

# Seven Deadly Sins: 7 things I hate about AIDS



From killer blood to AIDS apathy, Francesca Piddlesden reveals the tightening tendrils of the HIV virus

When I first got involved with the running of the Centre for the History of Medicine's outreach project, Sexual Health Awareness Week (SHAW 09), I wasn't wildly interested in sexual health related things – condoms were still gross and the word sounded silly if I said it out loud, and besides, I knew all the sexual health stuff, you know, from those classes at school.

The following items on my list of hate are based upon certain snippets, angles and conversations I have had whilst working on this week of events. Weirdly, the week has changed me. I have transformed from an embarrassed sexual health reject who giggled awkwardly about condoms and only vaguely knew what dental dams were, to someone who is seriously considering a major career change into the land of HIV prevention, complete with a new life goal to understand and help rectify some of the major issues that interfere with that natural human right and requirement: sex.

As such, I have collated some of the highlights of my life for the last six months, and if you can spare ten minutes, I would like to tell you the seven fairly good reasons of why I hate AIDS.

## 1. The Numbers

Worldwide, there are 33 million people living with HIV. This is, frankly, mind-boggling. One medical postgraduate student talked to me about the overwhelming feeling of helplessness she felt when faced with the unmediated scale of AIDS. On a planned two-year volunteer placement at an APU (an AIDS Prevention Unit) in Kenya, she describes visions of hundreds and hundreds of football stadiums, full of HIV positive people who need help and resources. Feeling completely useless and without the skills and knowledge that these people need, she cut the trip short and is now training here at Warwick to gain those skills, so she can go back to Kenya and effectively treat and help educate those affected. "You are either infected or affected by AIDS", is a saying embedded within

the people here – both in Kenya, Zimbabwe and the majority of the sub-Saharan countries.

There is no doubt that out of all the continents, Africa suffers the most from the impact of HIV and AIDS. The statistics crowd out the sound of human suffering: "4,100 people die each day from AIDS in sub-Saharan Africa", "12.1 million children in Africa are orphaned because of AIDS", "At least 5000 people contract HIV every day in sub-Saharan Africa". And so on, until the numbers mean nothing. This is another thing I hate about AIDS.

## 2. The Associations

Since the first cases of AIDS in the UK during the 1980s, the disease has been connected, at first explicitly and now perhaps more unconsciously, with groups of people who do not represent 'the norm' and the majority of British citizens. With HIV associated solely with prostitutes, drug addicts and gay circles, the conservative family unit had nothing to fear, and were able to disconnect their own sexual health from any possibility of 'contamination': both of the HIV virus, and the 'degenerate' lifestyle. Even now, in a fairly liberated society, the implicit assumption that AIDS can only appear in certain groups is not just a result of homophobic and misanthropic prejudice against so-called minorities and social outcasts, but also instantly diminishes the responsibility that heterosexual members of the general public have for their own sexual health and that of their partner(s). Despite statistics that show that heterosexual sex is now overtaking in its risk of HIV transmission (accounting for two thirds of new infections), sexual health is at the side of the heterosexual vision. The feeling is that if we're not gay, we're out of danger. We have plenty of excuses to go around, and since we're not the individuals traditionally 'at risk' (particularly considering that AIDS was once known as GRID - 'Gay Related Immune Deficiency'), why should we care about 'their' sexual health?

## 3. The Personal Accounts

Whilst it is easy to get frustrated with the lack of concern, I now present to you the complete opposite: my emotional intolerance of personal accounts. I simply can no longer process the trauma of reading personal accounts of individuals who have either just found out that they have HIV, or are living with the day-to-day frustration that their lives rotate endlessly around their condition. They do nothing but ram the sheer horror of what HIV can do, to your body, your perspective on life, your relationships, to your loved ones; and they are ultimately so harrowing to read that you can only do so for half an hour without feeling the numbing weight of collective pain pin you down into suffocation.

## 4. The Counter Force

There are so many emotions and political nuances going on in sexual health, that the successful delivery of safer sex and HIV prevention programmes is tantamount. Without the newness and shock factor that the discovery and initial impact that AIDS generated in the 80s, sexual health is simply not cool anymore. Inundated by an onslaught of often patronising information posters, leaflets and free condoms from the 'parental' figures of our country – the government, the NHS, even the NUS – are we perhaps encouraged to no longer look out for ourselves? We have unrivalled access to resources and have been fattened up on a kind of safe-sex excess, taking everything thrown in our path pretty much for granted. Surrounded by books and manuals, condoms and warnings, we snigger like spoilt teenagers before going off to rebel behind a wall. Sexual health precautions need to be normalised, accepted as the everyday way of the world and as the daily method, and perhaps not rendered into this difficult, studious preparation that we must build up to and make awkward in our teenage years.

## 5. The Symptoms

Whilst there are a whole bunch of political and social evils that in-

evitably surround the practice and advice on sexual health issues, the very worst element to AIDS is the symptoms. We wake up, we've got it. You can't go back, but you can't see forward... Sinister and ethereal like cancer, AIDS is a ghost, lurking behind your headboard. But suddenly, surprise! the ghost can be touched, is solid – it's you. The transition from HIV to AIDS is all about the T-cells (a type of white blood cell that defends the body). HIV is the virus, and if is not controlled (and a decent level of T-cells aren't maintained), it consumes you, rendering your immune system useless and your body vulnerable. In this fragile state, a whole host of various germs and opportunistic infections can attack and destroy your unguarded body, and it is this combination of a lack of immunity and multiple infections that we know as the disease, AIDS. Without treatment and life-saving drugs, your body is slowly converted into that ghostly image that will haunt someone else's bedstead; the cycle is disturbing and irreversible.

## 6. The Treatments

In the UK, we kind of expect to have access to HIV drugs, if we were ever (god forbid) infected by the virus. We'd presumably deal with the mental shock of contracting HIV, question how we got it, suffer an identity crisis and then get some pills to maintain our condition. If only it was that easy. HIV positive lives centre magnetically round those pills and the often complicated (not to mention expensive) treatment routine. This is not a case of getting some vitamins that you take if you remember to - your food, your social life, they are all arranged around the picky demands of these vital medicines. Rupert Whitaker, partner of Terry Higgins, the first person to die of AIDS in the UK in 1981, gave this raw speech to an interview in the Independent some time ago in 2002: "If they really knew what it was like to live with my pill regime, they wouldn't mess around. I take 25 pills a day in three doses with three periods of fasting for three hours. My life revolves around these pills. What I really want people to know

is that they have every reason to protect themselves and not to expect somebody else to. HIV still kills, it still damages lives and it's hell to live with."

## 7. The Money

As Whitaker's words forever reverberate around me, it is difficult to see HIV treatments as any salvation to a life infected. This is not a simple disease. It is still a mystery, and still mutates. Whilst in the UK HIV treatments are "hell to live with", they are far more accessible and affordable than those for HIV positive people in developing countries. There is this great little animation on the web called 'Push for the Pool' – you can find it, it's part of a campaign called, inventively, 'Stop AIDS Campaign'. In just over five minutes, it details the issues surrounding HIV treatments and explains, not how we can cure the horrifying submergence of Africa as it sinks further into AIDS, but how we can quickly enable access to HIV treatment without disabling Africa as a charity case forever dependent on our coppers. The video sweetly explains that by 'pooling' medicine patents together into one independent company, the patents can be sold off to other companies (thus creating competition and driving the price of the drugs down), developed by researchers (to improve medicine combinations and drugs specially designed for children), and as the video shows, everyone more or less wins. Just watch it. It's a simple idea, and logically, it could actually work.

AIDS lives on because we pass it on – we host it, wine and dine it, and it can slink into our bodies. With cases of reckless HIV transmission, deliberate infection and haphazard mistakes becoming a common reoccurrence in both developing and developed countries, we need to curb the fear, the isolation and the stigma surrounding HIV and AIDS and at the same time normalise condoms and dental dams and whatever else you can find to make your sex safer. Take no chances, make no excuses, and whatever you do, don't pass it on.