

ON THE SOCIAL CONSTRUCTION OF AIDS

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January 1986

How does a society cope with a new threat, a new disease of disturbing dimensions? Seen from a US angle, AIDS started in 1981 as a new form of pneumonia that killed five young men in Los Angeles, all of them homosexuals. As of August 12/1985, 12.408 people in the country suffered from AIDS, 6.212 of them had already died. Most frightening, the number contracting the disease doubles in much less than a year (there will be more than 30.000 cases at the end of 1986), and the disease is simply lethal although it may take some years between the first symptoms and death. There is no known cure whether the patient dies from pneumonia, from cancer (Kaposi's sarcoma) or from disorders in the central nervous system, similar to Alzheimer's disease. A virus, or a family of viruses, have something to do with AIDS (which, evidently, itself is a family of related pathologies), LAV/HTLV-III (discovered by Dr. Montagnier at the Institut Pasteur in Paris, and by Dr. Gallo at the National Institutes of Health) is found in almost all AIDS patients and in people with similar symptoms, the AIDS-related complex (ARC – there may be ten ARC patients for each AIDS patient). It is estimated that a million people in the USA are infected and that 5-20 percent will develop AIDS or ARC, giving as much as 200.000 people who will suffer the disease, although the incubation time is not really known (one to five years? – more, even much longer, latency?). All these estimates may very soon change – we do not know, the history is too short.

Among the USA patients, 73% are homo- or bisexuals, 17% are intravenous drug users, 2% received blood transfusions, 1% hemophiliacs. Statistics such

as those would make it natural to conclude that the transmission mechanism is through the exchange of body fluids, meaning semen and blood – which means that heterosexual contact might also serve to transmit the disease with the semen (and with the blood, to a fetus) – although anal intercourse may be more dangerous (small breaks in mucous membranes). International comparisons bring out another point, at least so far: the proportions affected in France, West Germany, Britain and Canada are much lower than for the US (as of March 1985: 882, 449, 360 and 165 cases respectively) – so Americans as such constitute a risk group. Then there is that other peak, Central African countries and Haiti, where it is much more difficult to get statistics, for obvious reasons. What is known is that the epidemiology is different, the disease hitting heterosexuals and both sexes about equally.

So, what do we make of this? Human beings live off nature – are indeed a part of it – are surrounded by other people who together make up society, even world society --- and above it all hovers the god of our conception. We are used to conceive of phenomena in general, and diseases in particular, as parts of causal chains, caused by something, themselves causing something. The causal chain has do be rooted in something, and from what has been said above there are essentially five possibilities: the disease can be self-generated, nature-generated, people-generated, society-generated or god-generated. A suicide, self-inflicted, is self-generated; one may also see degenerative diseases such as Alzheimer's in that perspective, even if they are not willed. A trauma inflicted by a violent nature is nature-generated. A trauma inflicted in war, external or internal, or other forms of violence is people-generated. The so-called civilization diseases (cardio-vascular diseases, cancers, mental disorder) may be said to be society-generated. And

a disease inflicted on people, like on Job of the Bible, may be said to be god-generated.

But these are the constituent elements out of which more complex chains may be constructed. And at this point an important rule for the construction of such chains enters the picture: since the consequence, the disease, is bad, the causal chain has to be rooted in a final cause that also is bad. This makes the person committing suicide bad by definition, as he tends to be seen in many of the world's religions/cultures. But not all bad people suffer from self-inflicted diseases, consequently a mediating factor has to intervene: other people, or god, casting a spell over the person, giving him his due, as punishment; or as a warning to himself or others. Violent injury, including homicide, becomes a special case, again bad, by definition, except when it is society-generated, as an act of war. Enemy bad; hence killing good; society good. All good.

Today we are supposed not to believe in such intervening factors, so we are essentially left with nature- and society-generated diseases. Nature can hit directly through traumas or via complex chains involving microorganisms, germs, carried by various vectors, including other people, in which case the disease is said to be infectious/contagious. Society can hit directly with pollutants transported in air, water and food (like micro-organisms), or as stress, etc., via complex chains involving other people. But the self-inflicted model, with or without godly mediation, will definitely linger on still for a long time, because it gives disease moral sense.

I see these as the major paradigms for conceiving of a disease: the nature-generated disease brought about by micro-organisms (dangerous); and the society-generated disease brought about by a (flawed) social formation. With a disease as bad as AIDS, as pointed out in the beginning of this paper, the cause has to be particularly wicked. The suspected culprit in the nature-generated paradigm is a retrovirus, with the viral DNA integrated into human chromosomes so that it cannot be removed, multiplying rapidly. Anybody coming up with a society-generated theory will have to come up with something at least equally recalcitrant, in order for some proportionality to obtain.

At this point it becomes important to note that considerable interests are at stake in the construction of these causal chains. A nature-rooted chain puts the blame squarely on nature, exonerates society. At the same time a chain of contagion is established defining people, some more than others, as dangerous. This condition calls for control, and that can only be exercised from above, meaning that the causal chain established (or imputed) serves as the perfect legitimation for a strong central authority. To construct, or reconstruct, such authority may be in the interest of nation-state in formation as well a nation-state in decline, with legitimation problems. I only mention this since AIDS so far seems to have hit nation-states of precisely these two categories, in the third and the first worlds respectively.

Correspondingly, a society-rooted chain becomes automatically a part of social criticism and the appropriate response will have to be in terms of change, social change, since nature has been exonerated. Anybody looking at the cardio-vascular disease, cancer or mental disorder map or a first world

country today will note that these diseases – with some important exceptions – cluster in urban/industrial areas, making the pollution/stress combination, and particularly the synergy between the two, a likely culprit; with obvious implications for social criticism. Since so many AIDS patients die from cancer, hitching AIDS on to this cluster might not be far-fetched. And this cluster is at the root of the green critique of contemporary society: itself a self-defense against social diseases.

Having said precisely that it should be noted how a nature-rooted theory plays up to both blue and red ideas of social construction at the same time, in a sense explaining why and how it has been possible to obtain such a working compromise across that classical political spectrum. Conservatives get out of this theory a confirmation of a basic belief, man as master of nature, nature as dark and threatening, beastly, as are also many, most human beings, at least potentially. Liberals obtain a confirmation of their faith in the wise individual, the person who opts for hygiene and care within the confines set by the dangers of nature and becomes the master of self-generated health, not disease. And social democrats/socialists get additional support for a strong secular authority, for a strong state in the midst of society. In that they do not differ from conservatives who want to use that state to quarantine the dangerous, diseased, and discipline the population. But the red or pink also want to use the state to disburse health resources: building health, not only containing disease. They all get so many benefits that they may be willing to concede that their rivals also derive political satisfaction from such images.

At this point let us introduce the green monkey, seen as a carrier of the lethal virus adapted in a reasonable host-parasite relationship, just as the green monkey is adapted to the tropical forest. Enters Man in the shape of the Capitalist, greedy, cutting down the forest in his ceaseless hunt for profit. The equilibrium upset, the green monkey comes closer to human society, and AIDS is started. One sees immediately the beauty of the theory in giving something to all parties. To the social critic the ultimate cause is bad, flawed society, capitalist society. To the conservative it is the darker, obscure forces in the dark corners (the tropical forest) of the dark continent (Central Africa), populated by dark people – the kind of thing one could expect from such places. The conservative will ignore what pleases the radical mind, the social rooting, and focus instead on the way the causal chain changes, has to change when it hits America. Africans are dark enough already; in America the causal chain has to find its way through something equally dark. Homosexuals and drug users constitute the absolutely ideal medium of transmission. And the link to the dark continent (and to Haiti) equally obvious: black homosexuals. The only tragedy is that homosexuals border on society in general through sexual contact and blood transfusions – isolation being the obvious response, a foregone conclusion lurking in their mind anyhow, now legitimized through an objective danger felt by everybody. And even the type of ultra-conservative, the anti-Darwinist, anti-evolutionist gets something. That is what you deserve for believing that man descends from the apes. By focusing on different segments of the causal chain, winding through various dark corners of the world, left and right can both get their pet theories confirmed, and even derive action consequence they believe in anyhow: restoring the green monkey (an endangered species) to a regenerated rain forest for the left, even the green (ecological) left;

isolating, even quarantining homosexuals, or at least containing their lifestyle – even sexual activity in general – for the right. And the Central African countries may also get what they want. They obviously do not want to be seen as the source of such a scourge, confirming all the stereotypes about the dark continent in general and the underdeveloped country being unable to contain such a danger, unleashing it on the world rather than keeping it within its own borders. They may prefer a theory that roots the phenomenon geographically in Africa, yet roots it socially in White Man's activity in Africa, thereby reviving the rhetoric of anti-colonialism, just as the white conservative, in the deeper recesses of his mind, has the discourse of colonialism, at least in latent form: primitive savages. Tragic for all of them: the green monkey hypothesis is probably wrong.

My point would now be that at this juncture the search for more explanations might cease, or trickle down to almost nothing – soon to get lost in some intellectual desert because the motivation is no longer present. I then see the motivation when something very bad has to be explained as being mainly extra-scientific (however the term “scientific” is interpreted): the bad has to be explained in terms of the bad. But, as there are divided opinions as to what is bad and what not, the chain has to exhibit sufficiently many segments for everybody entitled to participation in the general discourse to obtain intellectual/political satisfaction. To this could be added an important point: segments unacceptable, or irrelevant, to one party in the qualified opinion should be seen as redundant, even detachable. The best position for such detachable segments would be in the beginning or the end of the chain – “capitalist activity” being seen by the right as the ideological fantasy of the left; “isolation of homosexuals” being seen by the left as the obsession of the



right. More problematic are segments in the middle of the chain. For those segments bypasses, alternative intellectual routings will have to be proposed. The human mind is constructed in such a way as to be good at this activity. Of the total mess of interrelated factors that constitute reality, we select a chain – sometimes with only two elements, one cause, one effect – that suits our mind.

But, the skeptic will object for very good reasons: don't we have science, objective research, precisely in order to serve as the ultimate arbiter, establishing the causal chain, ultimately even beyond a shadow of doubt? No, because scientific activity is not that unambiguous, and these ambiguities can be used, deliberately or not, when strong interests are at stake, as is the case in connection with AIDS. Thus, it may look today as if the nature-rooted theory is well established with the discovery of the virus. But, there are important questions to be asked, and the problem is whether they are asked with sufficient intensity.

Thus, that the virus is found in the blood of the patients (and in very many others) does not make it the cause of the disease. It could also be a manifestation of the disease, even a less important one. It might even be a consequence of the disease – leaving us with the possibility that those who exhibit the virus without the disease have already had the disease, in a milder form. Moreover, the virus may be the vehicle for internal contagion, for transport of the disease within rather than between bodies – for some kind of metastasis. This also holds true when the virus, in some form, comes from the outside.

Much more important than such considerations, however, is the general problem of the conditions for the emergence of the virus. Where do they come from? Out of nothing? Are they just around, as a part of nature waiting for its chance to hit, like terrorists (as conceived of in official US fantasies), driven by nothing than malice, like the virus simply being “killers?” Or, - like the hypothetical monkey – is there some human activity somewhere that somehow upset a balance of one kind or the other? Why do we stop our search when or if a microorganism has been found? Why do we not try to stretch the chain further, rooting it in something human made? The answer is obvious and it is highly extra-scientific: because of the interests at stake. This brings out an important aspect of the structure of the limitation to scientific activity: at some point we decide that the cause has been found and the chain is established, the chain of the middle length, not going too far into the origins, not too far into the consequences (e.g., what happens to a society hit by AIDS as exemplified by some of the points made by the present paper). These choices will always be arbitrary, however much they are protected by a massive consensus, and probably more arbitrary the more massive the consensus. Needless to say, it is precisely by challenging that consensus, making other chains or more complex configurations, that scientific changes of paradigms are made – whether seen as scientific progress or not.

Questions may also be raised at some other points, and this may serve to clarify the points made. Thus, if the basic point about AIDS is the immunodepressive effect of the virus, why do not a higher proportion of the patients die from pneumonia? If one of the most common diseases is the common cold, would we not expect the cold to develop into bronchitis and

from there into pneumonia, a “killer?” Of course, cancer is also related to defects in the immune system. But would we not expect pneumonia to kill more quickly given the long gestation period for a cancer, even for this particular cancer? To this it can be objected that the latency period, the incubation, may be long enough for the cancers to have been gestating for some time already. But that just begs the question: why the pneumonia did not appear in the meantime, terminating the unfortunate victim at an earlier stage in the illness history?

Hence, one might also keep open the possibility that AIDS, or at least one form of AIDS, is simply a cancer, brought about by a combination of the chemically new (and toxic) environment referred to as “pollution” and the burden on psycho-somatic resistance capacity referred to as “stress,” in other words by “modern societies.” Homosexuals are under stress so are drug-users; this is compatible with a society rooted perspective. It is compatible with AIDS as an American disease; above and moreover the patients are to a large extent found in urban-industrial areas (New York, San Francisco), as they should. This perspective immediately changes the focus from “unnatural” and/or promiscuous sexual activity to maldeveloped social formations; consequently I would expect this avenue of thought to be left relatively unexplored by a predominantly conservative medical research establishment interested in grants from a very conservative administration for the usual mix of good reasons (to stop the disease, help the patients) and less laudable reasons (individual and national prestige, beating the French, power to the well-endowed research institution). The homosexual factor will be seen as basic to the understanding of AIDS, not as coincidental or as a contributing cause.

However, we should also be open to the possibility that the nature-generated and the society-generated perspectives do not exclude each other. Could it not also be that some cancers simply are contagious and can be transmitted through body contact, or at least through very intense body contact involving the exchange of some body fluids? Instead of a chain with left and right competing as to what should be at the beginning of the chain, society or nature, we could also think in terms of two parallel chains impinging on human beings, with terrible synergisms where they happen to hit. One chain may mask the other, if not in reality, at least in the minds of research trained in thinking in terms of single, not multiple chains. On the one hand there is the African trail, possibly carried by homosexuals. On the other hand there is a “modern society” factor, predisposing some people in urban, industrialized, polluted, stressful environments more than others.

This author, of course, does not know. But I think I know something about some of the factors conditioning the choice of explanations in those who think they know. There is a social construction of AIDS going on. And in that construction we are all entitled to participate, criticizing and/or contributing. This also holds true if/when a “virus-killer” is found which may eliminate some links in the total web of interacting relations, leaving untouched other parts, perhaps even reinforcing them. AIDS becomes like a test case of our ability to be honest in handling these phenomena.