

CHAPTER 5

SELLING THE NEGATIVE IMAGE OF HOMOSEXUALITY

5.1 Background: the media's construction of a "lifestyle disease"

As indicated previously (see Chapter 1), scientific knowledge is incredibly vulnerable to the matrix of change. By no means does scientific knowledge develop evenly or sequentially. There is no smooth path of development in as far as scientific know-how is concerned. For scientific knowledge is constantly created and recreated, made and remade, and constructed and reconstructed. Furthermore, knowledge about disease, any disease, including Acquired Immune Deficiency Syndrome (AIDS), can be understood only within highly specific historical conditions. As Fee¹ states in another context, the deepest ways of perceiving and understanding disease are historically constructed. In this Chapter, we will see how AIDS was historically constructed by medical and scientific experts and the media as a 'disease of lifestyle', afflicting the most marginalised of groups in our societies. It explores what I call the epidemiological underpinnings of AIDS and shows how the AIDS story was fashioned to echo both the narrative of a "homosexual disease" and the "narrative of moral protest".

In my rendering, the real meaning of AIDS as a homosexual disease can be understood in relation to some components of beliefs and sentiments that had been replicated in the historical past. What is today commonly known as AIDS is

actually a mirror of ideas held by a number of epidemiologists in the early 1980s. At the time a number of researchers suggested the primacy of moral/ethical behaviour: AIDS was seen as a ‘mysterious disease’, whose underlying cause was promiscuous sexual behaviour. The AIDS disorder was understood in terms of the simple polarization model: ‘good’ (heterosexuality) and ‘evil’ (homosexuality). People’s responses to AIDS revealed their cultural bias against homosexuality; their cultural and moral judgements determined what counts as either good or bad. Mager speaks directly to the then prevailing misconception about homosexuality when he writes:

Institutions of privilege and power disenfranchised lesbians and gay men because of stereotypical negative categorizations of them – stereotypes that engage a societal fantasy of the illicit, the subversive, and the taboo, particularly due to assumptions of radical sex role parodies and inversions. This fantasy in turn becomes both the object of fear and of obsessed fascination, while its status as fantasy is never acknowledged; instead, the reality it pretends to signify becomes the justification of suppression both of the fantasy itself and of those actual persons who seem to embody it. Homophobia as a critique of societal sexual fantasy, in turn, enforces its primary location as a gay discourse, separate and outside the site of fantasy which is normative male heterosexuality.²

¹ E Fee 1988, ‘Sin versus science’, in E Fee and D M Fox (eds), *AIDS: the burdens of history* (London: University of California Press).

Leibowitch sums up his views on homosexuality in this manner:

The homosexual lifestyle is so blatantly on display to the general public, so closely scrutinized, that it is likely we never will have been informed with such technicophantasmal complacency as to how other people live their lives.³

AIDS was nominated as a phenomenon of lifestyle, and homosexuals were discussed as a group of people who participated in promiscuous sexual practices, as members of an abstract, peripheral category. Callen and Berkowitz comment:

We believe that it is the accumulation of risk through leading a promiscuous gay urban lifestyle which has led to the breakdown of the immune responses that we are seeing now. Most published medical reports indicate that continued re-exposure and reinfection with common viruses (most notably cytomegalovirus), in conjunction with other common venereal infections and perhaps other factors, have led to the present health crisis among urban gay promiscuous men. Continued re-exposure and re-infection with common infections means bathhouse ... sexual activity.⁴

Dennis Altman illuminates on what goes on in these backroom bathhouses:

These resemble nothing so much as giant steaming whorehouses in which everyone is a customer; clad in white towels men prowl the hallways, groping each other in furtive search for instant sex, making it in small dark cubicles on

² D Mager 1986, 'The discourse about homophobia, male and female contexts.' Paper presented at the annual meeting of the Modern Language Association, New York, 87.

³ J Leibowitch 1985, *A strange virus of unknown origin* (New York: Ballantine), 3.

⁴ See *New York Native*, 8–21 November 1982.

low, hard, cum-stained beds. Disgusting? – yes, perhaps. Yet lasting friendships are quite commonly begun in bathhouses ... It is a feature of male homosexual life that sex usually precedes intimacy to a much greater extent than among heterosexuals.⁵

According to Oppenheimer, the lifestyle model of disease dates back to the 1970s – bear in mind that this predates the discovery of AIDS. At the time the Centres for Disease Control (CDC) came under severe criticism for having committed itself too strongly to a microbial hypothesis of disease “without having sufficient attention to other causative theories”.⁶ Researchers within the CDC were prompted to throw “a wide causative net”; they postulated a multifactorial disease model by generating hypotheses based on associations between a specific combination of factors; included among these were diet, drugs, residence and sex.⁷ They understood disease as a pathological condition that signified having multiple partners. Multiple infections from anal intercourse were singled out as major risk factors for AIDS. Also it is important to note that in the 1970s sexually transmitted diseases appealed to two sets of interests, namely the search for new technical and scientific answers to social problems, and the search for common moral sentiments.⁸ The so-called social hygienic movement, says Brandt, embodied the campaign against sexually transmitted infections as well as the search for unified set of moral ideals.

⁵ D Altman 1993, *Power and community: organizational and cultural responses to AIDS* (Bristol: Macmillan), 12.

⁶ G A Oppenheimer 1988, ‘In the eye of the storm: the epidemiological construction of AIDS.’ In *AIDS: the burdens of history*, 272. Also see the House Sub-Committee on Consumer Protection and Finance. *Hearings on Legionnaires’ Disease*. 94th Congress. November 1976, 23–24.

⁷ *Ibid*, 274.

Public horror, fear and reaction towards AIDS re-ignited the old hysteria about venereal diseases and homosexual men alike;⁹ people's moral judgements shaped their general understanding and action against sexually transmitted diseases and homosexuality. They felt it necessary to use AIDS to reform sexual behaviour. The moral reformers singled out homosexual men as being sexually threatening – as reservoirs of disease.¹⁰ Not only was AIDS associated with homosexual lifestyle, the disease was also seen as a punishment for unconventional or unapproved sexual behaviour¹¹ (promiscuity). For promiscuity and unprotected sex, as moral expressions, implied that people living with AIDS (homosexual men) were directly responsible for their illness.

From this perspective, in the early 1980s epidemiology and moral reasoning framed the group context of AIDS. Because AIDS was understood primarily as a homosexual disease, it was tangled up with morality. (Note that between 1983 and 1986, 62 news reports – posited the connective tissue linking AIDS to homosexual subcultures; see Chapter 3 for further reading). AIDS embodied God's wrath on the homosexual community, a disease linked to the 'ludicrousness' and 'craziness' of homosexual lifestyle. Epidemiologists attributed moral blame for AIDS on gay men. In the absence of a causative viral agent (a virus), the lifestyle model lent special relevance. The epidemiologist rather than the virologist (virologists study the genetic structure and pathogenesis of viruses) was cast in the role of an 'authorized knower', the creator and guarantor of the meaning of AIDS. The epidemiologist became highly instrumental in the creation or production of the

⁸ A M Brandt 1988, 'AIDS: from social history to social policy', in *AIDS: the burdens of history*, 148.

⁹ *Ibid*, 148.

¹⁰ Fee, 'Sin versus science', 141.

¹¹ *Ibid*, 141.

story of AIDS. Accordingly, public discourse about AIDS collected around only those issues deemed to be ‘emblematic’ of homosexual lifestyle: namely anal intercourse and promiscuous sex. Many scientific experts (and the media) set themselves on a course to educate members of society about the potential risks of gay sexuality, unsafe sex, and sexual promiscuity. At this point, Papadopoulos-Eleopoulos’s views on the risk hypothesis of AIDS and homosexuality are worth citing:

There is no doubt being in a risk group and having AIDS antibodies is not a good thing ... Because empirically such people (read homosexuals) are more likely to develop illnesses we classify as AIDS ...¹²

Peter Duesberg reminds us why some groups of people (read ‘gay men’) are more likely than others to develop illnesses we categorize as AIDS:

... your typical AIDS patient has picked up HIV from risk behaviour, either intravenous drug use or promiscuity ... They collect all the microbes that are available, like stamp collectors ... So these guys have cytomegalovirus, Epstein Barr Virus, Human T-Cell Leukemia Virus, hepatitis virus, papilloma virus, syphilis, gonorrhoea, all these microbes. Mycoplasma, pneumocystis, all these things you find abundant in AIDS risk groups and AIDS patients ...¹³

Nobel laureate Kary Mullis agrees that there is a connective tissue linking AIDS to homosexual lifestyle: Mullis states that AIDS was a name given to the observation that some people were “in fact practicing a fairly gregarious lifestyle”. He adds:

¹² *Continuum*, Autumn 1986.

¹³ *Continuum*, Fall 1986.

The thing I believe they were doing that was different was that they were associating nightly with a lot of people, who themselves were associating with a lot of people. ... if you were trying to think of an effective way to expose yourself to every possible virus that could live on a human being, the way they went about it would probably have been the way to do it.¹⁴

Risky lifestyle consisted not only of promiscuous anal sex, but also of the use of recreational drugs. AIDS was linked to the joint effects of persistent, sexually transmitted infections, and recreational drugs such as amyl nitrite; the consequence of which was “immunosuppression in genetically predisposed males”,¹⁵ followed by “a clinical course that included minor illnesses, KS or other neoplasms, and serious opportunistic infections”.¹⁶ By this logic, AIDS also represented an affliction of the homosexual body by drugs. Of drugs and AIDS, Lauritsen states:

They would take drugs, not just a few drugs, not innocuous drugs, but they might take six different drugs in the course of an evening. And we don't really know the consequences of these drugs. But they would include poppers which are nitrite inhalants, MDA (methylenedioxyamphetamine) which is a designer drug, even Ecstasy and Special K which are other designer drugs. And they would include ethyl chloride, a deadly substance which is inhaled. It would also include cocaine and heroin and marijuana and alcohol. And if people took half a dozen of these

¹⁴ *Spin*, Fall 1986.

¹⁵ Oppenheimer, 'In the eye of the storm', 275.

¹⁶ *Ibid*, 275.

drugs in the course of an evening, who knows what the interaction effects are?
Who knows what the long-term effects of any of them is separately?¹⁷

Against this perspective one can understand why, in 1982, the CDC issued a press statement according to which AIDS was defined along these lines:

... a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease. Such diseases include KS (Kaposi's Sarcoma), PCP (Pneumocystis Carinii Pneumonia, and serious OOI (other opportunistic infections). These infections include pneumonia, meningitis, or encephalitis due to one or more of the following: aspergillosis, candidiasis, cryptococcosis, cytomegalovirus, norcadiosis, strongyloidosis, toxoplasmosis, zygomycosis, or atypical mycobacteriosis, esophagitis due to candidiasis, cytomegalovirus, or herpes simplex virus; progressive multifocal leukoencephalopathy, chronic enterocolitis (more than 4 weeks) due to cryptosporidiosis; or unusually extensive mucocutaneous herpes simplex of more than 5 weeks duration ...¹⁸

5.2 Building relationships of “social exchange”

From the above rendering, it hardly needs saying that AIDS is a disease shaped a great deal by the major currents of its times. In addition, knowledge about the disease is essentially a reification of knowledge established in the more remote past by major institutions, for example the Centres for Disease Control. This reveals the reason I argue throughout this thesis that the AIDS story in the media

¹⁷ J Lauritsen, *The AIDS war* (New York: Asklepios), 192.

did not function along the lines of what in film studies is commonly known as *auteurism*.¹⁹ In other words, the modern journalist, unlike the epidemiologist, was by no means a dominant personality behind the AIDS story. Like the director of some of our contemporaneous films, the modern journalist was simply a competent ‘hired hand’, who was attracted to AIDS by its sensationalistic aspects, by its built-in dramatic appeal. And not only was there an epidemiological presence in the story of AIDS in the media; there was also a moral presence. On the one hand, the epidemiologist monitored acute outbreaks of AIDS in the general population. On the other hand, the modern journalist undertook to shape the AIDS story into a text of moral revolt. Working journalists internalized and institutionalized the stereotypical beliefs and assumptions circulating in society and attributed moral blame to the most marginalised of groups.

Thus, the attractiveness of AIDS as an object of news was not only because it was, by and large, a ‘mysterious disease’ (as you know, the microbial cause of AIDS was still unknown) which reminded us of what counts as either moral or immoral, but also because it was embedded with a certain dramatic quality. The media were drawn towards AIDS by its thrilling elements of sex, love, lust, infidelity, infatuation, promiscuity, beauty, etc. The AIDS story attached itself to our visible

¹⁸ Centres for Disease Control 1982, ‘Update on Acquired Immune Deficiency Syndrome (AIDS)’, *MMWR* 31(37):507–508.

¹⁹ ‘Auteurism’ is a French term used in another context by well-known filmmaker and cultural critic Jeffrey Chown to refer to film directors invested with “creative control” and “originality”. In his view, *auteur* filmmakers embody dominant artistic personality types – in other words, their films bear their directorial signature (see J Chown 1992). In this study, *auteurism* is used to describe complex processes of story making in the media – or the journalist’s place in the construction of the story of AIDS. By my account, the AIDS story in the media hardly bears the journalist’s authorial signature. For one thing, as far as the science of AIDS was concerned, the credentialized expert alone was an ‘authorized knower’, the authoritative voice. Viewed another way, the modern journalist was a product of a *dependent* culture. The modern journalist can be cast in the role of a creative or a literary genius who was drawn towards AIDS largely by its alluring qualities, its sensationalistic elements.

signs of difference (or markers of difference), such as ‘heterosexual’ and ‘homosexual’ or ‘good’ and ‘evil’. As a result, the more AIDS became available to the public, the more the media became interested in the lure of its drama and spectacle. The drama and spectacle that is AIDS was, as mentioned previously, consecrated, validated and legitimated, so to speak, by an authoritative source, that is, the credentialized expert. The credentialized expert (in the early 1980s this role befell the working epidemiologist at the CDC) became the *dominant* creator of the meaning of AIDS. The credentialized expert enabled communication to take place as regards the epidemiology of AIDS. His or her role mirrored that of the “visible scientist”,²⁰ who used the media not only to popularize his or her own research findings, but also to act as an important vehicle of communication with the wider public.

In our context, this expert role was perfectly embodied by medical experts such as Dr Ruben Sher, a former medical practitioner based at Johannesburg General Hospital. Dr Sher and his colleagues were cast in the role of archetypal visible scientists who were always willing to talk to the media; all too frequently, Dr Sher and his associates were sought out by working journalists for important quotations, citations and ‘breaking news’. Dr Sher and his contemporaries entered into a relationship of “social exchange” with the media: on the one hand, they became valuable sources of breaking news, and on the other, the media became an important vehicle for the commodification of this breaking news. Medical experts in South Africa and the media cast themselves in the role of ‘purposive actors’ who set out to unravel the mysterious disease that is AIDS; they built their

²⁰ S M Friedman, Rogers, C L and Dunwoody, S 1986. *Scientists and journalists: reporting science as news*. (New York: Free Press), 23.

professional reputations as purposive actors who were mutually dependent on one another to accomplish an overarching goal. From this standpoint, AIDS in the media was *a joint creation* between the working journalist and the credentialized expert.

So what sorts of news were filtered through the prism of the media by Dr Sher and his associates?

At the time Dr Sher and his colleagues taught that AIDS was essentially a syndrome that develops into a full-blown disease once a range of opportunistic infections such as pneumonia, cancer, TB or herpes have taken over the immune system of a “pre-AIDS case”. “Having pre-Aids did not mean one would get AIDS,”²¹ Dr Sher said at the time. But because the body’s resistance was apparently very slow, “any ailment a pre-AIDS sufferer contracted could develop some complications”.²² Following Dr Sher’s manner of thinking, AIDS in the South African media was depicted as a disease that engenders “depressed cellular immunity”,²³ associated, among others, with a rare skin cancer called Karposi’s sarcoma (KS) and pneumocystis carinii pneumonia (PCP). Reportedly, other clinical manifestations of the disease were swollen glands, a feeling of lassitude, fever, loss of appetite and infected eyes and ears.²⁴

Part of the reason that AIDS was described by the South African media as a mysterious disease or a rare condition was that it was seen as a new disorder

²¹ Ibid.

²² Ibid.

²³ *The Sunday Tribune*, 8 November 1983.

²⁴ *The Star*, 4 January 1983.

affecting mainly homosexual men. Accordingly, the initial reaction towards the disease was through surveillance strategies. By my account, surveillance strategies in the South African health care system can be understood in relation to major developments from abroad. The reader is reminded that in the early 1980s AIDS was described by the CDC's special task force monitoring the distribution and prevalence of *new* cases in the United States as “a disease at least moderately predictive of a defect in cell-mediated immunity which occurs in a person with no known cause for diminished resistance to that disease”.²⁵ For example, to determine whether Kaposi's sarcoma was a new disease attacking the victim's immune system,

... the task force contacted epidemiologists at state or local tumour registries ... Investigations suggested that the disorder was new, the first documented community-acquired epidemic of immunosuppression.²⁶

Accordingly, a person suffering from Kaposi's sarcoma was thought to be an AIDS case, since Kaposi's sarcoma was viewed as a new disease (see below). Also, Kaposi's sarcoma was reported to be infectious, although it is a form of cancer (skin cancer). From this perspective, Dr Sher's definition of an AIDS condition as a case of “depressed cellular immunity” caused by opportunistic infections contracted by a person who was *previously healthy*” (my emphasis)²⁷ coincided with the CDC's definition. (As the reader recalls, according to the CDC, AIDS is “a disease at least moderately predictive of a defect in cell mediated

²⁵ Oppenheimer, ‘In the eye of the storm’, 272.

²⁶ Ibid, 272. Also see House Sub-Committee on Health and the Environment, Committee on Energy and Commerce 9–10 April 1982, ‘Hearings on Kaposi's sarcoma and related opportunistic infections’.

²⁷ See *The Star*, 4 January 1983.

immunity, occurring in a person with no known cause for diminished resistance to that disease”.)

This lends force to my reading that depictions of AIDS in South Africa’s written sources, including media reports, are traceable to the objective characteristics of certain structures of social relations, of which the Centres for Disease Control is a good example. South Africa’s medical experts and the media derived important lessons from the CDC’s surveillance strategies. Monitoring the prevalence and distribution of opportunistic infections caused by “depressed cellular immunity” became their vocation, their exclusive domain. Also note that their preventive strategies were underpinned by quantitative methodologies. AIDS researchers made available to the media the kind of data that lent itself more towards description than to analytical complexity. Statistics permeated the story of AIDS in South Africa. Significantly, this afforded the media an opportunity to capture the dramatic qualities of the disease. For example, in January 1983 it was reported by some media that 82 827 cases of AIDS had been reported in the USA.²⁸ Two months later, a further 1 831 AIDS cases were diagnosed in that country, 664 in France (19 died), 24 in Germany (six died), 14 in Britain (5 died) and 123 in Switzerland (only one died).²⁹ Overall, about 74 per cent of homosexual men in the US were reported to have developed Karposi’s sarcoma.³⁰ Two years later, about 845 cases were reported to be having “life-threatening complications”.³¹ In Britain, where the disease had been unknown two years earlier (1981), 46 people were reportedly dead by January 1985; and by February this figure had risen to

²⁸ *The Sunday Tribune*, 9 January 1983.

²⁹ *The Star*, 26 March 1983.

³⁰ *Sunday Times*, 9 January 1983.

³¹ *The Daily News*, 9 March 1985.

52.³² In South Africa, it was reported that 15 people had contracted the disease since the first cases were diagnosed in December 1982 until the end of 1984.³³

5.3 Stepping into ‘otherness’

AIDS in the early 1980s was not situated biomedically; AIDS was by no means understood as a disease caused by a germ. AIDS was caricatured as a disease of lifestyle that caused “depressed cellular immunity”. At this point the story of AIDS in the media was essentially an epidemiological story. Many researchers and the media studied AIDS by looking at major differences between places and groups of people - as well as their social contexts. In their rendering, there are significant variations in terms of the prevalence and distribution of the disease between homosexuals and heterosexuals. AIDS was understood as a manifestation of the way in which homosexual men were organized in society. In his studies on the natural history of diseases in the United States, Oppenheimer states that epidemiology is concerned with the spread of disease within different population groups and the factors that affect the rates of disease.³⁴ Furthermore, epidemiology incorporates “perceptions of a population’s social relations, behavioural patterns and experiences into its explanations of disease processes”.³⁵ He adds:

Epidemiologists tend to believe in multifactorial disease models. They assume that intervention is possible at several points, even in the absence of a known ‘first cause’. The major premise of the multifactorial model ... is that a given

³² Ibid.

³³ Ibid.

³⁴ Oppenheimer, ‘In the eye of the storm’, 272.

³⁵ Ibid, 272.

disease may have a number of antecedents ... The web of cases therefore, may be interdicted at more than one vulnerable point ...³⁶

In our context, epidemiological methods of inquiry also provided the necessary grounding. I argue that the special relevance of epidemiology can be explained by the “absence of a known first cause” (a germ). Depressed cellular immunity was said to be a consequence of profligate human behaviour. At the time the Department of Health also made good use of epidemiology; the department studied the so-called AIDS-defining diseases in the population. For example, in 1983 it initiated an *epidemiological survey* to determine the cause of AIDS. The department also set itself on a course to search for “a sufficient epidemiological information and to convene a meeting ... involving prominent pathologists and haematologists”.³⁷ This “sufficient epidemiological information” made-believe that there is a critical linkage between AIDS and social identity, that AIDS is fundamentally a gay disease. Homosexuality was singled out as an explanatory variable for AIDS. Reportedly, the victims of AIDS were almost always males and there was a strong connection with male homosexual lifestyle. Homosexual lifestyle elicited great curiosity; it symbolised mystery or enigma. Homosexuality connoted having multiple partners, and having multiple partners was linked to debauched, ignoble or immoral behaviour.

Here the individual, the homosexual male, was indicted. His contamination by AIDS was explained in terms of his personal limitation: his promiscuity. What is more important, this manner of thinking provided not only the scientific and

³⁶ Ibid, 272.

³⁷ *The Star*, 13 March 1983.

cultural justification for moral protestations, but also popular justification for prejudice and discrimination against homosexuals. The victims of AIDS and their friends and relatives were shunned. For example, some undertakers refused “to deal with AIDS victims and staff leave hospitals where they are being treated”.³⁸ Fearing a homosexual witch-hunt, a member of the Gay Association of South Africa declared on one occasion:

Homosexuals are angry and stunned that a section of the media has unjustly stigmatised them by dubbing AIDS a gay plague.³⁹

Thus, in 1983 when two flight stewards working for South African Airways (SAA) suddenly died of an unknown disease, the media evinced that AIDS was the cause of death because there is a strong relationship with homosexuality. *The Citizen* captured the SAA story as follows:

Two patients suffering from a rare immune-deficiency disease have died in the H F Verwoerd Hospital ... the Department of Health in Pretoria ... has urged anyone living with, or those who have had close intimate contact with patients of the disease, to urgently seek medical attention. The killer disease, known as Acquired Immune Deficiency Syndrome, was identified two years ago in the United States and has struck only about 750 patients, mainly in the New York and San Francisco areas. But, the department said, cases were now being identified elsewhere and there were fears that it could be spreading. The department did not identify the victims. However, according to newspaper reports they were South African Airways stewards, one of whom died in August and the other at the

³⁸ Ibid.

weekend. The victims were believed to have contracted AIDS in New York where American medical authorities are said to be deeply concerned about its 50 percent mortality rate. The ... patients were always almost males. The disease results mainly in the failure of the cell-mediated immune system which counteracts viruses, fungi and some cancers ...⁴⁰

According to *The Star*, the death certificate of one of the victims provided clear proof that he had died of pneumonia and that he “exhibited all the symptoms of AIDS disease”.⁴¹ Reportedly, the first victim, Ralph Kretzen, “was a self-confessed homosexual”.⁴² Pierre Kennedy, a national organiser for seminars for gay people, stated at the time that he had known Ralph for twelve years. “When we saw him about six months ago he had lost so much weight we told him to see a doctor.”⁴³ His mother, Mrs Harrie Kretzen, said that her son went back and forth to many doctors and hospitals owing to ill health:

His last flight was to London and when he returned home he became very ill and was admitted to hospital. Doctors did not know what was wrong with him until the day before he died. Then it was too late.⁴⁴

Responding on her son’s passing, Mrs Kretzen said that “she knew that her son Ralph had been gay”.⁴⁵ One gay man captured the mood among homosexuals at the time when he stated:

³⁹ *The Star*, 27 February 1985.

⁴⁰ *The Citizen*, 5 January 1983.

⁴¹ *The Star*, 5 January 1983.

⁴² *Sunday Times*, 9 January 1983.

⁴³ *The Rand Daily Mail*, 6 January 1983.

⁴⁴ *The Star*, 5 January 1983.

⁴⁵ *The Rand Daily Mail*, 6 January 1983.

We are living in fear. It is known fact that Mr Kretzen had been ill for at least a year. Maybe there are scores of others who are not aware that they have the disease. Something had better be done.⁴⁶

The other 'South African AIDS victim', Pieter Steyn, was reported to have suffered from anaemia; one family member reportedly confirmed that he had an inherited history of "a lowered immunity syndrome".⁴⁷ Following the deaths of the two flight attendants, SAA was described by one newspaper as "the carrier which first brought Acquired Immune Deficiency Syndrome to the public's attention".⁴⁸ Towards this end, passengers on SAA were reportedly at risk.⁴⁹ This prompted SAA to release a press statement that "disapproves of homosexuality" and that ordered the testing of all cabin employees for AIDS.⁵⁰ According to an airline's spokesman, "official policy was that homosexuality should receive disapproval and nothing else".⁵¹ He continued:

While we recognise the fact that homosexuality is illegal in this country, there is no real way that we can establish the preferences of our staff. It is a sensitive issue and obviously we don't include sexual questions on our staff application forms. No company does. If a man is accepted for work, it's purely on his qualifications for the job, and since people keep private life apart from public, there is no real way that we have to detect homosexuality after someone joined us. It is unfortunate that the airline has been associated with the disease, but in the

⁴⁶ Ibid.

⁴⁷ *Sunday Times*, 9 January 1983.

⁴⁸ *The Citizen*, 8 January 1983.

⁴⁹ *The Rand Daily Mail*, 5 January 1983.

⁵⁰ *The Citizen*, 8 January 1983.

interests of the public's health we felt we had to let it be known that AIDS had arrived in South Africa.⁵²

As indicated in the previous Chapter, the main significance of the airline story hinged not so much on the fact that Ralph Kretzen and Pieter Steyn were the first 'South African AIDS victims', but that it reinforced the popular beliefs and attitudes rampant at the time, beliefs and attitudes according to which AIDS was evocated as a homosexual disease – or GRID (Gay Related Immune Deficiency). The media seized upon this story and transformed it into a major object of news. The disease thus represented, it became the most important media story ever commodified – a truly complete South African media fantasy, a story that was both an object of fear of homosexuality and of consumed popular fascination. Thus, *The Argus* newspaper reported:

Reports about the mysterious Acquired Immune Deficiency Syndrome (AIDS) have focussed on the gay community, since most AIDS victims have been male homosexuals. There are other apparently unrelated victims, but in the case of gays, AIDS is associated with high levels of promiscuity, coupled with the use of recreational drugs.⁵³

Between 1982 and 1984 some media reported that 10 to 15 per cent of the 25 000 gays in Johannesburg contracted AIDS.⁵⁴ In 1983 *The Sunday Tribune* reported that 250 gays in Johannesburg manifested all of the clinical symptoms of

⁵¹ Ibid.

⁵² Ibid.

⁵³ *The Argus*, 19 January 1983.

⁵⁴ *The Rand Daily Mail*, 5 January 1983.

depressed cellular immunity.⁵⁵ And according to *The Rand Daily Mail*, “a recent survey showed that those South African homosexuals who had contact with a partner in the United States since 1978 were at risk, as well as those who had more than 50 homosexual partners in the past year”.⁵⁶ As I have stated, part of the reason that AIDS was associated with homosexuals was because of their participation in acts of anal intercourse, which reportedly increased their chances of exposure to a wide range of opportunistic infections. Said one journalist: “During this kind of sexual union, one of the man’s delicate veins in the anal passage may rupture and AIDS can then enter the bloodstream.”⁵⁷ Furthermore, the majority of homosexuals seemed particularly susceptible to Karposi’s sarcoma – and also pneumocystis carinii pneumonia (PCP). The disease “was first detected when the incidence of Karposi’s sarcoma soared in homosexual centres of New York and San Francisco”.⁵⁸ In addition, homosexuality embodied a major risk factor for AIDS because gay men all too frequently use drugs such as marijuana, cocaine, and amyl and butyl nitrite; these drugs “may also be immunosuppressive”.⁵⁹

However, until the mid-1980s the media saw no epidemic of AIDS in South Africa among heterosexuals – hence their depiction of AIDS as a mysterious disease, a rare condition. AIDS was not considered a serious public health emergency, since it was limited to homosexual men. The chairman of the Advisory Group on AIDS, Professor J Metz, lent force to this reading when he said that malnutrition and tuberculosis affect many people and merit far more attention than AIDS, which

⁵⁵ *The Sunday Tribune*, 8 November 1983.

⁵⁶ *The Rand Daily Mail*, 9 July 1983.

⁵⁷ *Sunday Mirror*, 10 March 1985.

⁵⁸ *The Star*, 4 January 1983.

was, to date, a rare disease. Professor Metz also said that “fewer cases of AIDS had been diagnosed in South Africa this year than had been expected”.⁶⁰ In terms of the overall health scenario therefore,

... AIDS is a rare disease (only a few diagnosed cases in the past three and a half years) and of minor importance compared with such national health problems as tuberculosis and infant gastro-enteritis.⁶¹

Just the same, Professor Metz, like Dr Sher before him, warned against risky lifestyles:

... in the first place the control of AIDS is in the hands of the high-risk groups. They are the ones who are capable of spreading the disease and adequate containment depends on their willingness to change their lifestyle, in other words, adopt safe sexual practices, avoid promiscuity, and refrain from donating blood. With the full co-operation of the high-risk groups we have every reason to believe that the disease will remain of minor importance.⁶²

By 1986 the incidence of heterosexual AIDS in South Africa was reportedly not as high as many people had thought:

In fact the number of local cases (24 over the last four years) is lower than one would have expected from trends in other parts of the world. So far there is no evidence of heterosexual spread of AIDS in this country and all recent cases have

⁵⁹ *The Star*, 1 August 1983.

⁶⁰ *The Citizen*, 6 November 1985.

⁶¹ *The Sunday Star*, 8 September 1985.

been in homosexuals. Preliminary results showed a particularly low incidence in all South African population groups.⁶³

I argue that the media's depiction of AIDS as a mystifying, weird or puzzling disease was a clear testament to their limited or insufficient level of understanding. To begin with, AIDS symbolized a new disorder. And for major sources of information, the media relied on quantitative techniques, that is, statistics, not only to inform the public, but also to monitor its occurrence and distribution among gay men. However, the science of AIDS was still not understood for certain. This can be seen very clearly in the following news report carried by *The Star* in 1983:

AIDS (Acquired Immune Deficiency Syndrome), a mysterious and deadly disease, is *spreading throughout the world ... But doctors still do not know what causes it or how to treat it ...* But doctors are optimistic they will make a breakthrough. This is not the first time a disease has baffled medical science – but in most cases the cause and cure have been found eventually.⁶⁴

Because the “cause and cure” have not been found yet homosexuals were barred from donating blood - “until it had been shown there was no risk of AIDS being transmitted by blood transfusion”.⁶⁵ And Dr Sher declared: “While the cause of AIDS is unknown, homosexuals should refrain from giving blood.”⁶⁶ The Blood Transfusion Service barred homosexuals from giving blood on these grounds:

⁶² Ibid.

⁶³ *The Citizen*, 17 January 1986.

⁶⁴ *The Star*, 26 August 1983.

⁶⁵ *The Star*, 21 July 1983.

⁶⁶ *The Star*, 3 August 1983.

Homosexuals should not be blood donors until we know about the risk involved ...
The potential for a public health hazard does exist, and the local gay community are well aware of this. We have made contact with them at a personal level without the imposition of a blanket ban.⁶⁷

Further evidence authenticating public ignorance about AIDS can be seen in Dr Sher's response to a media report which emanated from San Francisco, USA, in 1983. The report replicated the story that a 72-year-old man had contracted AIDS after "kissing his wife". (His partner was thought to have contracted the disease from a blood transfusion.) At the time Dr Sher was quoted as saying: "In view of the AIDS kissing case from San Francisco, it is important that people with the disease should not exchange body fluids."⁶⁸ This flew in the face of current medical evidence, which unequivocally states that one could not get AIDS from casual contact,⁶⁹ of which kissing is a good example. Interestingly, the gay lifestyle definition of AIDS found expression in South Africa's most prominent of scientific journals, namely *South African Medical Journal*. In 1983 the journal ascribed AIDS to the "severity of the immunological abnormalities related to the degree of promiscuity"⁷⁰ among homosexuals. Some local experts also joined in this exaggerated depiction of AIDS: "With promiscuity and homosexuality on the increase worldwide, there is a very high chance of AIDS increasing in this country."⁷¹ Dr Sher also climbed on the labelling bandwagon by appealing to homosexuals in Soweto and other black townships to come forward to "test" for AIDS. Dr Sher's reasoning ran as follows:

⁶⁷ *The Rand Daily Mail*, 9 January 1983.

⁶⁸ *The Star*, 3 August 1983.

⁶⁹ See for example, Root-Bernstein, *Rethinking AIDS*, 96.

⁷⁰ *The Star*, 1 August 1983.

... because these people are gay, they are liable as are homosexuals in the white community to contract the disease.⁷²

The view that intimate body contact between males was sufficient to transmit the disease was of course severely weakened because ‘intimate body contact’ is by no means confined to homosexual men alone. At the time it never occurred to our credentialized experts that intimate body contact is also traceable to a heterosexual lifestyle. From their viewpoint, AIDS, the disease which had “baffled scientists for nearly two years in America”⁷³ was found only among homosexuals – the majority of cases “have been reported in New York, San Francisco and Los Angeles”.⁷⁴ Hence, the story that AIDS was a lifestyle disease crystallized into an ‘official story’. The apartheid state also swallowed it hook, line, and sinker; it permeated the government’s thinking (see Chapter 4). The lifestyle model of AIDS appealed to the apartheid state mainly because it absolved its racial ideology from blame. It depoliticized health care and indicted the individual victim for AIDS. It appealed to the apartheid state because it replicated the idea of the human being’s personal limitation and denied the culpability of history and politics in producing, engendering or begetting the AIDS disorder. In my rendering, this diminution of history, this tendency to wrench the AIDS story free of its historical understandings, fitted in very nicely with the hegemonic project of apartheid orthodoxy.

⁷¹ *The Rand Mail*, 6 January 1983.

⁷² *Sunday Mirror*, 10 March 1985.

⁷³ *The Argus*, 18 January 1983.

⁷⁴ *Ibid.*

Because AIDS was only understood as a lifestyle disease, and because most AIDS victims were homosexuals, the government treated AIDS mortalities as ‘isolated cases’, posing no danger at all to the general public (heterosexuals became perfect metaphors for the ‘general public’). AIDS was associated only with frequent attendance at bars, discos and bathhouses. AIDS was thought to be an enigmatic disease limited to homosexual men and persons suffering from haemophilia (see below). Accordingly, in 1995 the Department of Health advised heterosexuals not to have “unwarranted fear”.⁷⁵ The idea of the “wild and pathological promiscuity of the gay community” carried such profound appeal because it captured popular imagination about sex, lust, beauty and infatuation, etc. The gay lifestyle model of AIDS attracted the attention of many journalists for its newsworthiness, for its absorbing quality and captivating nature. Take as a good example this news report carried by the *Sunday Times*, a story involving a homosexual man dying of the disease:

It is what I want to do until I die. I just want to get to the right people, doctors, students and health workers so that I can help stop them from suffering unnecessary pain. I am Paul. I am gay, and I am dying of AIDS ... I feel that I can do what nobody else can. It’s fine when doctors go and speak to training groups, but their experience of the virus is second hand. When I talk, I know people listen. Not many people have the opportunity to hear about the virus from someone who has it. I am not doing this for money. I hope to be able to prevent others from being infected. Apart from my talks, I try to lead a private life as possible.⁷⁶

⁷⁵ *Sunday Mirror*, 10 March 1985.

⁷⁶ *Sunday Times*, 31 July 1985.

One report spoke directly to this fatuous reasoning, this de-heterosexualization of AIDS, by declaring:

It is here that will be found, among the ‘social incest clones’, who all look alike, dress alike, and gravitate towards the same people, any danger of AIDS-related diseases that exists in Cape Town.⁷⁷

Here gayness is constructed at the level of appearance, at the level of dress. Gays are construed as being somewhat abnormal, disorderly, different, and diseased. The Cape Town report should remind us of Dyer’s point of view that gays carry within their representation an “implicit narrative”.⁷⁸ In other words, they carry within their representation a great variety of superficial images. And their style of dress is but one good example of these superficial images. Apparently, there are specific ways of indicating – in dialogue, in dress, or in behaviour – whether someone is gay or not. In 1983 *The Star* newspaper understood gay susceptibility to AIDS as follows:

- Some ... gays are extremely promiscuous and, as it is a relatively closed community, conditions are ideal for spreading AIDS. Forty cases in 10 different cities have been linked to sexual relationships

- Gays frequently have anal sex. The rectum is not made for sex – it is more permeable to microbial agents and less acid than the female vagina. If AIDS is caused by a virus, it might be entering the body more easily

⁷⁷ *The Argus*, 18 January 1983.

⁷⁸ R Dyer 1993, *The matter of images: essays on representation*. (London: Routledge), 15.

through the rectal wall ... Homosexuals would be wise to reduce promiscuous behaviour and also to have their immune systems tested.⁷⁹

In the early 1980s the media took it up that some people were gay because certain aspects of gay behaviour symbolised, so to speak, gayness. Here sexuality was simply conflated with human character or sin. Speaking of sin, at the time moral behaviour was regarded as the best defence against sin. And fastidiousness was cast as the “best prophylactic”.⁸⁰ Seen in this light, the AIDS story in the media invoked the narrative of moral protest. The dominant conception was that the majority of gay men contracted AIDS by virtue of the fact that they are not careful enough about becoming too promiscuous and that they do not take preventive measures when participating in anal intercourse. Moral reasoning and moral protest permeated journalistic thinking. Take for example this report from *The Argus*:

Like in America, there are no female AIDS victims in South Africa. All South Africans who contract the virus are homosexuals or bisexuals. The only advice we can give the public is to refrain from having too many sex partners. They should ease up on promiscuity and settle for safe sex.⁸¹

One reporter spoke directly to this narrative when he stated that “promiscuity is the biggest culprit”.⁸² Another reporter disclosed:

⁷⁹ *The Star*, 23 August 1983.

⁸⁰ *The Rand Daily Mail*, 2 February 1985.

⁸¹ *The Argus*, 28 October 1986.

⁸² *The Rand Daily Mail*, 2 February 1985.

As its name implies, AIDS is acquired – it is unnatural brought about by the actions of man, not God. In fact it results in the curse of God. Homosexuality is basically a religious problem. If homosexuals could only accept that God sent His son to free us from all aberrations and would experience true love ... the homosexual has chosen to leave behind normal life and therefore he has to accept the consequences. Part of those consequences is his immunity to medicine. If they distance themselves from the normal way of life, they will find it difficult to get back to it. Homosexuality is contrary to nature. It is an expression of self-love in place of love of God.⁸³

The connective tissue linking AIDS to homosexuality also made news in 1985, when another ‘AIDS sufferer’, a young boy of 13 years, Marcello Del Frate, contracted AIDS and later died of pneumonia “in weeping mother’s arms”.⁸⁴ Marcello, a haemophiliac, reportedly contracted AIDS from contaminated blood. The *Sunday Times* described his dead body as “a frail, wasted shadow of a teenager ... ravaged by the horrific affliction”.⁸⁵ Homosexuals were again scapegoated. Because of the prevailing assumption linking AIDS to blood transfusions, homosexuals were rendered culpable of Marcello’s death. Homosexuals were held responsible for giving Marcello AIDS by donating ‘infected’ blood. Marcello’s father, Mike Del Frate, a pastor at the Apostolic Faith Mission, also participated in the creation of this negative image of homosexual lifestyle. Reportedly, Mr Del Frate stated that “AIDS is God’s curse on

⁸³ *The Star*, 8 January 1983.

⁸⁴ *Sunday Times*, 3 November 1985.

⁸⁵ *Ibid.*

homosexuals” and they are an “abomination”.⁸⁶ The Gay Association of South Africa (GASA) construed this as ‘gay-bashing’ and chose to slam it by declaring:

Sexual orientation is given in the same way as is the colour of our eyes, left-handedness and right-handedness. Any suggestion of a clampdown would only promote arbitrary homosexual prejudice and we strongly object to indiscriminate and unjustified ‘gay-bashing’ in any form as a result of AIDS. The tragedy of this terrible disease is likely to be with us for years to come. More deaths can be expected and it is not good journalistic practice to sensationalise in any way news of individual cases.⁸⁷

Hence, the ‘official story’ of AIDS in the media was not only that homosexuals were abnormally promiscuous, that they were diseased to their very foundation by virtue of their ‘unscrupulous’ lifestyle, but that the disease was spread by homosexuals mainly through blood! Accordingly, only gay men were targeted for medical attention. The control of AIDS was said to be in their own hands. Containment of the disease depended on their willingness to change their attitudes, their willingness to step out of ‘otherness’ and into our romanticized or highly exaggerated lifestyle, that is, the cultural system in which heterosexuals are embedded. The media argued that homosexuals have a special responsibility to haemophiliacs and the heterosexual community alike: to refrain from donating blood.

⁸⁶ *The Star*, 5 November 1985.

⁸⁷ *The Star*, 11 November 1985.

5.4 Conclusion: deromanticizing homosexual lifestyle

In the early 1980s the spread of AIDS was related to the wild and often pathological conditions of gay men. Furthermore, AIDS was associated with gay men's immunosuppressive drugs such as cocaine and amyl and butyl nitrite.⁸⁸ Gays were also blamed for dagga smoking, which was commonly understood to be immunosuppressive too. According to the spokesperson of the South African National Council on Alcohol and Drug Dependency (SANCA), Dr Sylvain de Miranda, the repetitive smoking of dagga "can make the body suppress its immune responses to a dangerous degree".⁸⁹ That AIDS was a lifestyle disease caused by a specific combination of factors hardened into an established fact.

The movement toward a multifactorial model of disease can also be accounted for by the report that appeared in the *New England Journal of Medicine* in December 1981. According to this report, the joint effects of recreational drugs such as amyl nitrite and a microbe called cytomegalovirus (CMV) can cause immunosuppression in "genetically predisposed males".⁹⁰ By my account, this rendering justified seeing AIDS as a multifaceted condition, as a disease embedded with a number of antecedents. (This too underlines my reading that in the early 1980s AIDS was by no means traceable to a virus!)

Hence, from the very beginning, AIDS carried within itself a certain burden of representation from which it never absolved itself: it spoke out with profound

⁸⁸ *The Star*, 1 August 1983.

⁸⁹ *The Sunday Tribune*, 9 January 1983.

⁹⁰ D T Durack 1981, 'Opportunistic infections and Kaposi's sarcoma in homosexual men', *New England Journal of Medicine* 305:1466. See also Oppenheimer, 'In the eye of the storm'.

fluency against certain groups of people. Although the lifestyle model of AIDS offered the media an opportunity to sustain public consciousness about the disease (the media foregrounded exceedingly important health constructs such as ‘safer’ sex practices), it had certain negative consequences. One of these concerns denying its deadly effects, completely ignoring its macabre ways. Because AIDS reportedly affected those lacking in virtue or moral rectitude, it never occurred to the media that it was capable of spreading into the heterosexual community and engendering unparalleled levels of mortality.

In addition, the lifestyle model of the disease reinforced popular stereotypes about gayness. The media set forth what Mager would call “stereotypic negative categorizations”⁹¹ of homosexuals; they made assumptions about their “radical sex parodies and inversions”.⁹² Homosexuals were seen as people who revealed themselves in the most conspicuous, blatant and manifest of ways. Seen in this light, the AIDS story in the media brought before us the marginality and the kinds of inferior connotation associated with homosexual life; it illuminated the peripheral area in which homosexuals lived.

Not only did AIDS engender fear of homosexuals, it also produced self-righteous moralising in society. Homosexual lifestyle in general was looked upon with scorn, derision, and contempt. The homosexual stigma bequeathed by AIDS prompted someone like Fumento to state that “no disease in history, other than leprosy, has been so identified with uncleanness as AIDS”.⁹³ In the USA, among

⁹¹ Mager, ‘The discourse about homophobia, male and female contexts.’ Paper presented at the annual meeting of the Modern Language Association, New York, 87.

⁹² Ibid, 87.

⁹³ M Fumento 1988, *The myth of heterosexual AIDS* (New York: Basic), 197.

homosexual-related ridiculing and negative stereotyping the following incidents can be singled out:

A Brooklyn homosexual was assailed by three youths who shouted, 'You faggots give us AIDS,' then knocked him to the ground, and kicked him in the face and side. 'Don't make him bleed,' cried one of the youths. 'If he bleeds on you, you will get AIDS. They left him lying in the gutter.'⁹⁴

A male nurse, walking on a lower Manhattan street, was attacked by a man with a hammer who thought he had AIDS. The nurse was hospitalized for a month.⁹⁵

In San Francisco, a youth who admitted beating up a homosexual man called a gay-crisis hot-line hours later and asked whether there were any chance he had contracted AIDS in the attack.⁹⁶

Members of New York's Gay and Lesbian Big Apple band were pelted with eggs during a ninety-minute outdoor concert in Queens by 30 youths who, one said, feared the band was 'bringing AIDS into the park'.⁹⁷

Yelling 'Diseased faggot,' a gang of teenagers assaulted a homosexual man on the streets of Seattle and raped him with a crowbar.

A man was walking through a supermarket parking lot with his groceries when someone shouted, 'You faggots are killing us with AIDS.' He was pushed, bashed

⁹⁴ *New York Daily News*, 16 February 1985.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

⁹⁷ Subcommittee on Criminal Justice, *Anti-gay violence*, 43.

in the head with a chain, kicked and beaten to the ground with a skateboard. The victim's jaw was broken and had to be wired for several months in order for it to heal.⁹⁸

This also underlines my reading (see Chapter 1) that the discourse around AIDS expressed itself in favour of the project of modernity, that it was emblematic of the scheme of modernism. The disease was viewed in many written sources along the lines of a binary logic, such as 'good' and 'evil'. In a word, the AIDS story posited distinct or fixed personality types: 'homosexual' and 'heterosexual'. A homosexual being was depicted as an incoherent and disorganized self, whereas a heterosexual being was construed as being normal, orderly, and fairly rational. The AIDS story searched for what was generally perceived to be objective knowledge regarding homosexuals and heterosexuals alike.

Even so, the AIDS story also expressed itself against innovation, against the progressive tendencies of modernity. The AIDS story embodied a form of conservatism. It embodied regression to the mean! Stated otherwise, it clung to old ways of thinking. Like Mannheim's⁹⁹ style of thought, it was reflective. It represented a conservative reaction to the most *progressive* elements of human experience. Its conservatism or romantic elements found expression in the narrative of moral protest. In terms of this conservative rendering, the phenomenon of AIDS is a consequence of the decline of the 'collective conscience' or 'social morality' so essential to the society. The devastation caused by AIDS was located in a line of decline, from a blissful state of nature to a state

⁹⁸ Ibid.

⁹⁹ K Mannheim, 1986, *Conservatism: a sociology of knowledge* (Boston: Routledge), 84.

of moral decay. AIDS was explained by the fact that – unlike in the past – society had ceased to function as an integrated or a cohesive whole.

The unintentional consequence of both the modernist and conservative elements of the AIDS story was again the social justification of certain kinds of stereotype and attitude, according to which homosexual men were ostracized, marginalized, and completely debased. On the one hand, the media created some sense of social solidarity among heterosexuals. On the other, the media found it necessary to typecast or stigmatize homosexual men. By romanticizing the heterosexual being, and by excluding the homosexual being from normal social interaction, the AIDS story in the media succeeded in creating a sense of ‘good’ and ‘evil’. It also succeeded in fostering a society founded on the negative constants of prejudice, inequality, homophobia and discrimination. From this standpoint, I could not agree more with Lippman when he states: “Who proposes the stereotype, who has the power to enforce it, is the crux of the matter.”¹⁰⁰

Heterosexuals were defined in terms of their positive social function: obedience to the social morality of society. To borrow from Klapp’s idea of “social types”,¹⁰¹ they were romanticized as people who belong or as people that one can expect to find in any society. By contrast, homosexuals were defined in terms of their ‘rebellion’ against the ‘moral reality’ of society. Homosexuals were represented in terms of their negative social function, as people who ‘do not belong’. This should remind us of the surveillance functions of modernity discussed in the opening Chapter of the thesis. As I have argued, modernity’s surveillance functions

¹⁰⁰ Ibid, 14.

¹⁰¹ Dyer, *The matter of images*, 14.

manifest a conservative cast of mind! They seek to *romanticize* what is perceived to be right and to *indict* what is perceived to be wrong.

In the final summing up:

In the early 1980s media representations of AIDS invoked some form of social consensus or some kind of general agreement among working journalists about the characteristics of a specific social type, namely homosexuals. The media expressed a negative form of representation: the idea that AIDS is a homosexual disease. Most importantly, however, this lifestyle model of disease failed to give consideration to how social structures shape human action. For although AIDS in the media and other written sources was represented from an epidemiological perspective, by no means was the AIDS victim located sociologically or historically. And although homosexuality embodies in its own right some form of a subculture, the emphasis in the media has always been on how the *individual actor*, the homosexual being (a male), stages his own downfall, how he becomes involved in the production of a tragic consequence. Homosexual beings were simply abstracted from their historical context. Their tragedy (contamination by AIDS) was explained in terms of their free will, their free choice. All too frequently, the media advanced the understanding that homosexuals are wont to carry themselves to their tragic destinies on account of their sheer acts of personal will.

In this context, the AIDS tragedy was explained in terms of the personality configurations of the individual: his 'wild' mannerisms, his style of dress, his promiscuity, his craving for anal sex or his frequent visits to bathhouses. His tragedy was explained in terms of his self-conscious awareness, his subjectivity, his acts of 'rebellion' against the dominant culture, or his 'resistance' to the 'natural order of things.' By this logic, the media failed to shed light on how the organism of society provided the means by which the individual acts. The media failed to consider how the socio-economic arrangements of society predispose human actors to immune suppression and death. The media betrayed a profound failure to locate the AIDS victim historically.

Last of all, epidemiological renderings of AIDS in the media failed to reveal its microbial causes, its virological underpinnings. From the mid-1980s this important task befell to proponents of the germ theory of disease, the so-called virus hunters, attached to major institutions of biomedicine. 'Virus hunters' undertook to uncover or untangle the viral causes of AIDS.

Accordingly, the following Chapter looks at the primordial or historical origins of this germ theory of AIDS (the biomedical model of the disease). It aims to investigate why from the mid-1980s onwards, virology, rather than epidemiology, rendered special relevance. Whereas this Chapter has shown how gay men were represented by the AIDS story as pathological social types, as objects of derision, great fascination or curiosity, as a group of people whose social lifestyle was all too often conspicuously on display, Chapter 6 sets the context of discussion about the labelling of heterosexual men and women. It aims to reveal why the question of AIDS is also the question of how some *heterosexuals* have been represented in

the media over time, why AIDS in the media also conjures up the marginality of some heterosexual men and women.