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AIDS prevention as a global learning process

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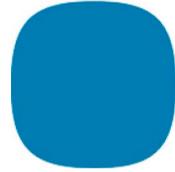
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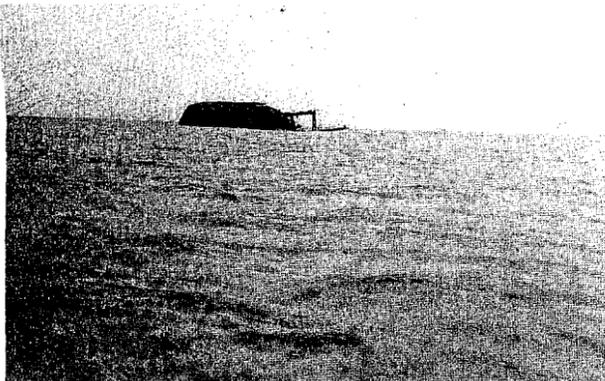
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AIDS PREVENTION AS A GLOBAL LEARNING PROCESS

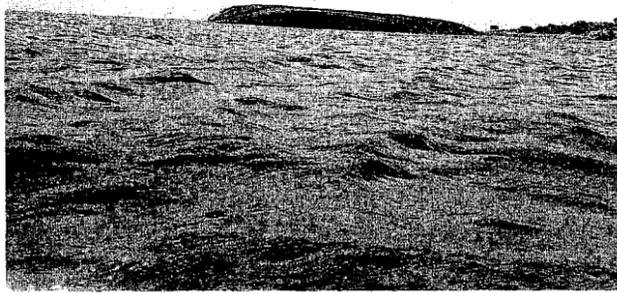
No one knows where AIDS came from. AIDS is transmitted from one person to another by blood and sperm: Sources of life carry the deadly virus. AIDS causes fear -- world-wide. Because AIDS touches upon essential questions of humankind. Sexuality and death, lust and illness have once again drawn closer together. Cultures, traditions and taboos concerning sex are being called into question -- not only among homosexuals, i.v. drug user and prostitutes, who were the first groups to be affected.

A disease transmitted from one human being to another, an extremely treacherous infective disease with an entirely new type of virus and with mostly fatal result, AIDS highlights the significance of medicine for health: AIDS entered the poorer regions of the earth, joining as yet unvanquished epidemics. The rich nations are beginning to recall that effective control of infectious disease was considered an unreachable goal no more than half a century ago, but that this goal was then reached through the social measures of prevention and that the situation of the people affected was thus improved.



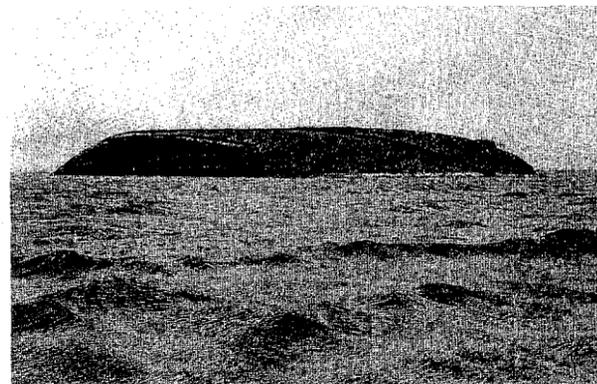
AIDS confronts the societies of the world with their marginal groups, with outcasts, with addicts, with the underprivileged. Since the social groups that are (as yet) unaffected project their own lusts and fears onto these fringe groups, it is very difficult to bring about the social solidarity needed to fight the disease. Fear of contact is followed by discrimination and ostracization.

In a world that is increasingly under threat, fear may be necessary, but fear is a poor advisor: When people give in to fear, they and their governments tend to cover, say, their helplessness vis-a-vis the destruction of our environment by calling for the use of the powers of the state against AIDS. In doing so, they overlook the fact that these instruments not only achieve nothing, but attack basic human rights as well as the social climate and the social basis for successful prevention.



In this bleak situation, it becomes difficult to maintain a sober line of reasoning between hysterical prophecies of apocalypse and irresponsible trivialization. Therefore, the three decisive questions must be asked more often. They are global questions to which answers must be found in a global learning process -- answers that show how the individual, how various institutions, how society as a whole can adjust to living with this virus which, at least for the time being, seems to be ineradicable.

How should we deal with disease and death? AIDS demonstrates on a global scale the limits of medicine in its battle against death. Great hopes are riding on AIDS research, and with reason. But AIDS also makes visible the flaws of a medical-perfectionist world view -- for example, when you consider the immense differences in medical care among the various regions of the world. Or consider the increasing gap between diagnostic capability and therapeutic possibility in medicine: There are many hundreds of thousands of people living in



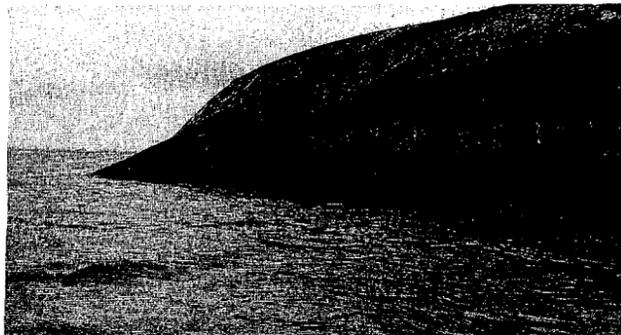
this world today who are manifestly healthy yet potentially deadly ill and who cannot be treated medically. All that can be said about this state which deeply changes one's life and burdens one's health is for us to pronounce a medical-technical test result: HIV-positive. Research and health policy also give far too little attention to the fact that only in rare cases does the existence of one single viral source fully explain an infection. We must take leave of the view that medicine can be omnipotent; we must develop bases for a social understanding of health, disease, and death.

Individual prevention of the disease -- what should it be like? Precise and consistent campaigns for safer sex and against the use of insterile medical implements help us answer this question. Such campaigns are the more effective the more they accept and work with the real life conditions and lifestyles of those whose behavior must change. AIDS prevention should not be tempted, for example, into mobilizing people's fear of death or into upholding moral codes which were never generally accepted and which are becoming less and less justifiable. Furthermore, prevention is possible in practice: In industrialized nations, the first groups to be struck by AIDS have changed their behavior radically, and growth rates for new infections have declined steeply for these



groups. Given a world-wide effort, we might repeat against AIDS our successful battle against other great infectious diseases like tuberculosis, typhoid, syphilis where it was social prevention that decisively reduced the individual risk of infection before medicine could secure this victory with vaccines and therapy. Yet such a learning process is not only a matter of the intellect. Especially in trying to prevent a disease like AIDS, where there is such a strong connection between sexual drive and fear, there is a need for new symbols and forms of communication to challenge the unconscious levels of personality.

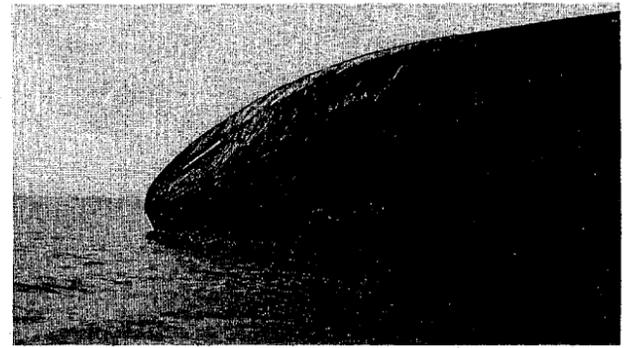
How can we bring about solidarity with the people who are infected or ill? To begin with, factual information about the ways in which everybody can protect themselves against AIDS – without ostracizing anybody, without persecuting anybody, without coercion by the state – such factual information is the best way of preventing tendencies to persecute scapegoats and oppress minorities. But information in itself is not enough, for the temptation to stigmatize groups that differ from the accepted sexual, ethnic, or cultural norms is rooted very deeply. In



the long run, it can be confronted only to the extent that differences among the species man, that differences in modes of expression and social styles within and among societies and cultures are perceived and accepted. But this does not suffice either: We are witnesses to a development in which AIDS – like nearly all infectious diseases – is increasingly becoming a disease of the underprivileged of the world. The grand old theme of humanistic health policy – the struggle against social inequality vis-a-vis disease and death – becomes, through AIDS, a renewed challenge to individual and global solidarity.

None of these educational tasks can be solved through information and social marketing alone. Neo-conservative tendencies necessitate enlightenment in a double sense, and the contribution of the arts in producing and combining symbols that touch and move people is indispensable here. Art as a medium of prevention.

The enormous reclining figure: If it symbolizes the Fall, then he did not crumble as did the Rhodes Colossus more than 2,000 years ago. He could also be lying there because he is lascivious, looking for lust, for relaxation, for quiet. He could also wake up and thus be a symbol of a departure like the Eiffel Tower in Paris or the picture of the first astronaut on the moon. The figure moves from continent to continent – like AIDS –, first touching the metropolises, the centers of mobility. Inside, people can move around within



themselves and encounter themselves: Visitors will encounter signals and symbols which in an unpretentious, humane and effective way can help counteract the threat of the virus.

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