

FIRST INTERNATIONAL CONFERENCE ON
THE GLOBAL IMPACT OF AIDS
BARBICAN CENTRE, LONDON, 10 MARCH 1988

"THE TEN PARADOXES OF AIDS -
SUMMING UP THE CONFERENCE"

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The Hon Justice Michael Kirby CMG*
Australia

Oscar Wilde, whose spirit haunts the courtrooms of this city and reproaches us for earlier prejudice¹ once apologised for writing a long letter. He said he did not have time to write briefly. Yet that is what I must do now.

I can do no more - on your behalf - than to collect a number of the images and the paradoxes of what we have learned over the past three days and to offer, tentatively, a few conclusions, which are inescapably personal.

The first paradox arose out of the eminently sensible and well targeted speech of Minister Newton who opened the conference². Yet on the very eve of the conclusion of our meeting, this great liberal nation - the cradle of democracy - is considering legislation which, putting it at the lowest (if I can attempt a British understatement) will not help the public health campaign on AIDS³. Ministers and top

officials are often well informed. Legislators may not, in all their diversity, be so well informed and may be susceptible to transient pressures. The danger of the virus of Highly Inefficient Laws ("HIL") grows every day in all of our countries⁴. It is most serious because we are in the exponential phase of this epidemic, as was repeatedly pointed out during the meeting.

Secondly, the social and economic data disclosed over the past three days revealed the enormous and growing tide of the problem - particularly in Africa, Latin America and the Carribean. In a sense, as Professor Frankenberg suggested⁵, the stigmatised groups in the developed countries have been the sentinels - bearing the first impact for all humankind. We should not forget their suffering, we should learn with them and, sadly, from their funerals.

Yet despite this toll, the indefatigable Jonathan Mann⁶ and Manuel Carballo⁷, and also Dr Koop and Dr Mayer, found some reasons for hope in the "third epidemic of AIDS in society". Could we yet turn this calamity to long range human advantage - by intense international cooperation; by the symbiosis of world health and human rights; by the lessons for other curable diseases; and by a new approach to the very definition of what "health" is?

Thirdly, we learned of the importance of the exchange of information on the subject of life and death. It must be rapid and frank. Who would have thought five years ago that we would be here talking of condoms and anal sex? Yet many speakers

cautioned of the need for sensitivity in the choice of language for fear of reinforcing stigmatisation and prejudice, even by subliminal or unintended messages. There are no specially "innocent victims" of AIDS. This is not just a problem of men in pin striped suits. There are only patients and communities who are suffering and who demand an effective response.

Fourthly, we saw special attention to the 'at risk groups' who have, in different lands, taken the first blows of AIDS. Yet if we have learned nothing else here it is that it is behaviour and activity that is risky. The danger of identifying groups, as such, is that we may reinforce stereotypes in a way that is entirely counterproductive. This point was vividly made by Dr Day⁹ with her brilliant work on prostitutes who are typically infected by their boyfriends not their condomed clients. Surgeon General Koop also pointed out that there is always a cost/benefit equation in any response targeted at particular groups⁹, whoever they may be.

Fifthly, we saw new resolution in calculating the direct and indirect economic costs of AIDS in developed and developing countries. This is good. Dr Over¹⁰ suggested that this development may help mobilize investment in the cure, out of the realisation of the very dimension of what is at stake. (One to 1 1/2 million infected in the USA, according to Dr Noble¹¹. Annual cost of \$8.5 billion in that country by 1991, according to Mrs Scitorsky¹².) Yet we have a long way to go. I sensed a certain frustration at the lack of adequate discussion, almost to the very end, about the cure and the

vaccine and their possibilities. Was this silence ominous, in the long as well as the short run? There was certainly frustration at the typical lack of an effective response by traditional social security departments mentioned by Professor Glennester¹³; to say nothing of the frequent lack of emotional support and the social and personal isolation of those who are ill and those who grieve. We should ponder on the private crises of the Tanzanian women with the Juliana T shirts¹⁴, distributed on the long trucking routes of Africa by infected travellers, leaving the virus behind. We should remember that Zambian youth whose end was recounted yesterday by Dr Campbell. Unable to take his suffering any more, he set fire to his hut and died alone in that cruel way surrounded by his grieving, puzzled village¹⁵.

Sixthly, we saw various models of the economic costs of AIDS - with the primary impact of the virus on the most productive years of the patient¹⁶. Yet no one can venture the value of a human life in purely economic terms. This was a point made (I hope facetiously) from the floor, when it was pointed out that the death of drug addicts in New York might actually help the American economy and that the death of the human mammal in Africa may help preserve other fauna and flora. For those who grieve, the value of a loved one lost to AIDS is beyond purely economic price. That is why there were many calls for more attention to the social and personal impacts of AIDS at any later conference of this kind.

Seventhly, when feeling overburdened by the size of the emerging problem and by its new facets, we could still take heart from the progress made: the screening of blood products in most countries¹⁷, early evidence of changing sexual practices on a macro scale¹⁸ and needle exchanges, against all the odds, in societies concurrently engaged in a so called "war against drugs"¹⁹. There has also been international cooperation on the rarest scale.

Eighthly, we feel obsessed by the graphs showing the rapid rise of cases of AIDS. Yet we need the constant reminder of the necessity of retaining our sense of proportion. There are treatable diseases which we may be neglecting. Although AIDS has now overtaken suicide and motor car injuries in many developed countries²⁰, still the total of those infected does not even approach the deaths and suffering caused by the global and still rising use of tobacco and alcohol. Adjustments to public health policies to address the challenge of AIDS must be made with careful attention to the requirements of concentrating resources where they can achieve the greatest human benefits.

Ninthly, we heard Jonathan Mann pay proper tribute to the media for bringing the AIDS virus so quickly to an unprecedented global knowledge, as the international Gallup surveys showed it has. And yet many of those most at risk watch little TV. They may not even be able to read the vivid posters dutifully prepared by national AIDS committees.²¹
As well, as we have seen even in London in recent days, how

some of the popular press pander to outright prejudice. Is it any wonder that the myth of the mosquito and tale of the toilet seat still flourish? And as for the vaunted "free press" of the United States - not a single question was asked of President Reagan about AIDS for more than three years after it became a proper matter of national concern. I hope that Mr Bush and Governor Dukakis will not be so gently treated²².

Tenthly, we heard in the audience an impatience for a new sense of urgency, which we certainly all share. But if it was a call for a single drum, there are many who will urge caution. That drum may lead, in one place, to a "sign" identifying those at risk as one human ecologist urged should be introduced as a protection to the uninfected. We have already seen those signs earlier this century.

Alternatively, this drum may lead to the "island mentality". But with so many millions affected, there is just no place to go for the infected. There is not enough barbed wire. Not enough guards. Madagascar²³ and Australia²⁴ are not now available. So we must find the solutions by well targeted policies within, and not by resurrecting new Sachsenhausens.

A thread of Ariadne ran though this diverse conference despite all the frustration expressed by the participants. It leads, in the end, to a principle for action. That principle requires that what we do about AIDS should be guided by efficiency and equity. Of course, we could catch a few more criminals if we had unlimited phone taps, spies in every street

and if we returned to the thumbscrew. We do not do so because our sense of equity and respect for human rights restrain us. So with AIDS. We could possibly stop some infections by adopting draconian measures. But we hold back because there are other precious features of our societies which we must safeguard at the same time as we are dealing with the containment of AIDS.

This conference is not in the mood for more rhetoric or ringing perorations. Nearly 50 years ago in this city, faced with the virus of fascism in its two manifestations and in a dark hour, Churchill declared that humanity had reached not the end, nor even the beginning of the end but the end of the beginning. Much death and suffering lay ahead and also, as we know now, unprecedented and quite original scientific and technological innovation.

So that is where we are in London in March 1988. We now scatter to the four corners of the world, where AIDS is:

- * Judges to their benches, remembering that human rights matter most when they are hardest to accord;
- * Church people return to their ministry;
- * Doctors and nurses to their patients care;
- * Educators to their pedagogy;
- * Politicians, I hope, go back mainly to other things;

And above all, at the "bottom line", scientists and technologists should return to their speculation and experiments which, more than words and laws and condoms and "AIDS talk" will, in the end, release us from this unprecedented human and global calamity.

FOOTNOTES

* President, Court of Appeal, Supreme Court, Sydney, Australia. Former Chairman of the Australian Law Reform Commission. Commissioner, International Commission of Jurists, Geneva. The views stated are personal.

1. R Ellman, Oscar Wilde, Hamish Hamilton, London, 1987, 450 ff.
2. A Newton, United Kingdom Minister for Health, Official Opening Address, unpublished paper, March 1988 in Papers of the First International Conference on the Global Impact of AIDS, London, March 1988 (hereafter "Papers").
3. This is a reference to clause 29 of the Local Government Bill which was then before the House of Commons. It would restrict "promotion" of homosexuality in British schools.
4. Cf M D Kirby, The New AIDS Virus - Ineffective and Unjust Laws, unpublished paper for the International Symposium on AIDS, Paris, 23 October 1987.
5. R Frankenberg, "Social Disruption and Adjustment" in Papers.
6. J Mann, "World Wide Epidemiology of AIDS" in Papers.
7. M Carballo, "Impact of AIDS on Social Organisation" in Papers.
8. S Day, "HIV and Prostitute Women in London" in Papers.
9. See eg Koop "Individual Freedom and the Public Interest" in Papers.
10. M Over, "The Indirect Cost of HIV Infection in the Developed World" in Papers.
11. G Noble, "The Epidemiology of HIV Infection and AIDS in the United States" in Papers.
12. A Scitovsky, "What are the Direct and Indirect Costs of the AIDS Epidemic in the United States, What is its Impact on Health Care Resources, and How are the Costs of the Epidemic Borne?" in Papers.
13. H Glennester, "Summary of Session 4, Social Impact of HIV and AIDS" in Papers.
14. P Hiza, "International Cooperation" in Papers.

15. I Campbell, "AIDS Care and Prevention in a Zambian Rural Community" in Papers.
16. See especially R Anderson, "The Possible Demographic Impact of AIDS in Developing Countries" in Papers.
17. B Dick, "AIDS and the Institutional Memory: The Red Cross - Red Crescent Experience" in Papers and A Fleming, "The Prevention of Transmission of HIV by Blood Transfusion in Developed Countries", ibid.
18. See Noble, above; Koop, above; and A Meyer, "Reaching the Public, Generating Institutional Support for Behaviour Change" in Papers.
19. D Jayasurya, "AIDS Related Health Legislation" in Papers. See also J Kilgour, "AIDS in Prisons", ibid.
20. A J Valleron, "Demographic Consequences of Mortality from AIDS in France in 1990: AIDS ahead of Suicide and Close to Motor Vehicle Deaths" in Papers.
21. This is a reference to the many tabloid presentations in the posters displayed at the conference.
22. A reference to the then current leading contenders in the campaign for election to the Presidency of the United States of America.
23. A reference to Hitler's proposal to banish the Jews of Europe to Madagascar as part of the "Final Solution".
24. A reference to the First Fleet which brought the first British settlers to Australia in 1788.