN be effective, especially when it is COMMUNITY-BASED, sustained, and conducted in the language of its intended listeners, rather than in terms chosen to mollify civic censors" (Osborn, 1989: 7). This might involve using terms like "swallowing cum," "water sports" or

⁴⁷⁵ Homans and Aggleton argue that health education should even strive toward a third, community-oriented, model. In this formulation, "people should collectively identify and act upon the environmental and community-based factors that affect their health" (Homans and Aggleton, 1988: 165). In many ways, this is what happened in certain sectors of the gay community in relation to AIDS.

"assfucking." Only the counter-cultural discourse used such terms.

The Canadian government was not the only national government to be queasy about mentioning homosexuality. For example, an Australian AIDS ad featured a visual with 200 beds, each with a couple engaged in some form of intimate activity. (They were covered with sheets.) Originally, eight of the 200 couples were to be gay men. However, at the last minute, fearing adverse public reaction, the government (pressured by television stations) censored the ad by editing out all of the gay couples. At the time, 90 percent of all PWAs in Australia were gay men (Pritchard, 1989).⁴⁷⁶

And in Britain, the recent passage of Section 28 has illustrated the continuing regulation of sexuality in that country. The Bill prohibits the use of municipal funds to:

intentionally promote homosexuality, publish material to promote homosexuality, or promote the teaching of the acceptability of homosexuality as a pretended family relationship (cited in Green, 1990).

Thus, AIDS literature (aimed at gays) which is sex-positive is seen as "promoting" homosexuality. In effect, this means that community AIDS groups have been disallowed municipal funding for their educational campaigns.

Similarly, in Canada, one result of the government's reticence to address issues of sexuality is that it has, either consciously or unconsciously, abdicated its role in safer sex education. The commercial sector has rushed in to fill this gap. In government education, the imperative is on not having sex at all. Or, celibacy leading to monogamy. However, in the condom commercials, the emphasis is on personal protection.

⁴⁷⁶ To add further irony to this situation, many of the actors in the advertisement were gay themselves, playing the parts of heterosexual men. This illustrates the extent to which the ads related to an illusion of society, and not its actual sexual contours.

7 of/de 7

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

Commercials offer specific advice -- "purchase this and protect yourself." As a result, safer sex advice becomes a consumer choice, rather than a collective responsibility (or responsibility to the collective). Such a construction fits with the free-market ideology of self-interest.

As Rhodes and Shaughnessy wrote, in relation to the situation in Britain: "commercial advertising of condoms may do more to positively promote safer sex than all of the Government's initiatives to date" (1989: 35). Sometimes, when the state abdicates health care responsibility, the market moves in.

The Dangers of Promiscuity

One prominent message of much AIDS education in the media was to avoid "promiscuity." This term was never defined, possibly because it was not an absolute, but rather a relative, measure. To some, serial monogamy may be promiscuity. To others, any number of consensual sexual relationships involving tenderness and compassion can be engaged in without being "promiscuous." And others reject the term outright as an irrelevant moral standard.

This advice was often presented as "limit the number of your sexual partners." The problem with such advice was that it totally ignored what one did with sexual partners. A year of unprotected intercourse with an infected partner was immeasurably more dangerous than safer sex with a dozen partners. Thus, fewer partners did not automatically translate to lower risk.

An article in Toronto Life posed a challenge to this advice. The author argued that it was "promiscuity" that would save the gay community, not destroy it. "Gay men have a language for talking about sex. It's what is obscene about the way we talk that will save our lives" (Hannon, 1988: 92). Crimp (1987A) agreed with this view. It was the gay community's willingness to experiment and to find pleasure in a variety of sources of sexual practice that would contribute to modifications.

The Uses of Fear

One resultant theme of AIDS "education" in official and mainstream discourses, was "fear." This prompted some educators to refer to "Fear Reaction to AIDS" or "FRAIDS." This was "a disabling condition that can infect anyone at anytime," and caused such panic reactions as calls for the isolation of PWAs and irrational responses to members of affected groups (Tafoya, 1989). One of the sources of "FRAIDS" was the extensive use of fear advertising in AIDS campaigns.⁴⁷⁷

However, it has been shown that the use of fear in behavioural change advertising is seldom effective. For one reason, it can overwhelm individuals with a sense of impending doom, and the message of hope (of the changes which could avert such doom) might be lost. Secondly, fear can paralyze people, and even cause them to become more

⁴⁷⁷ The use of fear in medical campaigns is well established. For example, this author received a letter from the Heart and Stroke Foundation of Ontario which began: "Dear Mr. Emke, I've just learned some disturbing news about you. Statistics now show that you have a 50 percent chance of suffering from heart disease or stroke." This was an attempt to individualize an aggregate statistic and, in so doing, imply that the reader had been singled out for a personalized warning.

dedicated to the behaviour which is being advised against. Drastic messages may trigger similar responses.

Studies of anti-smoking campaigns have shown that positive messages are much more effective (than fear) in initiating long-term behaviour change (Morin, 1984; Tripp and Davenport, 1988/89). Public health advertisements need to show some empathy for the difficulty of modifying activities. Especially those which provide people with pleasurable experiences. Which would work better: to dissuade someone from pleasure by promising pain, or to substitute one (safer) form of pleasure for another (more dangerous)?

The Test as an Answer

An Ottawa-area poll, taken in March 1987, showed that 48 percent of respondents agreed with the suggestion that everyone should be forced to take an HIV test (Egan, 1987). Thus, almost half of those studied believed mass testing would be a useful exercise in slowing the spread of HIV.

This might be partly due to the tendency, in the mainstream media discourse, to construct testing as a "solution." This was stated without fully understanding the efficacy or the implications of mass testing. In terms of efficacy, HIV antibodies took an average of six months to develop, so a negative result was not necessarily accurate (Goldblum and Marks, 1988). In addition, there was a problem with false positives. For example, recipients of certain immune globulins would test positive, even if they had not been exposed to HIV, and they would not go on to develop AIDS. In terms of implications,

Bayer wrote, "The politics of mandatory screening has, in short, been almost uniformly the politics of exclusion but to no demonstrable public health end" (Bayer, 1989: 89).⁴⁷⁸

In addition, there was the problem of who would have access to the test results. In several widely-publicized cases, a person's seropositive record had been leaked, precipitating a serious breach of confidentiality. In at least one case (that of Eric Smith of Nova Scotia), he had not even been aware that his blood was being tested for HIV.⁴⁷⁹

However, a Globe and Mail article stated "A means of testing would allay very real fears of getting the dread disease" (Mackenzie, 1984). Certainly it would ensure the safety of the blood supply. But, the call for mass testing of individuals was supported by a desire to mark out those who were infected. Just the designation of certain bodies as infected served as a form of solution -- it provided the signifier for the signified. Questions around what happened to the test results, who had access to them and what should be done in the case of seropositive tests were not adequately addressed.

In the counter-cultural discourse, there was a suspicion of the test, even before it was available. There was a concern that "it [the test] could be used as a legal device to identify infected people and institute quarantines" (Patton, 1984). As a result, there were recommendations against taking the test, especially if anonymity and confidentiality were

⁴⁷⁸ The price of this useless exercise is quite high. For example, in the first eight months of mandatory testing in Illinois, where all marriage license applicants must take HIV-antibody tests, only 11 of 70,000 were found to be HIV-positive. Thus, it cost the state \$209,000 to find each seropositive. In addition, the marriage rate fell significantly (25 percent) and numerous "false positives" led to broken engagements and aborted pregnancies (WorldAIDS, 1989).

⁴⁷⁹ In Ontario, since late 1989, 60 percent of newborns are tested for HIV as a matter of course (Kirkey, 1989). The purpose is ostensibly to determine the extent of infection among women, who would pass it on to their children. The only identification on the blood samples is in code, so there is apparently no way of tracing the donors.

not assured (cf. Jackson and Lesk, 1985). However, this changed in late 1988, along with a change in the counter-cultural construction of the virus. Since AIDS was now seen as a chronic but manageable condition, with some promising treatments, there was an argument that knowledge of one's seropositive status would strengthen one's chances for long-term survival (Kinsman, 1988F).

One major reason for arguing against taking the test was that it gave people a false sense of security, and it erected a barrier between the HIV-positive and HIV-negative. Testing changed the idea that everyone needed to practice safer sex, and the emphasis was put on determining who needed to be more careful than others. In an editorial, The Body Politic argued: "The message to individuals in high-risk groups is the same regardless of the test results: practise safe sex" (Jackson and Lesk, 1985). Thus, nothing was gained in knowing one's HIV status, and much might be lost.

Calls for testing also appeared to be an "action" against HIV -- a means of taking some "control."⁴⁸⁰ But the only "control" involved would be the resultant control measures against those who tested positive. Once people could be marked as being infected, there was the question of what to do with the information. And, if the above argument of the public health danger of PWAs was accepted, then the incentive to act was even stronger. It was within this context that the possibility of quarantine was discussed.

In some cases, quarantine was taken to be a legitimate option. Even if there was an argument against quarantine in the case of AIDS, the simple inclusion of it as an option

⁴⁸⁰ It has also been suggested that doctors sometimes order HIV tests as it at least appears to be as if they are doing something (Ghitelman, 1987: 100).

legitimized it. For example, Allen suggested that "thus far three strategies have been put forward -- education, testing, and quarantine" (Allen, 1987B: 7). While Allen rejected the third "solution," he still opened a space for its serious discussion.

The Myth of Privacy versus Public Safety

In discussion of "what should be done," a "dilemma" was often constructed between individual rights versus public safety. An editorial in the Ottawa Citizen claimed:

AIDS has created grave, new dilemmas for our public health, criminal and privacy laws. We must update these to reconcile the competing needs of public safety and civil liberties (Ottawa Citizen, 1988D).

It was assumed that, in order to protect the health of the public, it might be necessary to infringe on the rights of at least some PWAs. In a Chatelaine debate, an orthopedic surgeon who supported mandatory HIV testing of all patients, stated:

unknown infected patients currently have uncontrolled freedom to infect others... Those of us who are H.I.V.-negative... should be given every opportunity to stay that way (cited in Chatelaine, 1988B: 34).

In this example, it was almost as if HIV-positive people wanted to infect others, and the concern over their individual rights only assured them the "right to infect" others. The characterizations of certain PWAs, discussed elsewhere, undoubtedly strengthened the case for the existence of this dilemma.

The claims that this inherent opposition existed served to legitimate the imposition of controls on PWAs and PWHIVs. For example, the Ottawa police, in defending their

decision to release the photograph, name and address of an HIV-positive man who had donated blood, claimed "the need to protect the public was paramount" (cited in Ottawa Citizen, 1988D).

In the counter-cultural discourse, the existence of this "dilemma" was called into question. In fact, the first article on AIDS to be published in Rites argued that measures to stop AIDS need not limit the rights of individuals (Rites, 1984B).

The Myth of Casual Transmission

The debate over individual rights versus public safety often hinged on an unexamined assumption -- that some forms of "casual" contact may transmit HIV. For example, the unwillingness, within some parts of the mainstream discourse, to strongly state that HIV cannot be transmitted via saliva allowed such concerns to fester; it also allowed the debate over rights versus safety to continue without having its tenuous foundations exposed.

For example, a doctor interviewed in Canadian Living stated "It's highly unlikely that the virus can be passed by sharing food, but it can't be ruled out" (cited in Armstrong, 1986: 54). The Globe and Mail, in a front-page story, noted that AIDS was "transmitted through blood, saliva and semen" (Kelly, 1985: A1). Le Devoir concurred, stating: "the experts estimate that the disease can perhaps be transmitted by saliva" (Le Devoir, 1985).

And, a Maclean's article which noted the public panic over AIDS also supported the theoretical possibility of HIV transmission via saliva and tears and did not refute the possibility of transmission via mosquitos (Corelli, 1987). In addition, the use of such ambiguous advice as "avoid exchanges of bodily fluids" supported these fears, as "bodily fluids" included tears, saliva, sweat and urine, in addition to blood and semen.

The myth of casual transmission also contributed to the calls for mandatory testing. Andy Haydon (Chairman of the Regional Municipality of Ottawa-Carleton) called for the mandatory testing of high school students, immigrants, prisoners and hospital patients. A major part of his argument was that HIV transmission through casual contact could occur (Haydon, 1989). In fact, sections of his "essay" in favour of compulsory testing were lifted directly from the Masters and Johnson book Crisis: Heterosexual Behavior In The Age Of AIDS (without citation). This latter book, written by two of America's most prominent sexologists, whipped up the panic about casual transmission and widespread infection. It was severely criticized as inaccurate, sensationalized and criminally misinformed by many working in the field of AIDS (cf. CDC AIDS Weekly, 1988; AIDS Alert, 1988). However, Haydon did not read further than necessary to support his own views. This illustrated the trickle-down effect of poor social science and inaccurate and unanalyzed data, as Haydon was in a position to affect public policy. Again, the struggle over representation is not simply an abstract intellectual pursuit, but has very real effects on the everyday experiences of individuals.

Folk Devils: The Marking of Prostitutes

Prostitution is intrinsically a business transaction. No person is forced to do business with someone who offers sexual services for money. Yet, at the recent international AIDS conference in Stockholm, a major speaker referred repeatedly to people being "exposed to" prostitutes and therefore to HIV infection risk. It is unlikely that sex workers have unique abilities for causing airborne transmission, or that prostitutes force themselves upon immobilized customers; such terminology represents scapegoating in the extreme (Cohen, 1989: 2).

The false dilemma between individual rights and public safety was illustrated clearly in the treatment of prostitutes. There appeared to be an assumption within official and mainstream discourses that they were truly a risk category.⁴⁸¹ Even without the presence of any supporting evidence, it was possible for these discourses to maintain this stigmatization.

In part, this was a result of the myth of "fewer partners = less risk." If the absolute number of sexual partners were the major indicator of the likelihood of contracting HIV (as some texts assumed), then prostitutes would represent a primary "high-risk group."

One of the basic fears around prostitutes was that they represented the "source" of HIV infection in the heterosexual community.⁴⁸² They were often taken to be the boundary-

⁴⁸¹ The presumed link between prostitutes and AIDS was so strong that they were the first definable group to have their blood tested (other than blood donors). Shortly after the test became available, blood samples from 200 prostitutes from across Canada were tested (cf. *Rites*, 1985). Also, the Red Cross continues to ask all people who have had sex with a prostitute from an endemic area to refrain from donating blood. (Endemic areas include Central Africa, Haiti and major North American cities.

⁴⁸² In addition, Patton argued that, in general, "women are treated as vectors and never as receivers of infection" (Patton, 1989). This was true as well at the level of the international conferences on AIDS. In writing of the Third Annual Conference, Mitchell stated that "most of the

straddlers who had introduced the virus (cf. Stuart-Harle, 1984; Deaton, 1985). The "solutions" suggested to this problem tended to involve the restriction of prostitutes, rather than the education of their clients. (For example, in the coverage of the Newman case, her freedom was taken to be a mistake. The solution was to incarcerate her or at least put her under surveillance.)

The mainstream media, and official discourses, generally overlooked two important aspects to the relationship between prostitutes and HIV. First, there was ample evidence that HIV was not more prevalent among non-IV-drug-using prostitutes than among other sexually active heterosexual women. This was even found to be true in such "AIDS hot spots" as New York City (Focus, 1989; Seidlin et al., 1988). A study of prostitutes in several major Canadian cities found that there were no HIV-positive prostitutes in their study (Mathias et al., 1987; AIDS This Week, 1988).⁴⁸³ And, in early 1989, an epidemiologist from the Centers for Disease Control in the United States noted that "there are no confirmed cases of infection with the AIDS virus attributable to contact with prostitutes" (AIDS Alert, 1989).

The second gap was that low seroprevalence among prostitutes was a prime illustration of the benefits of safer sex. Many prostitutes regularly used condoms with their clients, or engaged in other safer sex activities, such as dominance-submission role-playing (cf.

presentations depicted women not as individuals but merely as vectors of virus transmission" (Mitchell, 1988: 50).

⁴⁸³ In spite of this finding, the researchers noted that such surveillance of prostitutes should continue. Their report ended with "Surveillance of high-risk groups should be a high priority for the control of HIV infection in the Canadian population" (Mathias et al., 1987). However, given their findings, it was not clear how they could continue to maintain that prostitutes were a "high-risk" group, or that they might significantly affect HIV infection in Canada.

Alexander, 1988; Hampton, 1988). In fact, prostitutes and organizations representing their interests have played an active role in educating both themselves and their clients about the dangers of HIV infection (Leigh, 1987). There should have been optimism and encouragement for the self-education of sex trade workers, instead of continuing panic and stigmatization of prostitution.⁴⁸⁴

The Larger Political Context

One of the important contributions of the counter-cultural discourse was the recognition of the political context of the decisions made about AIDS. It was an antidote to the depoliticization of AIDS that occurred when the scientific and medical discourses were privileged. It was an acceptance that a disease cannot be separated from the social context in which it occurs and the social status of the people who contract the disease. And, that the effects of the disease were more than the destruction of immune systems, but could include the destruction of anti-discrimination and human rights protection for groups affected by the virus.

⁴⁸⁴ One reason why prostitutes, at least in North America, are so prone to use condoms is the emphasis on prostitution as a "profession," and practitioners as "professionals." Thus, they take the same precautions of other professionals (Day, 1988; Cohen, 1989). This has been a trend throughout this century. When brothels were closed in the US between 1917 and 1920, the rates of STDs rose (Cohen et al., 1988). And, it is estimated that prostitutes have accounted for only 3-5 percent of all cases of venereal disease in the US, whereas teenagers account for 35 percent (Leigh, 1987: 180).

As a result, the solutions also reflected this broader context, which included patriarchy, homophobia, monopoly capitalism and under-funding of social and health services. This broader context affected the possible solutions. For example, some segments of the counter-cultural discourse maintained that negotiating safer sex might be difficult for women, as they were in an unequal power relationship with men.⁴⁸⁵ Any educational efforts to assist women in taking more control over their own bodies must, at some point, come up against such effects of patriarchy. Dr. Catherine Hankins, an epidemiologist, gave a plenary address to the Fifth International Conference on AIDS. On the last page of the transcript of her speech (which was circulated to the press) she had added in pen the core of her argument: "Until women are equal partners sexually and economically, they will not be able to protect themselves or their children from HIV infection" (Hankins, 1989: 16).

As a result of homophobia, there was sometimes a reticence to take action, a "blaming" of people with the disease and an over-riding moral tone to the discussion of the virus and possible solutions.⁴⁸⁶ Monopoly capitalism affected solutions in that the pharmaceutical companies that controlled particular drugs wanted to ensure their own property rights and profitability. And, the underfunding of social services, such as drug rehabilitation centres, affected the spread of AIDS among IV drug users.

⁴⁸⁵ This is an imbalance which is experienced around the world. An issue of AIDS Watch (a periodical devoted to covering the international campaign against AIDS) stated that two major social factors which put women at risk of HIV were poverty and "powerlessness."

⁴⁸⁶ The first program which CBC-TV's "The Journal" aired on AIDS was a debate between Jerry Falwell (an American televangelist) and Troy Perry (of the Metropolitan Community Church) on the moral dimensions and theology of the disease (G. Smith, 1988).

Conclusions

This chapter has been devoted to a critical comparison of the coverage of AIDS in three discourses. By consolidating the different ways in which the texts dealt with (and constructed) particular themes and issues, the chapter provided many examples of the implications of specific characterizations of AIDS and PWAs.

This project has continually returned to the qualification that, even within discourses, there is neither a total closure of meaning nor a complete unity of meaning. However, there were some obvious differences among the discourses. Most notable were the characterizations of PWAs and the construction of possible solutions. The counter-cultural discourse allowed PWAs to speak from their own experience, and assumed that they were responsible and trustworthy individuals. On the other hand, the mainstream media presentation of PWAs vacillated between pity (for "innocent victims"), contempt (for the "folk devils") and fear (that PWAs would spread HIV through casual contact). The official discourse tended to depersonalize PWAs, referring to them in aggregate statistical measures, or as "cases" on the individual level. There was also an undercurrent of suspicion of PWAs, as the potential need for the control and regulation of certain persons was vigorously upheld.

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The solutions which were presented also differed in the three discourses. The

mainstream and official discourses both constructed educational and preventive measures as temporary solutions, with a medical "cure" (or vaccine) as the most desired solution. The counter-cultural discourse privileged education as an immediate, practical and effective "solution." After all, this latter discourse was often speaking directly to those people most immediately affected by HIV, so the advice needed to be currently useful.

In addition, the official and mainstream media discourses presented a very simplistic interpretation of how information and education could quickly result in behavioural changes. There was insufficient recognition that these changes would involve issues of desire and power. Besides, the "educational" information in these two discourses was often either of marginal utility ("get to know your partner") or tainted with an explicit moral message ("be chaste" or "be monogamous"). Instead of emphasizing safer sex ("barrier" methods or non-penetrative intercourse), there was an emphasis on less sex. In the counter-cultural discourse, the educational information was more explicit, and the focus was on modifying particular sexual practices, rather than on extinguishing sexual practices.

However, the characterization of the virus was more similar across the three discourses. The differences which did occur related to potential social responses to the virus, rather than to HIV itself. It could be that the discourse of scientific knowledge behind characterizations of HIV was resilient enough to withstand any distortion. In any case, scientific medicine was generally held to provide important and authorized knowledge, and it was a part of the context of all three discourses.

Given the nature of the official, mainstream media and counter-cultural media

discourses, some differences in coverage were expected, as they each occupied a unique context. For example, the stance of the counter-cultural media with respect to official (especially governmental) texts contrasted sharply with that of the mainstream media. For the former, the government was a locus of opposition; for the latter, it was an authorized and neutral source of information. Thus, as expected, contextual differences did influence texts.

CONCLUSIONS AND IMPLICATIONS

Chapter 13

Over the course of the past twelve chapters, this project has covered much material. It has included some theoretical and substantive discussion of medicine, the media and sexuality, an examination of methodological issues, as well as the analysis of texts on AIDS. Finally, the last chapter brought together the major themes of coverage in the discourses.

In sum, this project focussed on two major problematics. The first was to specify what the constructions of AIDS were in the discourses chosen (the substantive area). This included a comparison of the discourses. Thus, this first problematic led to the second, the question of the possible reasons for these differences. Specifically, the project considered the effects of contexts on the texts. The discourses, and their texts, were located in specific contexts, which included both material sites (government, media) and what Foucault referred to as "discourses of power and knowledge" (such as medicine, counter-cultural critique or sexuality). In the end, the links between contexts and texts were not as clear as expected. However, there were some enduring relationships.

The texts of the sample provided the evidence for arguments about the construction of AIDS and PWAs. However, evidence for the second area of inquiry was more tentative. It was assumed that, through the discursive production of mediated knowledge (texts), the interests of the contexts would be preserved. In some texts, this was indeed the case.

The findings from both areas of inquiry have important implications. For example, the

constructions of the discourses may affect public responses to the disease and PWAs, and may influence the nature of the solutions which are supported. Thus, an AIDS educator might have to struggle to find ways of educating individuals without reproducing panic or stigma.

This chapter recounts some of the findings of the previous twelve chapters. The discussion is focussed around the two problematics, and the societal ramifications of each. In the process, the general substantive and theoretical contributions of the project are examined. Finally, some directions for future research are offered.

Problematic # 1: the Constructions

The first problematic related to the ways in which AIDS was "spoken about" in Canadian society -- how it was set into discourse. In order to study this construction of a social issue, the texts from three discourses were studied -- official, mainstream media and counter-cultural media. And three major questions guided the analysis of these texts: How was the virus constructed? How were PWAs characterized? What was the nature of the solutions which were proposed?

But, this was also a reflexive activity, as the construction of the issue also implicated the structure of the discourse behind the text. For example, mainstream media texts privileged official definitions of the virus and possible solutions, thus illustrating the rote legitimization of scientific knowledge and the habitual reproduction of information from

official sources.

The previous chapter discussed, at some length, the specific constructions of AIDS in the three discourses. Generally, the virus was presented as a mysterious and uncontrollable new danger. PWAs were characterized as either passive "victims" or active "carriers." And the solutions were often directed against individuals or PWAs, rather than against the causative agent, HIV.

However, as the chapter also argued, there were some distinct differences among the discourses, especially in terms of the treatment of PWAs and the nature of the solutions which were offered.⁴⁸⁷ For example, the mainstream media characterization of PWAs tended toward suspicion and fear, whereas the counter-cultural media emphasized the brave struggles of PWAs in the face of viral assault and public stigma. And, the official discourse was reticent to provide explicit educational material, calling instead for caution and patience while medicine developed a cure. The mainstream media generally reproduced this approach, but the counter-cultural discourse provided practical and explicit information on safer sex.

A further example of the differences would be the treatment of the terms "risk group," "risk behaviour" and "general population." The mainstream and official discourses tended

⁴⁸⁷ The differences in the construction of HIV were not as significant. This could have been due to the hegemony of science which maintained its control over interpretations of HIV. However, this research also supported the argument that scientific knowledge was not necessarily oppressive and conservative. As the example of the Canadian AIDS Society illustrated, it was possible to use science to support progressive interpretations. While scientific medicine (including epidemiology) might exhibit a tendency toward moralistic interpretations, this relationship was neither sufficient nor necessary.

to present "risk group" and "general population" as exclusive categories, with the former group to be most concerned about HIV. However, after members of the "general population" were being infected, the mainstream media made much of the "fact" that AIDS was beginning to cross some (imaginary) boundary. It was only in the counter-cultural discourse that there was a consistent attempt to use "risk behaviour" rather than "risk group," thus linking HIV with activities rather than with identities.

These constructions have social implications. Textual boundaries can imply the need for social boundaries, between the sick and the healthy, between risk groups and the general population or between acceptable sexuality and deviant sexuality. The allocation of guilt in a text can imply that the same should be done within society.

The direct evidence for these effects is beyond the scope of this project. However, three examples are given, in order to illustrate that this position is more than just a theoretical assertion.

First, in relation to the confusion between "risk groups" and "risk behaviours," there is some evidence that the constant reference to "risk groups" may result in the adoption of unsafe practices. In fact, a group of researchers in California found that "women at high risk for AIDS are switching to safer partners more often than to safer sex practices" (Cohen et al., 1989). This is the logical extension of the "advice" to women to "choose your partners carefully." However, the bases for the choices are nebulous, and the resulting "safety" is illusory. Thus, the setting up of "high risk groups" is not only a social process of stigmatization, but it also has an impact on behaviour toward those

groups. In addition, the continued emphasis on AIDS as a disease of communities and lifestyles has sometimes distorted the object of research, resulting in the generation of ineffectual data.

Secondly, the continued marking of homosexuality as deviant and dangerous has affected responses to HIV. Dupree and Margo, in analyzing the medical response to AIDS, concluded that "homophobia has had a direct, contributory influence on the slow response to the AIDS epidemic, the spread of HIV infection, and to the deaths of thousands of individuals" (1988: 1). And, in the past five years, lesbian and gay groups in both Canada and the United States have experienced a rise in "gay-bashing." Some have directly linked this to an increased fear and panic, due to the repeated connection of homosexuals with AIDS. Thus, homophobia affected responses at both the professional level⁴⁸⁸ as well as at the public level.

Third, the development of a perception of "carriers" as dangerous and irresponsible legitimized the use of extra-ordinary public health measures. Without such characterizations (which focussed on isolated incidents) the panic could not have been maintained. However, this resulted in a fear of people, rather than a fear of the virus. Both an increased support for the use of quarantine against certain individuals and an obsession with the possibility of casual transmission of HIV could be seen as a result of

⁴⁸⁸ In addition, there is a history of extreme and even violent solutions offered (by professionals) to gays and lesbians in an effort to "re-adjust" their sexuality.

these characterizations.⁴⁸⁹

Thus, one must remember that struggles over meaning are located at several levels. This project focussed on the struggle in the texts. However, this was always connected, in some way, to parallel and tangential struggles within society.

Problematic # 2: the Contexts

The second problematic focussed on the relationship between texts and contexts. In other words, given the contemporary context -- homophobia, a panic over alternative sexuality, a dread of mortal disease (or anything that diminishes the body and reaffirms mortality), a reticence of government to take controversial positions, a research agenda affected by concerns over profitability and intellectual property rights, a media system that competes for readers rather than for the most articulate analysis of the issue -- in this context, could AIDS have been constructed differently? Did the contexts determine the texts?

The evidence presented in this project would suggest the tentative answer, "no, not fully." The very multiplicity of messages within the mainstream media discourse, for example, illustrated the possibilities to escape such determination. This occurred in publications set well within the media system, thus overturning theorizations of material practices

⁴⁸⁹ It was curious why stories of dangerous "carriers" would trigger concerns over casual transmission of HIV, especially since the "carriers" were always accused of having unprotected intercourse with "unsuspecting" partners -- hardly a "casual" encounter.

determining content. And, in Canada, the one journalist who was probably the most analytical and critical observer of AIDS issues was Nick Regush -- a reporter for the Montreal Gazette, a newspaper not otherwise held in high regard by media observers.

In fact, the presence of occasional alternative interpretations serves to enhance the credibility of the press. Since stories can sometimes escape determination, it is alleged that they always escape manipulation. Certainly, one characteristic of the news media, and of pop culture in general, is that it can be a very elastic and contradictory site. Rapping (1988) illustrated this in her discussion of how daytime soap operas had provided some of the most sustained educational material on responses to HIV and people with AIDS. A genre which has been largely dismissed as "escapist" and "mind-numbing" can also contribute important interpretations on social issues.

In addition, latent homophobia sometimes appeared in segments of the counter-cultural discourse. However, an anti-capitalist stance has never been a guarantee of freedom from homophobia. And an ability to be critical about certain forms of exploitation (based on class or gender) does not automatically translate into a sensitivity toward other forms of domination (based on sexual orientation or health status).

Certainly, evidence from this research would support the more hesitant formulations of Hall and others that there is no direct determination of texts by contexts or other political and economic forces. There is, however, an articulation within limits. And there were some limits -- common boundaries in each of the discourses which illustrated relatively enduring characterizations and contextual residues. And routinely, at a transparent level,

texts were structured by the contexts. They reflected the panics and dreams of their age - otherwise, there would be no resonance with the contemporary situation. What follows are several examples of such reflection and resonance.

In the official discourse, there was a privileging of governmental activity, despite the lack of any evidence of its efficacy. The role of scientific medicine was considered to be more important than that of health education, illustrating the official reticence to provide explicit prevention advice. In general, the official discourse's position on AIDS illustrated the effects of the medical context on the response to disease. Science was privileged, prevention was at the individual behavioural level, and the power structure of the medical system (with physicians and corporate players at the top) was maintained. The experience and advice of PWAs was not considered a valid form of evidence. The official discourse was engaged in a struggle against HIV, and PWAs were only peripherally related to their concerns.

The mainstream media discourse accepted the definitions of the official discourse, which was their major source of information, thus illustrating the media practice of privileging information from institutional sites. While more attention was paid to PWAs, there was a tendency toward coverage of PWAs who might be a "danger" to society. Thus, there was more interest in stories which dealt with deviance, or events which were out of the ordinary. (As the chapter on the media indicated, a large proportion of news content is essentially about deviance.) In terms of solutions, the mainstream media also provided some health advice, although it spent even more time discussing the need for explicit

education. But it did not wish to be the bearer of such information.

Both the official discourse and the mainstream media discourse illustrated the effects of the prevailing context of sexuality. The link between homosexuality and AIDS was upheld (along with the parallel link between gay sex and disease), and a panic over alternate sexualities was seen in the treatment of "carriers." In addition, the federal government's emphasis on moral prescriptions, passing as health advice, not only showed the sexual context in high relief, but also exhibited the tendency of states to regulate sexual activity; especially that which falls outside of heterosexual monogamy.

The coverage of the counter-cultural discourse consistently provided alternative interpretations, thus illustrating its relationship to the official and mainstream discourse. The media outlets were more likely to offer explicit information, as that fit in with their wider purposes -- to assist individuals in emancipation. In addition, the treatment of PWAs in the counter-cultural discourse reflected the extent of their involvement as part of the counter-cultural context. This was especially marked in the gay and lesbian press, where some of the writers of the stories were HIV-positive themselves. Thus, their experience was taken as important evidence.

The counter-cultural media had a context behind it which was sometimes very explicitly incorporated into the coverage of AIDS. For example, feminist periodicals pointed out the physical dangers of patriarchy and how sexism had affected HIV prevention efforts. Gay publications referred to how homophobia had influenced official responses. But, in both of these cases, the writers were referring to lived experiences, and not just a

discourse of power and knowledge which they reflected or had used as a resource. Such alternative interpretations were not a part of the official or mainstream discourses; but then, neither anti-sexism nor anti-heterosexism were notable components of their contexts.

Some might argue that, given this explicit acceptance of a political stance, the value of the counter-cultural texts was suspect as their authors did not follow journalistic rules of objectivity. For example, the position taken by Rites was closely aligned with the interests of the AIDS activists. However, the mainstream media is also closely aligned with official channels of information production. Was there any concern that this might distort their coverage? At least, with some segments of the counter-cultural discourse, the reader was sure of the commitments of the authors. The use of "objectivity" masked this in mainstream coverage, even though the journalists and editors may still have had ideological commitments. It is significant to note that the concern over objectivity was most prevalent when there was the chance that the media would take the side of the powerless or the stigmatized.⁴⁹⁰ There was no concern that journalists were too close to scientists or government spokespeople -- these relations of power and influence were not questioned.

One element of the context is the author of the texts. In the case of the official discourse, authors were not generally specified. However, in the media texts, authors (or

⁴⁹⁰ For example, during the standoff between the Mohawk and the Canadian Army at Kanesatake in the summer of 1990, many journalists (and media watchers) expressed concern that some reporters, who were behind the Army lines with the Mohawk, would "lose their objectivity" and side with the Mohawk. These same critics never voiced their concerns about journalists attending barbecues with the Prime Minister or enjoying off-the-record banquets with government Ministers.

sources) were always named. It became evident that most of the journalists covering AIDS in the mainstream press were women, at least during the first five years of reporting. While women dominated the reporting, most of the experts quoted in the stories were male.⁴⁹¹ However, in later years, more male authors appeared in the mainstream press, and many of their stories were feature reports with a scientific or medical focus. Thus, there was some evidence that, as AIDS moved from a health beat to a science beat, the gender of authors changed as well. However, this relationship requires more study.

Except for the feminist press, the counter-cultural media was dominated by male authors. This was true of both "general interest" publications and the gay and lesbian press. This was significantly different from the mainstream media. It is possible that the dominance of male authors illustrated a perception that AIDS was largely a (gay) male issue.

Also in relation to authorship and context, there appeared to be a difference between articles from wire services and feature stories. First, the content differed, as the former were usually late-breaking articles on specific events, and feature stories often covered continuing issues (such as the question of heterosexual transmission). However, a more interesting difference was in terms of the ways in which the context influenced the two types of articles. In the case of wire service stories, there was little explicit layering of

⁴⁹¹ For example, Canadian Living published two interviews on AIDS. In both cases, the interviewer was female and the "expert" was male.

interpretations, but instead, an emphasis on "facts." Some characterizations were still reproduced without thought, such as the use of "high risk" groups versus the "general population." But, these appeared to be generated by the constraints of the newsgathering process itself.

On the other hand, in the feature articles, the context might show through very clearly. For example, there may be entire sections on the "gay lifestyle" which reaffirmed the stigma on alternate sexuality. When the media set out to provide interpretations and "contextualize" a story, they did exactly that -- the biases of the prevailing contexts were allowed to speak to the story. But, to "interpret" means that one must rely on past knowledge training. When the mainstream media attempted to set AIDS into a "context," it necessarily allowed broader contextual factors to intrude into the text.

The implications of this second problematic relate to both the difficulties of practical action against HIV and the practice of textual research. In relation to the first implication, if the construction of an issue is intimately affected by contextual factors, then is it ever possible to "understand" HIV or AIDS "outside" of the structuring properties of contexts and discourses.⁴⁹² And if not, then how does one go about intervening effectively in the progress of the virus? For example, how can one derive a "realistic" evaluation of behavioural risks if a moralistic position on sexuality continues to affect the construction? In addition, given that people have been exposed to such

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coverage, how can a public health educator provide advice which will be followed without reproducing the panics and concerns of the mainstream media discourse? How does one communicate the notion of "risk behaviour" without stigmatizing? Given the current context of sexuality and the history of the treatment of people with STDs, is it possible to attach a censure against something sexual without marking and devaluing persons? These are difficult theoretical questions which are daily engaged by AIDS workers.

Secondly, the relation between contexts and texts has implications for the practice of textual analysis. If contexts do indeed exert influences, then that further erodes the theory that the conditions of text production do not need to be taken into account. Rather, a consideration of the context provides some insights on both the production of the text and the "discourses of power and knowledge" which stand behind the text.

Contributions of the Project

The major contribution of this project is the description of how AIDS was set into discourse in Canada. After analyzing numerous texts from three different discourses, the project was able to provide an examination of the presentation of HIV, the characterization of PWAs and the nature of the solutions which were proposed. This analysis was not limited to mainstream media texts, but also considered the ways in which official and counter-cultural texts covered AIDS. Thus, it was able to integrate many of

the voices which contributed to the Canadian dialogue on AIDS and related issues. This evaluation of the construction of a current medical and moral panic was the project's significant substantive contribution.

Secondly, the project provided an illustration of the effects of contexts on texts. Given the large number of texts used and the variety of contexts, this developed into a rather unwieldy illustration. It would have been much easier to demonstrate the relationship by choosing one or two texts from a specific context. However, that would simplify the relationship, and may make it appear overly-deterministic. Thus, this study added to theoretical work on the discursive production of texts.

In terms of a methodological contribution, this project represented a method of textual analysis. While there were too many texts in the project to allow for a semiotic analysis of each, there were certain analytical procedures which were especially fruitful. For example: close attention to lexicality (e.g., the use of the term "carrier" or "victim"); the use of equivalences (e.g., gay sex as abnormal) and oppositions (e.g., "risk groups" versus "general population"); noting the role of actors in the stories (e.g., are their opinions authorized and do they speak from a particular context); and, recording the structure of the texts (e.g., the specific order in which preventive advice is presented). Throughout, the project attempted to remain cognizant of the link between textual realities and their societal implications.

The use of textual analysis was, in many ways, a humbling experience. In addition to the difficulty of sifting through the massive amount of information, there was always the

concern that personal interpretations were too idiosyncratic. The temptation was to either return to an abstract evaluation of theory or to cross over to bare empiricism and begin counting words and measuring fonts. But either approach would have constituted a retreat. So, whenever possible, this project used contextual information and other data to augment the textual analysis.

At this point in the thesis, it would not seem dangerously inappropriate to relate a joke. A police officer comes across a man, obviously drunk, who is fumbling around under a street light, looking for something. The officer asks: "what are you searching for?" The man stammers: "my house key, sir." "Well, did you lose it here?" inquires the officer. "No," the man replies, "I lost it over by that tree, but the light is better here!" While the light may not be very good out there sometimes, textual analysis (rooted in theory and devoted to the study of popular texts) is a site that the critical sociologist cannot ignore.

Directions for Future Research

Both the practice of conducting this research project and the resulting findings implicate a number of directions for future research. Five possible directions are discussed below. Many more remain unspoken.

First, it would be useful to continue research into the effects of contexts on texts. The study could more specifically focus on the relationship between particular contexts and their expression in texts.

Secondly, the issue of the difference between news wire stories and feature stories deserves more study. Samples of both types of stories could be developed, and the effects of the different practices of newswork could be compared. If it is true that, by requiring the media to provide more interpretation and context we are actually inviting them to reproduce the biases of dominant discourses, then what proscriptions would be more appropriate?

Third, the concept of "discourse" could use some refinement. Can the concept be truly useful if there remains a great deal of variety within a discourse? Or, are these contradictions and slippages merely evidence of the resistance that one can always expect to be generated? And what is the relationship between a "discourse" and a "context?" Can they sometimes refer to the same thing or are they always distinct formations?

Fourth, it became evident that both Sociology and Cultural Studies could benefit from more research on "embodiment." It is too often the case that the mind/brain is taken to be the sole residence of subjectivity or individuality, and the effects of discourses on the body are ignored. Likewise, the constraints of the bodily context are rarely a topic of serious academic debate. The body should be theorized as a signifying system which is subject to analysis and interpretation, as well as observation and regulation. How do bodies "come to mean" and what effects does that have on social and personal politics? And what are the unique implications of the representation of diseased bodies?

Finally, there is the intriguing emergence of AIDS activism. As both a new social movement and a new model of patient advocacy, AIDS activists represent a challenge to

both medical science and government regulation. However, the nature of their challenge is not clear. (Is it for more or quicker science, or for different science? Is it for better or faster or less government regulation?) In relation to this, there is the question of how AIDS activists are constructed. As this project showed, sometimes they are emptied of political content and presented as "just" another protest group. The mainstream media coverage of the International Conference on AIDS in Montreal illustrated this presentation. More space was taken to discuss the nature of the protest than to discuss the content of the protest. And finally, what are the ideological and political origins of AIDS activists? Were they active members of pre-existing gay or social action groups? Or, have they been politicized by AIDS? This is the research direction which I will be following.

The Last Waltz

For the sociologist and cultural critic, the enduring question is how to study a phenomenon, such as AIDS, and understand it as a part of an integrated and structured whole that is social life. How does the "meaning" of the disease become intertwined with other social sites? When does it challenge the dominant wisdom and when does it "faint?" What does it legitimate? Who is authorized to speak? This project has attempted to address these questions in relation to the construction of AIDS in Canada.

In the end, the talk show questions still haunt the research: "how should AIDS have

been covered? Where did the mainstream press fail? What should have been done differently?" After sifting through numerous texts, the only media proscription which comes quickly to mind would be that the public would have been better served by more critical and analytical treatments of AIDS and the contexts within which it was constructed. Certainly, this did occur in some texts, but their reach was limited. Readership of all of the counter-cultural outlets discussed in this project does not even amount to the number of people who daily purchase the Toronto Sun. So, we must face mainstream media constructions, critique them, challenge them, engage them, and note when they slip from reportage to apologetics.

The last word goes to Paula Treichler, who has studied the discourse on AIDS in the United States. Here, she reaffirmed the need to continue studying the ways in which AIDS has "come to mean" many things within society. The practice of critically analyzing how such a disease is constructed is an essential step in understanding the ways in which texts mediate, legitimate, fabricate and reproduce meanings and relations.

We need to understand that AIDS is and will remain a provisional and deeply problematic signifier. Above all we need to resist, at all costs, the luxury of listening to the thousands of language tapes playing in our heads, laden with prior discourse, that tell us with compelling certainty and dizzying contradiction what AIDS "really" means (1987: 290).

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