

Erasmus, syphilis and the abuse of stigma.

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A man who has never had syphilis, wrote the devout Catholic humanist **Erasmus** in 1516, could be considered 'ignobilis et rusticans' - loosely translatable as a bit of a country bumpkin¹. He was writing in the light of a terrible new sexually transmitted disease devastating his continent, and his flippant attitude has shocked pious historians ever since. It was certainly in stark contrast to the stern lectures from most of the political, medical and religious leaders then and now; then and now from a public health perspective he was taking absolutely the right line. In this continent of Africa, facing a sexually transmitted disease even more catastrophic than syphilis was to Europe in the sixteenth century, we have much to learn from that most upright of religious thinkers.

AIDS is destroying the economies here, and more than decimating the populations - the destruction to societies cannot be overstated.

"Reactions to AIDS crisis have been entirely natural, often hysterical and largely counter-productive"

The problem comes from a very muddled understanding of the uses, and abuses, of stigmatizing certain behaviour as a public health message.

The near-automatic response of moral leaders down the years facing sexually transmitted diseases is either to ignore their existence or to go in for rousing denunciations of the wickedness of certain members of society, transmitting this filthy disease by their immoral ways. For tackling AIDS many of our political leaders in Africa and elsewhere have taken the first line, which is inexcusable, or at best acknowledged HIV exists but implied it is a 'foreign' problem. This is not a new approach, of course; again taking the example of syphilis, the British initially referred to the French Pox or the Spanish disease (depending which of these was more out of favour), the French called it the Neapolitan disease and so on. The surprisingly common belief that even spending time with foreigners causes people to contract unpleasant social diseases may be misplaced, but is not always unhelpful. At an individual level it sometimes allows people to get round the stigma of

disease. On hearing a friend has HIV people here may nod wisely and say 'of course, doctor, he was once in Mozambique', in much the same way as the relative of a Vietnamese patient can point knowingly to the trip to Cambodia, and British patients will remember that American or German boyfriend.

"Blaming foreigners can provide a smokescreen behind which real issues can be discussed"

Blaming the immoral ways of those who spread the disease, which is in a sense more in keeping with the facts, is far more destructive.

Politicians, who seldom like bad news, may have tried to ignore the issue or blame it on outsiders. In contrast most religious and other moral leaders here in Malawi stated clearly that there is a problem from early in the epidemic, although some (particularly senior members of the Catholic Church) have had difficulties, partly because to acknowledge that this is one of the most important challenges for their congregations would raise awkward questions about their attitude to issues such as barrier contraceptives. The majority of those not senior in the hierarchy have, however, tackled the issue with commendable force. The message from pulpits in churches and mosques of every denomination is remarkable for its consistency, simplicity and logical force. Viewed as a public health message it is extremely powerful, and largely wrong. Complete abstinence is they say (correctly) the only 100% safe way to avoid the disease. There are wicked people who do not know they have the disease always on the lookout to prey on the innocent, and others who are actually going out deliberately to infect as many as possible. The solution is clear; with a bit of help from on high stick to the tried and tested formula *Nice Girls Say No* until marriage, and you will be fine. The drawback to this logically flawless scheme is that

In the heat of the moment nice girls may say yes, and nice boys are generally no better.

They do so feeling safe in the knowledge that HIV is a disease passed on by wicked, ungodly people who hang around in bars, take drugs and are clearly on the road to hell. The pleasant man or woman from a good family in the pew next door, pillar of the church or mosque, and clearly intent on a serious romantic relationship is definitely not the sort of person all the priests, newspapers and posters in the mission hospital are talking about.

Public health is not a branch of morality, and should attempt to protect the health of as many people as possible by the most effective means available. Taking a stern moral line can sometimes be highly effective. We should differentiate sharply here between stigmatizing a behaviour pattern, which can often be justified on public health grounds, and stigmatizing an individual with a medical problem (say alcoholism or drug addiction) which is almost always both inappropriate and unhelpful. Any doctor who claims we should never use stigma to try to back up a public health message is being profoundly

naive, and there are many examples where it has worked excellently as part of an overall strategy. Stigmatizing drink-driving has proved highly effective at changing attitudes of the young (if not the old) in Europe; addictive drugs, smoking and female circumcision are all medical problems which have been tackled by taking up the often highly effective cudgels of outraged morality. Fiery denunciations of wicked behaviour from the pulpit have been central to the destruction of slavery, the reform of prisons, the campaign against child labour and relief for the poor. As a force for potential good it has its place, and whilst our liberal medical education makes some of us feel reluctant to accept the possibility, where HIV began in groups with very clearly defined behaviour pattern which is seriously stigmatized this may well have played a role in delaying spread to the general population. A great deal of unnecessary misery was caused at an individual level to people with the disease by the stigma which went with it, and even from a strictly utilitarian standpoint it probably did more harm than good overall. It is nevertheless a fact that societies where, for example, paying for the services of commercial sex workers is much less heavily stigmatized and more common were relatively open to the rapid spread within the general heterosexual community.

Once a disease like HIV has moved into the general community spread by entirely 'normal' behaviour, however, this stigma becomes a serious barrier to tackling the spread of the disease effectively. It is obviously a serious handicap in managing the medical and social problems of those living with HIV, a point widely recognized by the many religious groups who combine a moralistic line on the causes of transmission with selfless care for those who have contracted AIDS. People in their final dying months thrown out of families, shunned by friends and denounced in public if they are known to have the disease are too depressingly common worldwide for it to be worth labouring the tragic effect of stigma at an individual level. It is the counter-productive effect on transmission of demonizing behaviour which passes on HIV which has not yet been grasped by most of those in a position to alter public perceptions.

It is now so firmly established in the public mind that bad people with promiscuous behaviour spread AIDS, almost nobody accepts they know close friends or relatives who are dying from it, and medical staff are understandably reluctant to disabuse at an individual level. The people coming to visit patients on my wards come to see a favourite uncle dying of chronic malaria, a sister dying of gastroenteritis, a daughter dying with tuberculosis, a loved spouse dying of meningitis. They all know that there is a lot of HIV about; most governments have finally stopped pretending it is a myth put about by detractors of Our Great Nation, but the people on the radio saying their friends are dying of AIDS are western pop-stars, not the girl, or even popular icon, next door. It remains firmly a disease of other people, either bad, foreign, or both. It

definitely would never, could never, happen to their loved ones. Glib suggestions that we should be taking every opportunity to educate ignore the fact that in this part of the world people are usually coming in their last few weeks or months; to choose this moment to call into question their moral worth in the eyes of their family for some perceived greater good is not ethically defensible medicine.

Maybe the only way to combat this false perception that HIV is passed on by abnormally bad behaviour is to go on a serious publicity drive for the virus. The fact we have to broadcast is that people with HIV are often the most attractive, socially successful, sexy people in town; that, after all, is why they got the disease in the first place. They are no more wicked than the next man or woman, just a bit less lucky. In this society HIV is the disease of the beautiful and the rich. The handsome, charming, caring boy who everybody wants to marry because he is so nice is, for exactly those reasons, the most likely to be a bit of a hazard. It is the disease of happy people who are having fun, and in the context of most countries where HIV is serious problem they are usually being a bit naughty by generally accepted standards (at worst) or behaving exactly like everybody else their age (more commonly). People who have to pay or cheat to get HIV are generally a small minority - most normal people here get it for free, as a token of affection within a genuine relationship, a gift for being so lovable. Anybody who argues this is not the case is going to have to work very hard to explain away the fact that in this typical small, peaceful African city over one third of respectably married pregnant women of my age have the virus, and it is higher still in some neighbouring countries.

Once people believe it is a disease caught by normal behaviour with ordinary friends it will be on its way out.

A society where admitting to having no friends with HIV was tantamount to admitting to a sad, dull, backward life might seem a sick society to some. It would also be a society where behaviour would inevitably change, probably in ways even the most sternly moralistic would approve of. Let us follow Erasmus, the clearest moral thinker of his day, and proclaim that AIDS is the disease that all the best people have, their only error being to love not wisely, but too well.

1) Erasmus D, *Opera Omnia* (Leyden 1704ff.) vol. 5, col. 346, quoted in I. Temkin, *The Double Face of Janus and other essays in the history of medicine* (Johns Hopkins University Press: 1977) p. 475.