Rosenbrock, Rolf

Book Part
AIDS prevention as a global learning process

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AIDS PREVENTION
AS A GLOBAL LEARNING PROCESS

Noone 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 concern­
ing 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.

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 destruc­
tion 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 be­
tween hysterical prophesies of apocalypse
and irresponsible trivialization. Therefore,
the three decisive questions must be
asked more often. They are global ques­
tions 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
inerradicable.

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 infec­
tion. 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 con­
sistent 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 acepted 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 infec­
tions have declined steeply for these

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 discrimina­
tion and ostracization.
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.

Priv.-Doz. Dr. Rolf Rosenbrock
Head, Research Group «Health Risks and Prevention Policies» at the Berlin Science Center for Social Research.
Member, AIDS Commission of the German Federal Parliament (Bundestag)