

WORLD HEALTH ORGANISATION



WORLD AIDS DAY

Geneva, Switzerland, 1December 1988

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Justice Michael Kirby CMG.

GENEVA WAS BUZZING WITH RUMOURS

Geneva was buzzing with rumours when I arrived on the eve of World AIDS Day. Following the United States refusal to grant a visa to Mr Arafat to address the General Assembly in New York, the question on everyone's lips was would the General Assembly come to Geneva at last? Was this to be a sign of things to come? Would the headquarters finally be moved to the side of the great lake around which this city of Calvin was built? Would the large square cathedral of St Peter permanently embrace the United Nations, as it had earlier welcomed refugees of conscience from surrounding lands? Would they restore the Palais des Nations, which had once housed the League?

In grey and misty days, representatives from many lands were coming, once again, to Geneva. This time to the World Health Organization Headquarters. This time to mark the first World AIDS Day - specifically designated to ring bells in every land. Bells of warning. A dangerous new virus is abroad. It threatens the health of the world. Everyone must hear the bells - especially the young. That is why this day was

designated. That was why I found myself in Geneva on a cold evening as December broke in the 1988 - in the second decade of AIDS.

The day started sombrely. Arriving in London after the long flight from Australia, I scanned the newspapers. On several pages there were references to AIDS. The science correspondent of The Times recorded the prediction of the leading health education scientists in Britain. Those hoping for a vaccine to rid the world of AIDS were "deluding themselves". "Most specialists agree that the epidemic is going to be with us forever".¹ More than five thousand new cases a month are being reported to WHO. On another page, a report confirmed that the AIDS virus appears to mutate more frequently than others. What dangers lurk in that intelligence, I asked myself? On the letters page, Dr David Owen M.P., past Minister of State, called for more routine testing of blood samples. But where would this lead?

The car silently drove around Lake Geneva. "The Arabs have left us", the driver told me. The Swiss government, anxious about terrorists, made life just a trifle too difficult for the free spirited Arabs of the desert. Many had left for France, just a few kilometres down the road. Their great houses by the lake are boarded up - deserted. Full of memories of their original owners and earlier elegant times. Lonely, abandoned, unexpectedly isolated. How beautiful they once would have been, I thought. How sad to see them cast away like this - memories of happier times.

A DINNER DIVERSION FROM THE CRISIS

As World AIDS Day dawned in far-away Australia, I was sitting at a dinner table at WHO headquarters. The building resembles one of those grey dull monuments to bureaucracy seen at every turn in Canberra and Washington. But the dinner was elegant enough. The guests were interesting. Mrs Danielle Mitterrand, wife of the President of the French Republic. The Princess Chulabhorn of Thailand, in her own right a professor of medicine. Pearl Bailey, the noted American singer, now special representative of the United States of America in the United Nations General Assembly.

The host of the dinner was Dr Hiroshi Nakajima, Director General of WHO. To mark his recent accession to this key executive post in a body suddenly burdened with a vital new mission, Dr Nakajima had collected a group of us in Geneva for reflections upon AIDS. But first we are to be fed. A dinner of Chinese cuisine - prohibitively expensive in overpriced Geneva - was laid before us. In French and English, our Japanese host explained his hopes for the day ahead. To present the latest scientific information. To examine the chief ethical issues. To alert the world community.

Sitting on my left is the indefatigable Dr Jonathan Mann. The director of the Global Programme on AIDS is the main key to the WHO strategy in combating the spread of the pandemic. I had heard it said that, early in his career, he had wanted to be an ophthalmologist. But for the hand of fate, that is where he might have been today, practising quietly and

comfortably in Main Street, USA. Instead, he drifted into epidemiology. From the Centers of Disease Control, he had ventured to WHO. Today he plans the strategies which affect the lives of millions. It is not an exaggeration to say that upon his judgment depends the future of a vast beating pulse of human life in every continent.

I taxed him on the Global Commission on AIDS to which I had lately been appointed. A small group, it includes Professors Montagnier and Gallo, discoverers of the virus. It has not yet met, despite the urgency of the crisis we face. He spoke of his hopes for that body. He presented me with a copy of a statement on AIDS written by the top scientists, including Montagnier and Gallo. I glanced at it and saw at once that it reflected Mann's own constant themes. For the effective containment of AIDS, we must protect the human rights of the infected. Nothing else will work. Punitive strategies will drive the infected and the risky into a netherworld of an incubating infection. For once public health and human rights march in step.

Mann pressed me for information about AIDS in Australia. What of the government's Green Paper? What of Mr Wilson Tuckey's statements at the Hobart Conference on AIDS? Were sexual acts by consenting adults really still illegal in some parts of Australia? Would that not drive the problem underground? Mann seemed genuinely puzzled by the status of a Shadow Minister in our antipodean democracy. He is, of course, a child of the United States political system. I tried to

explain that riddle and the controversial statements which Mr Tuckey had made. He pressed me for details of the discussion about new approaches to drugs in Australia. What had been the press reaction to proposals that consideration be given to legalizing intravenous drugs as a radical new strategy to contain AIDS? I told him that the Australian newspaper had said that it was unacceptable. But The Age had urged consideration of it. And the old lady of Jones Street, the Sydney Morning Herald, had acknowledged that hard choices would certainly have to be made before we were through the AIDS crisis.

There was a point to Mann's interrogation. Before the feast had run its course, the lively strategist rose from the dinner table. He took his leave of the Princess and the other guests. He was off to a studio to open World AIDS Day in Australia. By the miracle of radio, exactly a hundred years old that month, he joined Australia's Health Minister, Neal Blewett on a breakfast programme beamed across the Australian continent. The other guests lingered on. The conversations slowed. We realized that on the other side of the world AIDS Day had started.

Across the table was Miss Pearl Bailey. I am a "Miss Peal Bailey" she told me later. "I don't like to be called 'Ms'. It sounds like a bee. And I am no bee." Miss Bailey proudly wore a civil decoration given to her by President Reagan. She was dressed in black and she wore a hat. "I always wear a hat", she said. "When you take it off, that is

when you get familiar". The French guests laughed with delight at her repartée.

I looked around the table. This was a notable and well fed dinner party. But it seemed a long way distant from the little huts in central Africa where the "slim disease" had taken control in many lands. And it was a long way from Ward 6 at St Vincent's Hospital in Sydney. There in January I had seen a school friend, trembling and shaking in his last days, dying from this unexpected, unpredicted attack on his immune system. What did such an elegant group of dinner companions in the haven of world organizations have in common with these poor victims and their grieving families? Anything? I snapped out of this contemplation. Mobilization is necessary, not morbid thoughts of the dead. We must raise the alarm. There is no ready cure for AIDS. None is in sight. There is no vaccine. All we have is education and the moral duty to alert everyone. Ring the alarm bells. Tell the world. AIDS is at the door. If it takes a Princess, an artist, the wife of the President of the French Republic and others to add their voices to this message, then it must be done. We were brought together, an unusual collection of humanity, to help bring the message to a sleeping world.

DAWN OVER THE LAKE

World AIDS Day, 1 December 1988, dawned in Geneva. It was dark over the lake. On this second day, the similarities of Geneva and Canberra struck me even more vividly. The last golden leaves of autumn were to be seen - the final

message of what Keats called the season of mists and mellow fruitfulness.

But now to work. The WHO headquarters was teeming with experts, diplomats, the press. It was a typical United Nations scene. But less security at the doors. No metal detectors. No armed guards. Perhaps this was a happy reflection on Geneva; a peaceful refuge for centuries.

At precisely nine o'clock, the President of the World Health Assembly Dr Ngandu-Kabeya called the session to order. Dr Nakajima immediately outlined the events of the day. Jonathan Mann introduced a video specially produced for World AIDS Day and distributed in many lands. An ex-prostitute in Mexico showed how she was instructing young people in schools about safe sex. A teacher in Zambia collected her pupils to illustrate the working of the immune system. A masked boy, symbolizing the invasive virus, battered against his bonded playmates. When, finally, he entered their circle, he did terrible havoc amongst them. He seemed to enjoy it immensely. So, it was explained to the wide-eyed school children, AIDS worked in destroying the immune defences. President Kaunda of Zambia spoke feelingly of how his son had died of AIDS. He spoke of the need for complete candour. No good mincing words about sex. We must tell the young generation of this menace. We must tell them in simple and direct language that they will understand.

Then Richard Rector, an American sex educator now working in Norway, was filmed. He was sitting there at the table near

me as his image came upon the huge screen. He was later to become the star of the show. Tall, manly, direct and courageous, he revealed how he had been living with AIDS for eight years. Not dying of AIDS, mind you. Living with it. The video portrayed his conversation with a group of Scandinavian families, anxious to know about AIDS. Maybe Richard was the first person they had known who had AIDS. "I wanted to do the right thing", he said. He had seen more than a hundred of his friends - young men and women - take the journey to death. When you see so many young people die, death somehow seems more natural.

What does Richard Rector seek? Three things, he said. To face death at the critical moment with the courage and dignity he had seen displayed by his dear friends. To give back to his father, who had given him life, the only thing he could give now - pride in his son, that he was doing something worthwhile. True, Richard was homosexual. Now, he wanted his father to be proud of him. And to know that he had died, but also lived, with courage. Now, he wanted to give something to his companions on this planet - travellers with him in the brief adventure of life. He could give something back, to leave a mark. The seeming proximity of death, and the statistics which he had so far defied, gave him a propelling sense of urgency. In fact, it was a mission. He was a new evangelist. Tell the young people. But not to force it. Just the facts. Let the answers and the moral judgments come from their own understanding of the risk to health and to

the health of others from the unprotected spread of this virus.

Many other interventions followed. As Mrs Mitterrand began to speak, the French television crews crowded around. They elbowed their way into the main table. Mrs Mitterrand is president, in her own right, of France-Libertés. In this role she had visited a school in Paris. She recounted her conversations with the pupils about AIDS and human rights. Why should we care, they had asked her. Why should we be concerned? She brought these inquisitive Parisian teenagers to a realization of some of the moral dilemmas posed by the virus. To be alert to it for yourself. And to respect the lives of others sufficiently that you make sure that you protect others with whom you share intimacy.

A TAPESTRY OF VANISHED FRIENDS

The opening session drew to a close. Lance Henderson of the Names Project in the United States lifted our eyes to the patchwork quilts which decorated the WHO Hall. Together these quilts form the most remarkable international tapestry since that of Bayeux. A collection of pieces of cloth - each of them telling the tale of human life, mortal suffering and another death from AIDS. Men and women like us. But not anonymous. Remembered, and being remembered, a reminder. On one quilt, next to the WHO logo which otherwise dominated the Hall, was a favoured T-shirt, woven into the memorial. On another, was a vivid drawing of the deceased with the name "Hamilton" emblazoned across it. Mr Hamilton smiled benignly upon our labours throughout the whole day.

Henderson told how the quilt had grown out of the spontaneous act of grieving in San Francisco, early in this epidemic. After a specially emotional memorial service in that stricken city, the participants had put the names and dates of their loved ones on a wall at City Hall. That act inspired the quilt. But it was not just to be an act of grieving and remembrance. It was a political act. As it toured the United States, picking up a piece here and a section there, it reminded all who saw it of the human face of AIDS. These were fellow citizens. Some of them were friends and family. The quilt also finally served to prick the conscience of President Reagan. A man of such apparent warmth and avuncular humanity, he could not bring himself to pronounce the acronym AIDS for four years whilst his fellow citizens died and thousands became infected.

As I looked up at the tapestries, vivid for their amateur directness, I reflected that we had done rather better in Australia with AIDS. Even without a quilt at least our politicians, of all persuasions, saw the danger sooner. In Washington, it took the collection of the pieces laid bare in their aggregate enormity, in the National Mall before the Congressional buildings finally to bring home the message of the extent of the dying and the grieving. And so the message of the quilt had been carried across the Atlantic to Geneva for this day. It was a sad message. Every panel was a human spirit gone. But its effectiveness was a stimulus to us, the participants around that international table. No one's life

could be completely lost and wasted if their memorials urged a watching world to action.

When the speeches were dull, like all of the other delegates, I lifted my sights to the quilt. How much better it would have been if the names were still with us. Living away their lives, untouched by this unpredictable phenomenon. Pedestrian, ordinary lives perhaps. But they did not ask nor expect to end up on a quilt in a grey building on a cold day in faraway Geneva. The mind puzzles away at the problem. Why did it happen now? Why to them? As Pearl Bailey was to say: "It seems so unfair". But unfair or not, it is with us. It commands our attention. The reverie breaks. Agonizing indecision must be shaken off. This is a time for action.

A LUMINESCENT DEBATE BEGINS

The first session of World AIDS Day was over. The formalities were ended. The participants poured into the corridors where a galvanizing cup of black coffee was pressed into every hand. Then came my session. An ethical debate. In the chair was Dr Norman Sartorius, director of the Mental Health Division of WHO. An austere, keen-eyed man, his was the task to stimulate the panellists to a lively debate. The debate was televised for use in many lands where officials and citizens puzzle over the practical and ethical problems which are presented by a global epidemic. On my right was the French Minister for Humanitarian Affairs, Mr Bernard Kouchner. Smart and lively, he was a medical practitioner who had put humanitarian instincts into action. He was one of the founders

of Medcins Sans Frontières - an organization which sends doctors to developing countries or countries facing a crisis. Established before AIDS came upon the scene, it is now fully stretched. On the other side of the chairman were the representatives of the Vatican, the World Council of Churches and a Jewish rabbi. It was rumoured that the rabbi was Jonathan Mann's confidant; not, I suppose, a confessor.

The Princess of Thailand glistened on the other side of the room. She showed a luminescent beauty but, as well, a keen intelligence which outshone even the glistening diamonds that she wore. The secretary of the BMA Foundation on AIDS, Dr John Dawson was there: the very essence of British professional medicine. Sound. Compassionate. But also decisive. Qualities which we would need. And sitting with the church representatives were two others. One was Pearl Bailey - Miss Pearl Bailey. She later explained that the seating was quite natural to her as her father had been a preacher. By her side was Imam Bouzouzou, a representative of Islam. Next to the French Minister was Professor Pokrovski, President of the Soviet Academy of Medical Sciences. And then there was I, a judge from a distant continent: diverted for a few days from the book filled courtroom, the black robes and the horsehair wigs of an old, inherited legal tradition.

The chairman led the debate into a discussion of the choices of mandatory testing for AIDS. Excusing his parochial allusion to home concerns, Dr Dawson struggled to get the definition of "mandatory testing" right. In the United Kingdom

there is a plan to conduct random tests on blood samples. It would be anonymous, of course. Only for the purpose of getting some idea of the dimension of the epidemic and to track its course.

To me this was not at issue, and I said so. The real issue about mandatory testing was that raised by the belief of many members of our countries that the whole community should be tested for AIDS. This belief was to be confirmed in Australia most clearly by an opinion poll which awaited my return from Geneva. It showed strong support for general mandatory testing and particularly of the marginalized high risk groups. This was the real issue on testing, I declared. And what those who know anything about the subject have to do is to convince a sceptical world community that such responses are likely to be ineffective, uneconomic and even counter-productive strategies for the fight against AIDS. It will not be easy. But we must try.

Testing would be ineffective because tests, at the moment, reveal not the virus itself but only the antibodies to the virus. These typically take three to six months to develop. So AIDS infections could be there but not producing an antibody reaction. There were many false positive and negative tests. And testing would be ineffective because the question remains what we do when we discover a person who is infected. There is no island big enough to isolate those found to be infected. There is not enough barbed wire in the world, nor guards available, to cut them off. We cannot board them up

as they did to the infected in the plague years. Between one and one and a half million people are estimated to be infected in the United States. Who would pay for their isolation? Who would support their families? Mandatory testing would also be uneconomic. The costs of testing are high. They are particularly high if the false positives are to be excluded. The drain on the public health budget of such testing would be enormous and relatively unproductive. In a number of states in the United States mandatory testing is required of marriage applicants. The result has been an average cost of \$40,000 for each infected person detected with the virus. Not unexpectedly, there has also been a fall-off in applications for marriage licenses, estimated at 40% in one State.³ Detecting the positives leads nowhere. Unlike tuberculosis or even syphilis today, there is no cure for AIDS. The risk is then run that the people detected as positive will suffer the burden of discrimination as an additional load to the knowledge that they have a very serious illness. Marginalized groups, who are already wholly or partly isolated in society - homosexuals, prostitutes, drug users - will have the anger and frustration of a frightened community turned on them with even greater vehemence.

EDUCATION AND TRUST - THE KEYS

So what is to be done? Most of the participants in the debate thought that education was the key. Education - the panacea of the 20th Century. The earlier the better. Educate the young. Educate the infected about their moral

responsibility not to spread the virus. Educate about fidelity. Urge the reduction in superficial sexual encounters. Educate the sexually active about condoms. Educate all about the primary modes of transmission of this virus. A whole world bombarded by education.

I reflected on how modern man and woman puts such store on education. But how do we really get into the minds of people so that they modify such intimate personal activities. Sex and drug taking may be at the core of their lives and of their self-identification. And what will education have to say about confidentiality? About a doctor telling the sexual partner of an infected person where the partner will not do so?

Pearl Bailey urged that we must trust the medical profession. People should be able to go to their doctor and ask for a test, confident that the results will not end up all over the place. But Miss Bailey cautioned about the haemorrhage of information. This was as dangerous, she declared, as the spread of the virus itself. Every week, the rumour industry in the artistic community of her friends, resounded with the report of yet another victim. Did you hear the news? Did you know? Yes, he's got it. He's the latest one. And what a shock it is, then, to see the person walking about, apparently healthy, yet cursed with this insidious illness. AIDS, according to Pearl Bailey, has set the rumour industry working overtime. Only trust and high standards, particularly in the medical profession, can build a wall against rumours. Pearl Bailey explained the passion with which

she had spoken. She had been asked to speak by a young man, an acquaintance of hers, who had the AIDS virus. This had got her interested. She now put a human face on the predicament.

But who would stop the patient speaking of the terrible news? It is hard to bottle up such news. It must be shared with friends who can help you to bear it and its grim message. That is how many rumours start. Friendship abused, but in turn just because the burden of the knowledge is too heavy to bear. Sex, drugs and death - the usual combination - provide a powerful stimulus to the imagination of the healthy, blessing their good fortune to have escaped the devilish touch of the infection.

The talk of the features of the disease encouraged Dr Dawson to direct attention to the similarities between AIDS and epidemics of the past. There were many other public health problems which cannot be neglected. Problems, some of which we can tackle more effectively than AIDS at present. And AIDS, according to Dawson, should not be seen as wholly unique. Otherwise the stigmatization of the ill would become worse. That is true, I thought. But AIDS is different. It hits the young. There is no cure. It is associated in the public's mind with marginal groups. It is linked with sex, drugs and the modern fast lane of pleasure seeking. That is why AIDS is different.

AN IMAM DEFINES GOD'S WRATH

The debate turned to strategies. We do not have time for philosophizing, the French Minister said with just a hint of

frustration at the philosophical musings of his colleagues. Urgent action is required. Needle exchanges are required to damp down the spread of AIDS amongst intravenous drug users. In France the system had been introduced for a year. The early results were encouraging. I supported these statements, with knowledge of the similar programmes in Australia. But Miss Bailey was unconvinced. In language reminiscent of the "just say no" drugs campaign of Nancy Reagan, she voiced her concern about making clean needles available. Would it not mean that people who would otherwise be discouraged could now get nice, sterile needles? Might it not take away one of the main inhibitors to the spread of drugs? An obvious question, well asked. There is a large debate in the Black community in the United States about this very issue. Drugs are penetrating the poorer black and Hispanic communities of that country like an incoming tide. They are now being followed by their ghastly new companion, AIDS. Some even talk of a troika of misfortune : poverty, drugs and AIDS. A triple crown of despair for the poor, lost or forgotten amidst the cosy prosperity of Mr Reagan's middle America.

The issue of sterile needles is just one of the many difficult equations of AIDS. Another is how far a modest Judeo-Christian society - brought up in the values of John Calvin whose spirit was everywhere in Geneva - would sacrifice that modesty in order to teach young people candidly about sexuality and drugs. If we do so at a very early age to contain the epidemic, may we not stimulate some of the hearers

to experimentation? Is the price of the loss of simplicity too high to pay? The opportunity costs of AIDS ultimately stimulated even the Reagan administration into a billion dollar battle against AIDS in the United States. It was the cost equation, rather than a tender concern for those in the front line, that appears finally to have moved the lethargic Executive of that epicentre of the epidemic.

How far will society recognise the risks of the new vectors of AIDS into the general population? Will this recognition initiate the reforms to the approaches of drug laws which the philosophy of John Stuart Mill, or the ineffectiveness of present imprisonment strategies, have failed to produce?⁴ The economics of morality - the cost-benefit equation of ethical decisions - will grow in importance as the AIDS epidemic spreads. We may not like this mixture of money and morality. But it is certainly a truly potent weapon for action. And action is needed if the guilt and its pieces are not to cover the earth.

It was at this stage in the exchanges, just as the debate was beginning to flag, that the Imam offered his Islamic perspective of the issues. AIDS is a reminder of the law of God. When people stray from that law, they suffer. The ancient books had cautioned against unnatural practices. Why, even animals did not do such unnatural things! Sodomy. Drug taking. What can you expect? AIDS is the answer. Perhaps God is angry with His people. Of course, we must be compassionate for the sick. That is our moral duty. But we must take

lessons from the epidemic. That too is our duty.

As I heard the Imam's words coming from the translator into the earpiece, I realized again what a hard and simple faith the desert religions provide. There was a gasp in the francophone audience in advance of the translation. And yet, I reflected, it is as well that the Imam spoke. Certainly his view would be shared by many otherwise kindly, pious and religious people. Never mind the hurt these words would cause to the sick, the dying and the grieving. Never mind the poverty which often leads to the quest for release from the pains of reality in the temples of drugs and prostitution. Never mind the deep urges for love which lead to sexual expression in its various forms. There is a contagion at the gate. And God is angry.

This, of course, was precisely the response to earlier times of plague. A medieval French King had extracted the tongues of the blasphemous, considering that the plague of medieval times was the punishment of a God angry at blasphemy. The same reactions are just below the surface in our space-age - even today. Even in sophisticated Geneva.

The French Minister and I painstakingly set about responding to the Imam. Nothing could more effectively contribute to spreading this virus than further to alienate those principally at risk. Had we learned nothing from the attack on syphilis before penicillin? Only when a non-judgmental approach was taken was the tide of that infection finally turned. So it would be with AIDS. We must

encourage young people who think that they are at risk to take the test. Doing so can often be the first step by them in a life of caring for themselves and for others. For saving lives such steps, practical, urgent and useful would be of greater utility in our present global predicament than reminders of Sodom and Gomorrah and talk of an angry God.

The French Minister whispered to me that the Imam's knowledge of fidelity in the animal kingdom could be improved by a conversation with a veterinarian. But at least the ethical debate was now on in earnest. The sparks were flying.

SYRINGES AND CONDOMS : THE URGENT RESPONSE

Returning to my trial days, I lifted up a non-reusable syringe, newly designed by a young Australian inventor, Adam Butler. I explained how it could work to stem the tide of the infection amongst young intravenous drug users. Measures like these - scientific inventions, clear educational messages, condoms readily available - rather than pious words, were the real ways to contain AIDS. We just do not have the time for tarrying with moralizing. These are critical days for this epidemic. Unless we make the right decisions now, urgently, millions of ignorant people, dependent on their leaders for protection, will suffer a cruel death.

The mention of condoms procured a response from the Christian churches. The Pope's representative, the Reverend Father Ignazio Carrasco, explained that we could not expect the Church to change its teachings about condoms. But the Church would understand the necessities of the civil state providing

condoms to those who could not practise sex as the Church taught. For the church of Peter, this remained an exclusive relationship of one married partner with another, faithful for life. Certainly such a fidelity could provide a shield against AIDS. But to some, this contribution seemed a trifle ethereal. Like it or not, the contraceptive pill has established a sexual revolution. In many lands sexual mores have changed. It seemed unlikely that this resolution would be rolled back - at least not quickly enough to contain this epidemic. Why should the Church not now reconsider its position, I asked myself? Its opposition to condoms was based upon their use to prevent conception. But now a new objective, quite different, was there. Health. Life. To prevent the insidious spread of an incurable virus with a potential to wipe out many in a whole generation. Did not the protection of sacred human life, spoken of by the Pope in his opening message to the meeting, require that lives should be saved? To pass the moral obligations in this battle to the civil state, unaided, would surely be seen by some as a surrender of moral leadership. Understandable perhaps. But a surrender nonetheless. And moral leadership where life is at stake, is sorely needed.

The Soviet academician appeared bemused by the churchly interventions. His contribution was positive and unequivocal. In this battle we are all members of the human family. On AIDS, we are all united. He talked of his admiration of the initiatives on AIDS being taken in Australia. He had visited

Australia earlier in the year. He had liked the educational campaigns and the social security arrangements which he saw. He admired the common purpose with which the people generally were now attacking this problem. Common purpose. That was the feeling at the end of the morning. The Soviet academician, in the manner of the times, captured the mood even if he did not secure the support of all the panellists.

The debaters parted with the usual words of mutual congratulation and affection. And yet I felt that the really deep ethical issues of AIDS had scarcely been touched upon. What if there were a cure? Would it be like AZT? Available only in the rich countries? What is the morality of such differentiation of treatment at the anniversary of the Universal Declaration of Human Rights which talks piously of the brotherhood of man? And what if there were a faultless penny test for the virus? It is only when such tests become feasible that truly serious ethical issues of testing have to be faced. What if the virus spreads into the medical profession - a matter of great concern to Princess Chulabhorn? The latest figures of medical infections are reassuring on this. Perhaps the real issue for the medical profession is not that risk but another, of burn-out: of the sheer exhaustion of health workers worn out from years of taking, with a multitude of young people, a grim journey to death. The daily sight of this unfairness can lead to bitterness and even despair.

So we all pray for a miracle cure. I wandered around the

corridors of the grey building trying to make sense of the quilts which met my eyes at every turn. Everywhere the Director-General could be seen, surrounded by his seemingly tireless team. If we did not have the World Health Organization at this historic moment, I thought, we would have had to invent it. But will it succeed in this dangerous mission?

SCIENCE YOUTH AND MUSIC

In the afternoon there was a scientific session with an expert review of the latest data on AIDS. Most of it was familiar to me. Most of it had been laid bare in June 1988 at the International Conference in Stockholm.⁵ Nothing new.

In the final session of the day twenty young people, aged 18 to 25, came together to debate, from their perspective, the ethical questions of AIDS. In doing so they exposed their emotions about AIDS. This debate went slowly at first. But then a middle aged representative of a lay Catholic organization in France provoked a young French girl to a flash of anger by his repeated talk of life long fidelity. "You sound just like my parents. What would you know about our sex lives? We have our partners. Things have changed. We just don't want to make a choice of a life's companion yet". The Frenchman - not dogmatic at all - seemed somewhat taken aback. Painfully it was obvious that talk about fidelity and keeping sex to marriage is a message which is hard to sell to the new generation, at least in countries like France and my own.

So this is the world in which AIDS has appeared. There was talk about condoms. And there was talk about trust. Who can you trust? A boy will insist upon sex without a condom after a while. How can he be refused?

A nurse who cares for AIDS patients in Geneva puzzled aloud at the notion of trust. Surrounded every day by the evidence of death she knows, better than most, that she should trust no-one. Yet she cannot bring herself to view her lover as her potential killer. Another equation of AIDS appeared. At what point in this epidemic will it be seen as so serious that trust and sharing must be curtailed - even between intimate and loving friends? Even amongst heterosexuals? In the world after AIDS, human nature needs to be modified so it seems. Quickly. That is clear enough. The young debaters recognized it, of course. But they also recognized its difficulties. And what, pray, will happen to the human spirit in this environment of suspicion and mistrust? What of the overriding human right to happiness? As a deadly virus stalks the schools, the singles bars, the discos, the quiet suburban bedrooms and the African brothels, the ultimate mortality of AIDS may be that of trust and love. A return to fidelity only out of fear and horror (not from a loving conviction) would be a hollow victory for the Imam and for others who look on AIDS as an instrument to enforce the restoration of fundamental moral values.

The young people dispersed with the mixture of optimism and seriousness, compassion and indifference that is peculiar

to the young. I had to escape the grey building. I went up the hill to the cathedral. This austere pile of Calvinism is undecorated, grey and cold. It seemed a less comforting place than I had hoped, to say a prayer for relief from AIDS. So I took to the woods which surround the lake. The last brown leaves of the naked trees were on the ground in plenty. Fallen leaves; beautiful but lifeless. Their short and rather disappointing season ending prematurely on the ground, wet with rain. About me everywhere was the beauty of nature. A few birds sang. The merry sound of celebrating tourists in the distance could be heard. A table at the deserted golf club could be seen through the window, groaning with the extravagance of French cuisine. In the town, the workmen were putting up the first Christmas decorations in the streets. The lights seemed brighter in the early dark of the dank air of Geneva than in the dazzling sunshine of Christmas summer time in Australia. All the signs told of the approaching nativity festival. Life goes on. But it also goes out. Life and death. Brightness and darkness. These were the restlessly changing images of World AIDS Day in Geneva.

DEATH'S DATELESS NIGHTS CALLS US TO ACTION

The evening rushed in. I returned to the busy headquarters. A concert was arranged. Dancers from Zimbabwe brought the messages of Africa about AIDS. Dan Turner, a composer from the United States tapped out his own compositions; sad and courageous at the same time. The day moved to its close. At midnight, the headquarters staff

scattered to their apartments around the lake. Had it been worthwhile? What were the early reports from Asia? How would it go in America, still in the middle of World AIDS Day? What had we achieved?

I looked out of the window of my hotel room. I could see, reflected in the moonlight, the mountains and the lake. What an awesome responsibility the World Health Organization has. What a burden has alighted on the frail shoulders of these few people, struggling with a desperately urgent and perplexing problem of the whole world. It would be best not to think of that burden too often. Best not to think of the young boys and girls, at present healthy, with lives full of promise who will be touched with AIDS and die before their time. How can they be saved? By knowledge. By warning them. Be careful. Be alert to AIDS. Take precautions. AIDS is truly a matter of life and death. Don't end up a statistic. Don't end up a part of the AIDS quilt. Be remembered for a long life of human joys and pains, not memorialized in a pathetic remnant of clothing or the sad recollection of grieving friends, most of them too young to grieve.

As I gazed out of this window the words of one of Shakespeare's sonnets kept coming into my mind. But I could not quite get it right. The opening lines I knew -

"When to the sessions of sweet silent thought
I summon up remembrance of things past."

The poet, I recalled, went on to list the things he remembered at such moments of contemplation. Failed endeavours. Wasted time. Lost loves. Vanished sights. But

the searing phrase that kept coming back into my mind - excluding all others - was the remembrance of:

"Precious friends hid in death's dateless night."

How many precious friends in distant continents will enter that dateless night unnecessarily? It is that thought which must turn despair and grief, anger and pain to resolute action. And that is why we had gathered in Geneva that cold day.

The first World AIDS Day was over. Another year in the battle against AIDS had begun.

ENDNOTES

- Commissioner, World Health Organization, Global Commission on AIDS 1988-; Commissioner, International Commission of Jurists 1986-; President of the Court of Appeal, Supreme Court, Sydney, NSW, Australia, 1984-. The views expressed are personal views only.
1. T Prentiss, "Aids Epidemic is Here to Stay, Expert Says", The Times (London), 30 November 1988, 1.
 2. Reported in The Age (Melbourne) 3 December 1988, 1, 3.
 3. J Osborn, "The Political Climate for Public Health Issues" in Daédalus, 1989 forthcoming, (p 27) See also R Weiss and S O Thier, "HIV Testing is the Answer - But What's the Question", 319 New England Journal of Medicine 1010 at 1011 (1988).
 4. See e.g. "Legalize Marijuana : Lawyers", Sydney Morning Herald, 7 December 1988, 1.

5. M D Kirby, "AIDS - Insights from Stockholm Conference",
(1988) 20 Australian Journal of Forensic Sciences, 282.