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## **The Development of Risk Politics in the UK: Thatcher's 'Remarkable' but Forgotten 'Don't Die of Ignorance' AIDS Campaign**

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### Abstract

Thirty years on from the dramatic and unprecedented AIDS advertising campaign organised by the Conservative administration of the late 1980s, this article reassesses the experience drawing upon subsequent memoirs and interviews. It does so in the context of an emergence of risk politics in the UK in the 1980s, situated within an historical perspective on the development of risk within modernity. Emphasis is placed upon the forgotten pragmatic, amoral core of the campaign which challenged the illiberal climate of the times, and how it was possible for an administration defined by high moralism to challenge it. The range of pressures that led to the campaign are outlined, including a conscious attempt to limit stigmatisation amidst the mood of wartime emergency that prevailed in late 1986/early 1987. Its emergency character meant little direct legacy of harm reduction has endured, but the article argues for a wider significance of the campaign as a key moment in the emergence of risk politics in the UK and beyond.

## Introduction: Historical Perspectives and the Emergence of a Politics of Risk

Socially oriented risk research or 'risk studies' has developed but remains a disparate field lacking shape and definition (Burgess, Alemanno and Zinn 2016). A clearer historical foundation can provide a thread to help cohere the research area. This article suggests that the 'Don't die of ignorance' campaign can usefully be understood in an historical context, as part of a shift towards a politics of risk that emerged first in the United States from the late 1950s, and then in the UK under the Conservative administrations of the 1980s.

The politics of risk involve an expanded social agenda around controlling the future and emphasizing security and precaution (Franklin 1997). In the famous phrase of Beck (1992: 48), the 'risk society' is concerned with the 'distribution of bads, not goods'; alongside classical political concerns with the distribution and allocation of resources, national security and social order, the avoidance of new potential harms becomes an imperative. In the process, matters of everyday risk and ontological security become politicized, contested and engage the public. This process has not developed evenly or completely, and nor has intellectual attention; whilst developments in the American context are a continuing focus (see for example Mohun 2012; Levy 2012; Vogel 2012), very little has considered changes in the UK (Giddens 1997; Rayner 2007).

The AIDS campaign was one moment in this shift, as lifestyle risk became the subject of direct ministerial engagement and the public were implored to change their behaviour through an evidence-based campaign challenging then still powerful moral antipathy towards homosexuality. Its significance remains unappreciated, however, as the campaign is remembered for its shocking advertisements more than historical novelty and shift from morally-determined to risk-driven politics. Before exploring the dynamics of the campaign, [we](#) will establish that a general historical perspective is important to the sociological engagement with risk but did not extend to consider contemporary changes within the 'risk society'. Further, risk politics were not preordained general developments of the kind described in sociological theory but involve complex interplay and influential actors sometimes pushing against predominant assumptions, requiring the kind of detailed analysis of the AIDS campaign that form the core of this article.

A *long-term* historical perspective was central to the modern foundation of sociological risk theory in the 1980s, where modernity was seen as synonymous with a secular orientation towards the future. The fate, luck and fortune that dominated pre-modern societies was eroded and marginalised, and Giddens (1991: 145) suggests the domination of the abstract system of risk calculation meant the 'evaporation of morality'. This transition was not an overnight or complete break with the past, however, particularly at an uneven, global level.

There was some attempt in early sociological work to indicate turning points in this ongoing process of a shift from pre-modern fatalism to modern probabilistic thinking and practice. Giddens (1991: 110) identified a partial intellectual challenge to fatalism in the notion of *fortuna* advanced by Niccolo Machiavelli, during the Renaissance. Early modern marine insurance is classically identified as the starting point of risk thinking and practice,

where the fate of ships' cargo was no longer left to the 'gods' but became the subject to the calculation of an insurance contract, thus 'taming' the future (Levy 2012).

The interpretation and management of particular events mark further turning points, where the consolidation of underlying shifts away from fatalism become apparent. Natural disasters and disease outbreaks that historically would have been interpreted as divine punishment began to be understood in secular, causal terms. A widely-recognised departure occurred with the intellectual response to the Lisbon earthquake of 1755, when belief in disaster as an expression of divine agency faltered. Rather than being: 'singular curiosities imbued with religious or political significance', they became the object of scientific investigation - a hazard whose probability of eruption could be, to some extent, calculated, anticipated and managed (Janku, Schenk and Mauelshagen 2012: 6). Giddens' suggestion that fatalism and morality have subsequently simply 'evaporated' is an ideal type simplification. Even within contemporary 'risk society', 'morality policy' remains intact around issues regarded as of first principle rather than instrumental issues of policy design (Knill 2013). Despite being formally determined in 'evidence-based' terms, UK drugs policy, for example, remains effectively a 'morality policy'. Illustrating this, policy advisor David Nutt (2009) was sacked for insisting upon the calculation of relative harms, challenging its basis in the anticipation of public outrage, arguing that alcohol was a greater risk than illegal drugs. There are further points of change, transition and resistance which can be usefully delineated in the contemporary period of risk politics.

The historical conceptualization of Ewald (2000, 374) distinguishes a modern period concerned with occupational and social risk from the 19<sup>th</sup> century around workplace accidents and insurance, then a further distinct period from the late 1960s with the emergence of health, technological and environmental risk, initially in the United States.

One of the key texts of risk studies - Douglas and Wildavsky's, *Risk and Culture* (1982) - focuses on this later period, exploring the new-found American preoccupation with, and contested politics around, environmental and consumer risk. Mohun (2012: 237) concludes her study of risk in the United States with this post-war era, identifying, among other factors, how in the highly charged and divisive environment of Cold War America, the politics of safety, security and protection provided 'consensual distraction'. Risk politics were no more evident than in the 'politics of precaution' that drove American regulatory policy from the late 1950s, until the pattern was reversed in the 1980s and Europe became instead defined by a precautionary approach (Vogel 2012). The Delaney Clause amendment to the 1958 Food Additives Amendment was the first fully precautionary regulation anywhere in the world. Driven by New York Congressman James Delaney, it stipulated that any chemical found to induce cancer in animals could not be approved for use in food. The 'riskification' and politicization of chemicals was then consolidated with the publication of *Silent Spring*, Rachel Carson's powerful attack on pesticides, which sold a million copies by the time of her death in 1964 and led to the banning of DDT - despite the campaigning of the chemical industry (Lytle 2007 164). Likewise, the UK AIDS campaign was driven by particular individuals and contested agendas, albeit under more demonstrably urgent conditions.

The AIDS campaign was part of a more general reorientation towards managing risk initiated in the Tory administrations of the later 1980s and 1990s. Most immediately, a series of major accidents and disasters - at football grounds and train stations, on ferries and oil rigs - struck in the late 1980s and 1990s which became defined as risks that could have been avoided, leading to public inquiries intended to prevent recurrence (Burgess 2012). 'Blame would once have been diffused, to local authorities, nationalized industries, private operators, even that old standby, acts of God,' notes Simon Jenkins (2006: 137) in his account of the period, 'But after a decade of personalized public administration, she

who had craved so much of the credit now had to take the blame'. The Conservative administrations found themselves grappling towards new responses to issues that appeared to potentially threaten public health and safety in a changing climate of growing health preoccupation, less deference and a more defensive political class unfamiliar with such terrain. The climate was unpredictable as even issues that in the past that would not have been understood to merit a national government response, such as salmonella food poisoning, acquired a dynamic and became politicized.

In an environment of perceived greater public anxiety about health and security ministers experimented with a more pro-active, anticipatory approach to what appeared to be new issues of public concern. Edwina Currie was a central figure in the AIDS drama as junior Health Minister, and pioneered a new engagement with, rather than denial of, risk. The year after the height of the AIDS campaign, in 1988, Currie announced on television news that, 'We do warn people now that most of the egg production in this country, sadly, is now affected with salmonella' (Booker and North 2007: 36). Her comments led to the temporary collapse of the egg industry, her own sacking, and went further in establishing a sense that taken-for-granted aspects of everyday life - first sex, now food - were fraught with danger. Others, like dog ownership, were to follow. Another significant moment in the advance of a new risk politics was in August 1991 when, in a blaze of publicity, the then Home Secretary, Kenneth Baker, announced the Dangerous Dogs Act, in response to a single, highly publicized dog attack on a child. Thus, began another dimension to the newly evolving risk focus in British life; the over-responsive, 'something must be done' action to eradicate everyday risks, that followed media campaigning (Burgess 2010).

It was particularly within the field of health policy directly that a more proactive approach to everyday risk further evolved and questions of individual responsibility for lifestyle choices elevated. A new era in the evolution of public health, now known as

'health promotion' began in the 1990s and has subsequently intensified (Awofeso 2004). Reducing 'lifestyle risk' for indeterminate ends became a matter of politics in a cross party consensus around health and security. The 'Health of the Nation' white paper was announced by new Secretary of State for Health, Virginia Bottomley in 1992, with its 27 targets on issues from teenage pregnancy to taking more exercise, in an expanded health agenda to ward off risk. The new politics of risk under the Thatcher and Major administrations culminated in the BSE crisis, where it eventually and shockingly transpired that 'mad cow disease' wasn't confined to animals but also claimed human lives. Agriculture Minister John Gummer attempted a rear-guard action to downplay risk in a more traditional act of public reassurance (Booker and North 2007). But times had already changed in the new political environment and Gummer subsequently became a symbol for precisely how not to conduct risk politics. BSE was important in branding the Conservatives as outmoded and hostage to special interests against those of public safety, and an key factor in their electoral defeat of 1997. The subsequent Labour administrations of Blair and Brown extended the politics of risk further as a managerial ethos, particularly around the new threat of terrorism which Blair deemed an all-powerful, existential threat (Wilson 2009). Jenkins' (2006) account of the politics of the Thatcher/Blair/Brown years smartly identifies continuities, as a 'revolution in 3 acts'. Something similar might be said of the risk politics that developed within this era, with AIDS as perhaps the first.

### **The Two Faces of a 'Remarkable' Campaign**

When I wrote the first draft of this article in the winter of 2016 it was thirty years since Margaret Thatcher's Conservative government launched the 'Don't die of ignorance' AIDS campaign. Few of my - now middle aged - contemporaries vividly recalled the 'scary' advertisements with volcanos, icebergs and coffins that left the novel and lingering



association of sex with risk and death. 'There is now a danger that has become a threat to us all,' intoned the actor John Hurt ominously in the voiceover for one of the two television advertisements. 'It is a deadly disease and there is no known cure.' The word etched on to a blackened grave were then revealed: AIDS. Most notorious was the 'volcano commercial' which featured a dramatic eruption of no obvious disease relevance. The advertising agency copywriter responsible has since described the 'bemused' public response to its repeated showings (Thompson 2017).

The public campaign was unprecedented in scale and budget. As well as the notorious commercials, there was simultaneous publication of full page adverts in all the Sunday newspapers and a national leaflet drop - to 23 million households, in early 1987. This was despite the fact that the disease remained rare at the time, with around 1000 deaths - almost all among specific high risk groups, primarily male homosexuals. There was no research suggesting the campaign message would be effective, and criticism contested the lack of specific information (in the television ads, if not the leaflet), 'as if the disease could be caught from hewing granite or cruising the North Pole' (in reference to the iceberg and gravestone commercials) (Karpf cited in Berridge 2002: 131). Here in the campaign risk language was being used as a 'forensic resource' to signal moral danger (see Douglas 1990; Lupton 1993 for discussion of such use). Even today the use of such dramatic methods - however noble the intention - remains contentious. Explaining the persistence of prejudice about AIDS within schools, a campaigner recently explained that: 'The problem is that many of them got their information about HIV from the notorious Aids campaign of the 1980s...' (Moorhead 2015). Another recent survey found the HIV myths that 'endure from the 1980s', not effectively challenged by the campaign (BBC 2016). In a 2015 survey, young participants were shown the adverts for the first time (Q-Step 2015). Whilst 73% agreed the government was right to launch the campaign and only 7% disagreed (even with knowledge of the relatively small numbers affected), only 40% agreed they

were right to 'use such dramatic imagery', and 32% thought the campaign should have been more clearly targeted to 'at risk' groups.

It is difficult to now recall the actual context, thirty years ago, and the unique nature of the challenge policy makers perceived. Berridge (2002) identified a first phase of governmental reaction from the early 1980s to late 1985 as one of 'policy making from below', when groups of experts and campaigners were drawn into reflection on the disease and a departmental consensus established AIDs as a national priority. In a second phase between late 1986 and early 1987, this consensus was projected into a moment of threat comparable to a state of war, communicated through the deliberately shocking adverts. This, the moment of the ominous adverts, saw the disease, 'officially established as a high level national emergency, as a national crisis on a par with the Falklands or the Second World War', as it was treated as an epidemic which if not countered could overwhelm the nation (Berridge 2002: 7). This moment of collective fear was short-lived, however. Berridge (2002: 82) described it seeming like a century between this period and only a few years later. She recalled a speech from a director of social services in the early 1990s recalling that in 1986 there was a consensus amongst experts that half population would have AIDS by the end of century, but that when he made this remark only 5 years after it evoked laughter from the audience.

Some of the elements that combined to create an almost apocalyptic mood were, firstly, that the disease was not fully understood and had no known cure or effective treatment, as the campaign stressed. In an emergency parliamentary debate on 21 November 1986

the minister with overall responsibility for health policy and leading the campaign as Secretary of State for Social Services, Norman Fowler, announced a campaign budget of £20m, on the basis that 'information (was the) only vaccine available' (Hansard 1986). The spectre of a new infectious disease continues to haunt medical authority both in the UK and internationally, and this justifies extraordinary measures in their eyes. The new virus in 2003, SARS, for example, led to the World Health Organization announcing a global state of emergency and isolation of countries with even only a handful of cases. The conventional strategy of isolation and quarantine that effectively managed SARS made little sense in dealing with AIDS, however. The nature of the disease made compulsory screening pointless, not least as the virus remains in the person for life and is not contractible through everyday contact. Stigmatization made little sense on a wider level unless banishment of those with the virus was to be implemented. In any case, it is widely recognised that any such approach undermines ability to monitor and control the disease as individuals infected by the virus would have strong incentives to conceal their HIV positive status.

There was a wider sense of uncertainty as medical authorities had little knowledge of the sexual habits of high risk groups and the potential for further spread into the heterosexual population, as occurred in the developing world (Epstein 2007). Even if it were to be confined to the male gay population there was no accurate data on their numbers or habits (Overy, Reynolds and Tansey 2009:8). It is also important to bear in mind the general ignorance and incomprehension that prevailed at this time about gay lifestyles; Norman Fowler (2015) himself later recalled how he had to be educated about them, and the lack of knowledge was an important aspect of the uncertainty about the likely patterns of disease spread. In addition, it began to emerge that it was not just male homosexual who were 'at risk'. By mid-1983 it had become clear that haemophiliacs were contracting the disease, and while the media could attribute infection amongst

homosexual men to immoral behaviour, haemophiliacs were clearly ‘innocent victims’ infected by contaminated blood supplied through state agencies, a problem that occurred internationally (Berner 2007). In any case, blood dominated public perception at this time and led to a widening sense of who might be at risk from AIDS.

Alongside this, and of greater professional concern, news arrived of much higher and, crucially, more general heterosexual pattern of infection in Africa. Once confirmed, the Chief Medical Officer who coordinated the campaign alongside Norman Fowler, Donald Acheson, describes the ‘bombshell’ of the news that the disease was ‘spreading like wildfire in the general population’ in African societies:

I was horrified. If this could happen in Africa what would an identical virus do in Britain? Having decided that it would be folly to assume that in the UK HIV/AIDS would continue to be confined almost exclusively to gay men, I sought an urgent appointment with my political boss, Norman Fowler (Acheson 2007: 184)

This new evidence was important in swaying the campaign towards a general population campaign - rather than the earlier separate campaigns for homosexual and heterosexual. Whilst Acheson made clear that epidemic was likely to develop more slowly in UK than in Africa, he argued it still constituted a real emergency under the prevailing conditions of uncertainty and this justified a population-wide campaign. In the November emergency debate in Parliament, Norman Fowler explained that the campaign:

must be directed at the general population rather than at the groups which currently had the highest incidence in order to prevent an American or African type of

situation in the UK...balance had to be struck between warning everyone without causing unnecessary panic (Hansard 1986).

Even in the midst of a 'warlike' response, there remained a degree of paternalistic restraint, however, indicated by the government's rejection of the 'anyone can get it' messages originally suggested by the advertising agency put in charge of the campaign.

There were other factors beyond the character of the disease itself that explain the extent and character of the reaction. Likely projections of the disease toll based on American trends don't easily explain the reaction as these didn't suggest a population-wide epidemic. Other imperatives were at play, reflected in the intrinsically odd slogan, 'Don't die of ignorance' - something which nobody had ever, or was ever likely to do, in any literal sense. The slogan emphasised education through attacking 'ignorance' as important as the disease itself. At the time of the campaign, even professionals such as nurses believed that the disease could be spread by everyday contact, and threatened to refuse treatment and contact as a result. Ignorance encourages fear and the government reaction was more broadly informed by concern with how public fear may make treatment of this 'minority' disease more difficult and even threaten 'moral panic'. Whilst the spectre of a widespread anti-homosexual backlash may seem fanciful in 2016, 1986 was a very different time and place in the UK.

There was the sense of an impending 'plague' in 1986-7. Just as difficult to now recall in a Britain with legalised gay marriage that's relatively at ease with public discussion of sexuality, was the extent of hostility towards homosexuality and, more broadly, the general ignorance of sex that still prevailed in the 1980s. This dimension leads to reflecting back upon an equally important, but largely forgotten dimension of the campaign. Homosexuality remained stigmatized in the UK, even as other aspects of

culture had been liberalized and decriminalized in the 1960s (Davies 1975). The late 1980s marked a high tide in a resurgence of explicit public moralism in a backlash against the perceived liberalism of the 1960s, usefully documented across a range of issues in British Social Attitudes survey responses from 1988 (Jowell, Witherspoon and Brook 1988). Most relevant here, fully two thirds of respondents were in favour of government AIDS messages telling people that some sexual practices were morally reprehensible, and almost a third said that the disease was a 'punishment to the world for the decline in moral standards'. The proportion of those who considered that homosexuality was 'always or mostly wrong' rose from 62% to 74%. In this sense, the notorious Section 28 of Local Government Act, passed in 1988, preventing councils from 'promoting' homosexuality was in keeping with the predominant public inclination.

During the week of the leaflet drop, the Chief Constable of Greater Manchester James Anderton publicly spoke of gays being in a 'cesspit of their own making', attacking any need to recommend condom use (cited in Turner 2013: 211). As part of the *Sun* newspaper's campaign against what the paper claimed was a gay-led 'hoax of the century' to deceive the population, columnists suggested 'awkward solutions' of 'outlawing homosexuality...quarantining AIDS sufferers and chemically castrating anyone who is HIV positive' or tattooing them. As late as 1990 another tabloid, the *Daily Star* still spoke of a self-created disease of 'poofers [male homosexuals] and junkies' (cited in Beharrell 1993: 207). Behind this hostility lay ignorance among the general public about sex-related issues that now seems astonishing. Sex survey researchers of the time recall how people lacked any sexual vocabulary - particularly any formal one - not understanding even what 'vaginal' sex was, or what it actually meant to be 'homosexual' (Overy, Reynolds and Tansey 2009). In such an environment, politicians identified the potential for hysteria as the key challenge to address, as Michael Meacher did in explaining Labour Party support for the campaign during the emergency debate (Hansard 1986). As Berridge observed:

A national response was ministers' main preoccupation... heading off demands for action which might have victimized those with aids or alienated minority sexual and ethnic groups. (Berridge (2002: 134)

The other, largely forgotten side of the Conservative AIDS campaign was how it sought to inform and even challenge misconceptions in an open way that was, in its context, quite bold, particularly for a Conservative administration. Recalling the main campaign slogan, this was a campaign formulated against 'ignorance' - something which one could 'die of'. Alongside the dramatic and arguably misleading television adverts the leaflet delivered to householders carefully debunked myths about how HIV could be contracted and explained that whilst mainly confined to high risk groups it had the potential to spread more widely, depending upon behaviour. The close working relationship between the principal minister in charge, Norman Fowler, and the chief medical officer indicated how this was a campaign closely informed by developing evidence, as Norman Fowler continued to emphasize both in conversation and in his more recent account of managing AIDS (Fowler 2014). In today's language it was 'evidence-based' - though partially also driven by policy concern to avoid a backlash against stigmatized groups.

AIDS was managed as a matter of risk, not morality, to be combatted pragmatically not ideologically. Fowler declared in Commons debate that: 'government did not have time for the luxury of a moral argument' (Hansard 1986). In a different indication of the campaign ethos, the Chief Medical Officer, Donald Acheson (2007: 197) recalled in his memoirs how pleased he was that insurers had been persuaded to simply use an HIV test to set premiums rather than identify those in high risk group through questions about sexual orientation. Acheson endorsed policy based on amoral risk factors rather than potentially discriminatory judgements about lifestyle, though there remained an uneasy

tension between the two. With some difficulty the campaign did not even commend sticking to one sexual partner, but rather stated that if an individual had more than one partner they should wear a condom as protection. The emphasis was upon harm reduction rather than moral judgement and this was most clearly illustrated by the introduction of needle exchanges in 1985 to minimize risk to intravenous drug users, in an implicit acceptance of illegal drug addiction still controversial today. Above all, the campaign resisted calls for compulsory screening heard in some section of the Conservative Party and beyond. This was an approach to risk in the more epidemiological and probabilistic sense, rather than only as danger. Practicing safe sex - using condoms and avoiding multiple concurrent partners - was the central message of a campaign that made it commonplace to talk openly about sex for the first time.

Historical and policy analysts see UK AIDS policy as innovative and quite at odds with the moral climate of the time. Patricia Day and Rudolf Klein (1989) analysed the response in the context of British state policy making more generally, and argued it exemplified its dynamic rather than static character. They were particularly struck by its ability to engage 'outsiders' from gay groups and clinical specialties, governed by a deferment to expertise. They were further impressed by how little impact the populist moral backlash against homosexuals had on policy making, illuminating the 'power of professionalism'. Other accounts emphasize the distinctively amoral character of the campaign. Turner's recent account of the 1980s simply stated:

the fact that a Conservative government was prepared to see the problem as being medical rather than moral...was in itself a *remarkable* development. [Turner (2013: 212) [emphasis added].



Colleagues of mine in social science and health studies recall this as the first time they were invited into consultation with government. The Medical Research Council commissioned leading gay academic, Anthony Coxon to undertake a major study of the sexual practices of gay men, for example. The result was a major longitudinal study of gay men and HIV/AIDS called Project SIGMA, which informed government and World Health Organisation policies at the height of the epidemic. Others working in the third sector identify it as the one moment when the UK Prime Minister Margaret Thatcher, somewhat inexplicably, did something positive from their point of view. For them, this was a moment akin to David Cameron, the Conservative Prime Minister from 2010 to 2017 sponsoring legislation legalising gay marriage. The experience remains of sharp policy relevance more broadly; for example, among campaigners for harm reduction approaches today in areas like drug policy reform. As Tracey Brown, a former member of the UK Drug Policy Commission observed of Thatcher's 'AIDS moment' that:

We used it a lot at the UKDPC to try to cut through the liberal polarisation over drugs, reminding Tories that it was their government that brought in harm reduction measures in order to show them they had a legacy to lay claim to in current issues.

(Brown personal correspondence 2016)

Overall, there were two, in some views contradictory, elements to the campaign: an alarmist form and measured, informational content. As part of the British Library's retrospective on propaganda, one academic illustrated this simply through an analysis of the notorious adverts themselves, contrasting their ominous images and dramatic music, with the accompanying calm, sombre voice that simply stated the facts (Graham 2013). Criticising their ineffectiveness, she favourably contrasted them with later campaigns that drew upon humour and intimacy, while not ignoring actual AIDS victims in the process. What is forgotten here, however, is that these later campaigns intended to familiarise the

public with condom use were conducted outside the heat of the crisis moment in late 1986 and early 1987. Further, the shocking commercials were intended to be a temporary means of directing more considered attention towards the leaflet drop.

Substantively what is interesting is how in its underpinnings the campaign developed a hybrid approach. In contrast to the United States where a conventional biomedical emphasis on cure and treatment was preferred by activists as it refocused attention away from 'immoral' behaviours, epidemiological notions of 'risk group' remained influential in the UK (Hoppe 2014). But this had to undergo modification and underplaying given the implications that:

There was...a thin definitional line between the epidemiologists' concept of risk and the lay interpretation in terms of blame and moral responsibility. (Berridge 2002: 31)

What emerged was a hybrid approach that emphasised risky behaviours rather than 'at risk' or 'in danger' groups combined with an emphasis upon rights and liberties, cast against the prevailing climate of prejudice. Whilst still strictly accurate (anyone could get AIDS though were unlikely to do so given the sexual practices of the majority), the implication was to cast the net of vulnerability widely with the suggestion - in the adverts particularly - that we were all 'at risk', a phrase and notion of generalised vulnerability that was to become influential more widely in society from this time.

However necessary, the campaign did not sit comfortably with the predominant public mood and a sense of betrayal is evident from Thatcher's fervent constituency. Supporters expressed surprise and concern at Thatcher's confusing turnaround from apparent champion of 'Victorian values' to advocate of harm reduction and acceptance of immoral

behaviours. The *Mail on Sunday* attacked her for their apparent abandonment, complaining:

From the woman with the whip to the lady with the lamp. AIDS will see to it that Mrs Thatcher will be remembered as the Jonny Appleseed of the Permissive Society, graciously scattering free needles and cut price condoms in her wake. Very nice, I'm sure, but where does this leave her natural constituency...? (cited in Berridge 2002: 134)

It is interesting to examine how the Prime Minister was able to square her 'amoral moment' with the prevailing climate and her orientation and why did such a 'remarkable' policy initiative apparently leave so little legacy, with harm reduction approaches in contentious policy arenas remaining marginalized? I will consider these issues in the next section.

### ***Overcoming 'Victorian Values'?***

The particular characteristics of the early AIDS epidemic, the lack of a treatment or cure, its uncertainty, its threat to spread to the general population and the 'moral panic' in some sections of the media provided the stimulus for a robust policy response but the course of the campaign was shaped by negotiation and politics.

It is firstly useful to provide some further context and dynamics for the 'scary' side of the campaign, beyond the general resolution to communicate that this was more than just a disease affecting minorities. The 'Don't Die of Ignorance' campaign was not the first UK AIDS initiative. Since the official recognition in 1983 of a new deadly disease that could be sexually transmitted, the UK government had experimented with public information campaigns using traditional communication techniques such as booklets and telephone hotlines. However the campaign led to only 2,500 requests for the government booklet and 6,000 helpline calls. These early initiatives were criticised for their obscurity and lack of impact. They were too 'wishy washy' and psychologist David Miller reflected an emerging consensus that: 'Unfortunately some people will have to be shocked if we are going to save lives' (cited in Berridge 2002: 89). When an advertising agency, TBWA, agreed to support the government with their health communication programme they advocated a more hard-hitting approach that drew upon the experience of their 1985 anti-heroin where two television adverts directly targeted young people and dramatically illustrated the effects of losing control through drugs.

The agency contribution to the AIDS was led by their advertising manager, Sami Harari, who advocated having 'strong' messages about the dangers AIDS and in the Summer of 1985 the agency successfully experimenting with bolder messages with mention of 'safe sex' from the summer of 1985. Sami Harari was pushing for an AIDS campaign built around the message 'Anyone can get AIDS'. The Chief Medical Officer, Donald Acheson did not accept this approach as he felt it might encourage the belief that the disease could be contracted through everyday social interaction and he 'wanted the campaign to inform with urgency, but not to be alarmist' (cited in Berridge 2002: 112). Initially the plan for the campaign was to have the 'fear message' to capture the public interest so that people were prepared for the subsequent information leaflet. The copywriter at advertising agency who was responsible for the campaign, David O'Connor Thompson (2017), stated that the notorious - 'exploding mountain' - TV commercial was only intended to be aired

for one or two weeks as an alert for the impending leaflet drop, and the message would be reinforced by the statement on the front page of the leaflet: 'Don't die of ignorance - declared the leaflet that went on to outline existing knowledge about the disease. The advertising agency wanted the TV campaign to move on from the general fear message to more specific advice for 'at risk' groups on ways in which they could change their behaviour to reduce their risk . However despite the support of the Secretary of State, Norman Fowler (2015: 7), the campaign remained constrained by the Prime Minister's reluctance to directly and publicly engage with homosexual practice in the campaign's messages and the second part of the campaign never took place. As David O'Connor Thompson (2017) has noted the TV campaign continued with the general fear message as 'with airtime booked, the only commercial available continued to run to the increasing bewilderment of the public' (Thompson 2017). However, the 'don't die of ignorance' strap line that was not intended to be the primary message lingered and seemed to be effective in increasing public awareness of the threat of AIDS. Thus the most sustained alarmism of the campaign came about partly accidentally and because of reticence about direct political engagement with still morally controversial homosexual practice.

Dramatic, targeted health and safety campaigns were far from unprecedented in the UK, beyond the annual, ever-more grisly Christmas drink-driving adverts watched annually since their launch in 1964. With the innovation of public information films by Richard Massingham from the late 1930s, the UK became the world-leader in dramatic 'Public Information Films' about everyday dangers. Among the many such films during my childhood, I recall the grim reaper praying on those foolish enough to venture near quarry pools as vividly as the AIDS icebergs and tombstones! (National Archives). Further context for the AIDS adverts is provided through international comparison; the Australian AIDS

campaign (1987), for example, was much more graphic, with mothers and children being mown down by numerous 'grim reaper' skeletons. The AIDS adverts were far from being either unprecedented or internationally unique.

The AIDS campaign is particularly interesting as it was an innovative new policy approach that went dramatically against public sympathies but was also sponsored and implemented by a political party committed to traditional 'conservative values' or 'Victorian values'. However it is important to recognise that the barriers to an amoral approach being implemented by the Conservative Party were not so significant as subsequently imagined, as it was far from being defined by a sharp moral perspective in the way imagined by critics. The increasingly hapless Conservative administrations of the late 80s and early 90s stumbled into accusations of moralism. John Major who replaced Margaret Thatcher in 1990, suggested at the 1993 party conference that the government 'get back to basics'. This was intended to reassure the right of the conservative party of a return to Thatcherism in the 'small state', rather than 'big morality' sense. But with the unwitting aid of Central Office media managers, the speech was spun by journalists into a moral crusade, 'thereby rendering any departure from those basics a matter of supposedly legitimate public interest' (Bale 2011: 46). In this context innocuous-sounding 'old values' were assumed to belie a more exclusionary purpose.

Thatcher herself was an economic rather than social conservative and uncertain about the rightful scope of the government in moral domains and its chances of success.

The longer term historical UK perspective - including the actual Victorian period - provides further context, indicating that the campaign was less of an historical break and more consistent with established patterns than might be supposed. Thatcher's values of thrift and responsibility were the 'real' Victorian morality, not the one imagined by some

opponents as a convenient caricature. Far from being religiously intense in the manner of the Puritans, Victorian morality itself was increasingly secular. Secularised Victorian morality established an instrumental and utilitarian dimension that set it on a modern trajectory. Their morality of respectability was pervasive but also very practical, even banal. The famous quote of German historian, Treitschke, that the English ‘think soap is next to civilization’ testified to a wider truth that, for Victorians, ‘cleanliness was next to Godliness’, as the aphorism went. Correspondingly, the medical historian Roy Porter (1986) noted how a punitive approach to the management of disease was already in decline by the beginning of the Twentieth Century. The spectre of widespread disease in the armed forces and society more widely demanded a pragmatic rather than moralistic response and this became the accepted approach within the medical establishment from that time, as historians were to remind politicians during the AIDS crisis.

This is not to say that Thatcher was openly supportive of the new amoral approach. Fowler (2014: 3) makes clear that, ominously, ‘standing in the way of such an approach was the Iron Lady herself’, as he emphasised his role in challenging her. We will never know for certain what her views were, as there is no mention of the subject in her many speeches or in her voluminous memoirs. But what is consistent with this silence, other recollections and a sense of her brand of traditional conservatism is the core belief that such matters were best dealt with more discretely; ‘not in front of the children’. Essentially, it seems she would have preferred a more targeted, not population-wide campaign, with sex-related messages targeted away from the young, who need not be encouraged to consider such matters. Messages for victims of sexual disease, in her view, were best targeted at those most at risk, in the clinic. Like much of her constituency, she did not want to see television presenters demonstrating condom use during daytime television, as was to

become the new norm into the 1990s. In political terms, the new, open politics of health risk were not a fit subject for a minister; Fowler (2014: 12) has documented how she counselled against him becoming defined by such an issue suggesting it would be suicide for his political career.

A second factor behind the campaign's success was that the Prime Minister allowed herself to be marginalised from the decision-making process, having tacitly approved the approach. The campaign was steered through government and turned from a departmental consensus for action into a momentary national crisis by the Secretary of State for Social Services, Norman Fowler, closely supported by his Chief medical Officer Donald Acheson. Fowler claims to have been personally moved by his trips to visit victims in San Francisco and elsewhere (Fowler 2015) and to have been motivated by a sense of injustice - that it 'ain't fair', as he puts it - that an issue could be ignored because it mainly affected hidden, minority groups, (Fowler 2015). Berridge (2002: 76) outlined the political machinations behind the campaign, beginning with the informal alliance that developed from late 1983 between Donald Acheson and the Terence Higgins Trust around promoting the idea of potential homosexual spread. Donald Acheson ensured the support of the civil service by engaging senior civil servants such as Cabinet Secretary, Robert Armstrong. Armstrong advised the Prime Minister to appoint a special Cabinet subcommittee to oversee the AIDS situation chaired by the Deputy Prime Minister, Willy Whitelaw. This ensured that while the Prime Minister was kept informed she was not involved in the details of the committee's work. The committee, which first met on 11 November 1986 played a key role in supporting the development of a pragmatic AIDS policy. In his interview with me in 2015, Norman Fowler acknowledged the key role played by Willy Whitelaw. He said that Whitelaw had been an army commander in the Second World War and had extensive practical experience including managing the sexual diseases that were rife amongst service men. Whitelaw was keen that the AIDS campaign



should be 'pepped up' and hard hitting. Whilst the Committee avoided the direct scrutiny of the prime Minister, it brought together the key players in the government and reflected the growing sense of urgency about the AIDS epidemic. While the work of Cabinet committees is usually kept secret, the outcomes of this committee were shared immediately and directly with the media.

The AIDS campaign was driven by a sense of crisis comparable to wartime, and this is a crucial factor in understanding its progress and character. The wartime type response conditioned cross party support with the Labour Party, if anything, even more vociferous in demanding action through wartime analogy. For example the Labour Member of Parliament, Willy Hamilton (cited in Hansard 1986) stated in Parliament that:

The spread of AIDS is as serious as, if not more serious than, what faced us in the Falkland Islands. The Prime Minister should go on television now and say: "We shall solve this problem, no matter what the cost'. That would be a measure of the Government's seriousness. (Hansard, 1986)

A civil servant who briefed journalist Peter Jenkins put AIDS on a par with nuclear war (Berridge 2002: 83). With such a sense of crisis, a liberal consensus was secured and the risk of a moral backlash limited.

What this allowed was an unusual political turn towards historical precedent and even historians themselves, and this substantiated the imperative for distancing policy from immediate moral pressures. During the intensity of autumn 1986, politicians called upon medical historians for advice in how disease had been managed in the past, notably

Dorothy and Roy Porter, internationally renowned specialists . The Porters' (Porter, 1986 and Porter and Porter, 1988) message was clear. They argued that the historical evidence was that punitive and repressive policies simply had not been effective in controlling sexually transmitted disease. Confidentiality rather than quarantine and stigmatization, had helped control syphilis and gonorrhoea. The 'enforcement of health' through measures such as the Notification of Diseases acts of 1889 were both ineffective and undesirable. They argued that there was no reason to think punitive measures would control the AIDS epidemic. This is reflected in the important article Porter (1986) published in the *British Medical Journal*, 'History Says No to the Policeman's Response to AIDS'. Norman Fowler (2014: 7) was aware of the historical evidence; for example he discussed the failure of moral measures in the First World War with the appeals to soldiers to refrain from sex when they visited Paris and contrasted these with the success of more pragmatic measures such as the provision of prophylactic packs containing calomel ointment and the setting up of treatment facilities where troops could receive urethral irrigation within 24 hours of sex.

The right wing press in the UK unsurprisingly lacked any historical perspective and saw things very differently. For example the tabloid newspaper, the Sun, campaigned against what they claimed was a government pro-gay conspiracy to fool the British public into believing that AIDS could be contracted by 'normal' heterosexuals (Beharell 1993). Even some of those involved in the policy process thought the threat of AIDS might have been exaggerated by the gay lobby in similar terms after the Winter wartime mood had passed.

As one reported:

Some of the civil servants, I think, became a little wary of the issue. There was a feeling that perhaps they'd been duped: the media had stories about a 'gay

conspiracy', which had hyped AIDS to be more of an issue than it merited. (cited in Overy, L A Reynolds and E M Tansey 2009: 6).

However there is no evidence of any conspiracy or an idea of how it might have been conceived or executed, and the campaign was relatively open to scrutiny. As I have indicated, the campaign - like any other political development - was a process without all-powerful orchestration. The policy response to AIDS was shaped by a range of factors which made the disease a unique danger. It was a new and incurable deadly disease which could not be managed through conventional public health measures; there was a lack of knowledge about the sexual and other behaviours that influenced the spread of AIDS; there was evidence that it was spreading rapidly in general populations in sub-Saharan Africa; and conventional public health campaigns had made little impact on public awareness. The campaign was shaped by a unique coalition of politicians that were willing to take action, the gay community that received itself to be under threat, public health experts alert to the danger of a new disease and an advertising firm that was willing and able to create a hard hitting campaign. Invoking a wartime spirit this coalition was able to create a risk-based policy which sanctioned state intervention in intimate personal behaviour in a political context which appeared to favour a more moral and repressive approach based on segregation and stigmatisation

**A Limited Legacy, but Broader Significance in the Emergence of Risk Politics**

The direct impact, significance and legacy of the 'remarkable' 'Don't Die of Ignorance' campaign has been limited. As I have observed, current drugs campaigners seek to remind the Conservatives of some kind of legacy of harm reduction precisely because there hasn't been one. The consumption of illicit psychoactive drugs remains governed by moral politics and even a self-evidently beneficial harm reducing measure such as encouraging smokers to switch to e-cigarettes remains contested as a potentially dangerous compromise (Klein 2013)

The AIDS campaign is a curiously forgotten episode - besides the ominous adverts with which nobody is keen to identify and are regarded as, at best, a necessary evil in the face of a unique threat. This is despite standing out objectively as, at the very least, an uncharacteristic intervention and, for some, Thatcher's finest hour. Yet it is not remembered as her 'gay marriage moment' equivalent to Cameron's, not least as she personally distanced herself from the policy. It was not only absent from Thatcher's own memoirs, but even from those of Matthew Parris (2013), her openly gay and socially liberal former correspondence secretary. In this context, we can understand Norman Fowler's somewhat frustrated attempts to remind us of the experience in his recent book and underline a pioneering legacy for himself and Donald Acheson. Edwina Currie also recalled it as a moment of which the Conservatives should be proud. In her 1989 memoirs she described how AIDS was not covered up or ignored, but: 'tackled with vigour and vision in this country...nipped in the bud' (Currie 1989: 67). She emphasised how confidently conservative health ministers had responded to a crisis in conditions of uncertainty, as their: 'leap in the dark was taken with a sure-footedness which augurs well for the future'. The campaign was indeed quite bold, particularly with regards to its unprecedented leaflet drop to all households nationally. It was also educational and based on a trust in the public as citizens who had the capacity to understand sexual matters if given the information and the will to take actions to protect themselves. Perhaps this

contrasts with the distrust that underpins some current policy initiatives that envisage that we can only be

unconsciously 'nudged' towards better outcomes (Burgess 2012). It eschewed moralism and remained substantially evidence-based even if it avoided addressing the specific risks facing specific vulnerable groups such as gay men and concentrating on the general risk facing the whole population-, as they were compelled towards a general population campaign. It was driven by Fowler's compassion and concern that minority victims would not be further stigmatised in an illiberal, even vicious cultural climate.

Given the political significance of the 1980s AIDS campaign it seems strange that it did not bequeath a wider legacy of explicitly evidence-based and harm reducing interventions.

One reason for the lack of legacy is that the campaign was not founded in these terms it was seen at the time as a unique response to a unique circumstance in which policy makers did not have time to moralize but had to create immediate and practical solutions to a potentially catastrophic threat. This did not mean that harm reduction became a preferred policy approach or that moralizing had been abandoned, as the Section 28 anti-gay legislation passed in the following year suggested (there is an unexplored argument here that Section 28 can be understood as a sop to the Conservative's natural constituency, reassuring them that they had not 'gone soft' on homosexuality despite the AIDS intervention). Instead, the AIDS campaign was driven by a combination of distinctive pressures that overcame the usual concerns with appeasing perceived public and media anxiety about liberalization that still limit harm reducing initiatives in sensitive moral areas like drug reform. It was then steered through government insulated by a Cabinet subcommittee, away from potentially hostile critics such as the Prime Minister, Margaret Thatcher. Perhaps most importantly, once the sense of crisis vanished it was looked back upon with some bemusement, even embarrassment as an aberration, perhaps even a

moment when government and civil servants had been somehow hoodwinked, affirming the sustained critique of the Sun newspaper. Otherwise, what remained in the memory were only the adverts, which nobody was keen to claim as a legacy or blueprint for future interventions. In this context, the practical, harm reducing character of the intervention and its contribution towards recasting a more liberal Britain have been forgotten.

[It is difficult to assess the direct impact of the campaign.](#) Donald Acheson (2007), the Chief Medical Officer at the time, was balanced in his assessment; that whilst they had ‘done the right thing’, it wasn’t ‘remarkable’ in comparative terms. For him, the campaign: ‘stood the country in good stead...’, and the impact was largely proportionate to the UK’s relative risk exposure. Whilst the disease impact was:

not as low as occurs in the Scandinavian countries, it is lower than any other country with a colonial history in Africa and the epidemic due to intravenous drug abuse has been avoided’. (Acheson 2007: 197)

This matter of fact and practical assessment is in keeping with the character of the campaign behind the adverts, usefully contextualizing national impacts within the UK’s historic ties with, and large numbers of immigrants from, what emerged as the African centre of the epidemic. The needle exchange programme and other initiatives among drug addicts were a notable credit, though these predated and were separate from the ‘Don’t die of ignorance’ campaign itself.

In comparative international context, it would be wrong to overstate the uniqueness of the UK response to AIDS. Similarly ‘professional’ responses were evident in Sweden, Germany and even, to some degree, in the United States, as other countries also perceived a potential crisis and also responded clearly - some more quickly, others

regrettably more slowly (Fox, Day and Klein 1989). Despite hitting the American gay community earlier, a federal response was slower in the United States than in the UK. A similar leaflet to the British version called, 'Understanding AIDS' was distributed there - but not until 1988, by which time some 45,000 had died (Lord 2009). A notable difference with regard to the harm-reducing character of the UK response is that the American leaflet recommended sexual abstinence, with condom use only endorsed for those not prepared to do so. Morally informed, stigmatizing responses even now remain at the state level in the U.S. Laws in 33 states retain HIV-specific criminal statutes:

enacted during the mid-1980s and early 1990s in the context of high AIDS-related mortality and a panic about its transmission. (Hoppe 2014: 140)

More salutary is the case of societies that have continued a wholesale rejection of a pragmatic course. A moralistic, anti-gay refusal to practically confront the disease still prevails in Russia, for example. The country's top AIDS expert has lambasted the Kremlin's still conservative agenda, saying the HIV-AIDS epidemic is worsening and at least two million Russians are likely to be infected in the next five years. Vadim Pokrovsky, head of the country's state AIDS centre, said the Kremlin's policies promoting traditional family values have abjectly failed to halt the spread of the deadly virus (Agence France Presse 2015).

Within Europe, Fox, Day and Klein (1989) note a similar 'power of professionalism' in Germany and Sweden as emerged in the UK. There was German federal funding of the AIDS groups as early as 1985. The German response more broadly was not dissimilar to the British, with the exception of conservative Bavaria. The difference in this respect was that the Conservatives relied upon the non-punitive approach recommended by medical advice despite an ideological hue akin to the Bavarians, and having to work through a centralised political machine rather than the devolved administration of federal Germany. The

comparison is an interesting one that draws out the coherence and evidence-based nature of the British response. Whilst:

In Germany political uncertainty produced a conflict between authoritarian and liberal ideologies; in the UK, uncertainty seems to have increased political reliance on professional knowledge and expertise. (Freeman 1992: 57)

Within the campaign there began a long, painful and still continuing journey to politically manage crisis amidst uncertainty. A significant moment was initial official reluctance to admit that AIDS could be transmitted through blood on the basis that, as the then Secretary for State, Kenneth Clarke put it, 'there is no conclusive proof that this is so', as Edwina Currie later recalled. She intellectually recognised the importance of challenging this outmoded denial of uncertainty, and recalled challenging the logic that 'no evidence (yet) means no risk' during parliamentary questioning. She remembered it as a moment of epiphany, one: 'I shan't ever forget...it's engraved on my heart.' Frankly, she continued that:

I suppose, if I'm being totally honest, there's also the thought that if one of these liability cases goes badly wrong it could just be me that has to defend, sometime in the future. (Currie 2002: 53).

Currie admitted that her care not to deny as yet uncertain risk was driven not only by foresight and recognition of the need for a new political style, but concern with avoiding direct responsibility and future blame. This message was only to really hit home with the Bovine Spongiform Encephalitis (mad cow disease) debacle of the later 1990s, however, after which ensuring that, above all, perhaps inevitable political mistakes around such 'wicked problems' of uncertainty don't happen 'on my watch' (Burgess 2004).



Looking at the wider impact of the population-wide campaign, the consensus is that there was no fundamental behavioural shift towards 'safe sex' with condoms amongst the heterosexual population (Graham 2013). As there was no take-off in HIV infection among heterosexuals outside high risk groups the disease remained only frightening in the abstract. 'Scare tactics' do not stimulate positive behaviour change (see Petrosino, Turpin-Petrosino and Finckenauer 2000). The population-wide campaign also necessarily took attention away from the mainly-gay victims of the disease who remained publicly invisible apart from high profile celebrity deaths such as that of Freddie Mercury in 1991 and Rudolf Nureyev in 1993 (Graham 2013). But the campaign did raise general awareness that the disease was contracted sexually rather than through everyday contact, as was previously widely assumed. And there's reason to believe it contributed towards a blunting of anti-gay prejudice, marking a turning point in creating the more socially liberal values prevalent today. As Berridge concludes:

As well as advancing a liberal and non-punitive reaction to the syndrome, the Thatcher government effectively presided over a resurgence and reaffirmation of homosexuality, as well, to a lesser extent, an assertion of liberal attitudes towards drug use. (Berridge, 2002: 56)

Whilst certainly not the only factor in a broader process of liberalisation, the campaign marked a turning point towards a Britain in which gay marriage could become legalised.

## **Conclusion**

Returning to the broader theme with which we began, the history and increasing encroachment of risk thinking and practice is not only a long-term process driven only by systemic forces of modernisation and secularisation. Nor is it complete or even across the globe, indicating the need to consider developments within particular cultures, national contexts and in relation to particular issues and domains. The threat of epidemic disease

which once was predominantly understood in moral and religious terms now tends to be predominantly understood as a risk that might 'tamed'. Early responses to AIDS illustrate the continued struggle to displace explicitly moral and fatalistic responses in an area where such sensibilities remained powerful. In the UK context, it marked the arrival of risk politics and policy making that aspires to govern individual lifestyle risk.

Important shifts and turning points in risk history require closer analysis, allowing better understanding of the balance between continuity and change. The AIDS case illustrates that even significant breaks in the extent and character of government intervention are not without precedent, drawing upon historic policies to manage sexual disease among travelling troops during wartime. The abandonment of a fixed and explicitly moralistic approach was consistent with an increasingly pragmatic and empty formal moralism evident since Victorian times and only apparently revived under Conservative party 'back to basics' from the 1980s. Nor was the sometimes shocking packaging of some of the campaign unprecedented either historically or comparatively. Yet a significant change occurred, with a population-wide campaign intended to change everyday sexual behaviour and self-awareness. The AIDS campaign involved adopting an evidence-based, calculative approach to limit the possibility of further stigmatization and backlash against minority groups. It was led 'from above', driven by the determination of particular individuals drawing upon new alliances, and involving difficult negotiation and resistance.

It is difficult to now recall the novelty of the risk politics that emerged in the late 1980s, in a world where it has become relatively routine. Reducing 'lifestyle risk' for indeterminate ends became matters for the state and government who are expected to concern themselves with promoting the prevention of future risk among the population. Complaints of a 'nanny state' that should confine itself to its traditional socioeconomic

remit have been marginalised and the political landscape dominated by demands that government risk politics don't go far enough. An epidemiological emphasis upon risk factors was integral to the UK AIDS response and subsequently became central to the preventative approach to health with which we are now familiar.

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