

## Book Reviews

*Learning to Trust: Australian Responses to AIDS.* By Paul Sendziuk (UNSW Press, Sydney, 2003, pb, \$39.95) 262 pp.

TRIUMPHALISM IN HEALTH MATTERS MAKES SUBSEQUENT STUMBLES ALL THE more embarrassing. 'The war on infectious diseases has been won... the time has come to close the book on infectious diseases' the United States' Surgeon General reputedly said in the late 1960s.

Paul Sendziuk's *Learning to Trust: Australian Responses to AIDS* is fairly free of the militaristic allusions of the language of public health disease control. His ideas and words are particularly those of the earlier players who were engaged when the global pandemic of human immunodeficiency virus (HIV) infection first touched our relatively small population. *Learning to Trust* is largely constructed from contemporaneous commentary and more recent recollections of these experiences. This lends immediacy to Sendziuk's accounts of the development of national and State policies, and advances in scientific understanding, medical care, advocacy and support of Australians infected with HIV.

In portraying this drama Sendziuk voices the various players as pretty good (the infected, the supporters) and as rather bad, even conspiratorial (conservative politicians, most doctors). Was this conflict harmful? What of common purposes shared by diverse agencies and persons? The ignorance of the early stages of any epidemic tends to exaggerate even modest differences of opinion. However, with early insights and understanding many spats evaporate.

And the media—fond as they are of discord, blame and victims (preferably unsullied and widely appealing)—may not always illuminate complex and uncertain social issues constructively. Be that as it may, for most Australians television, print and radio were important sources of new facts and views to hang upon whatever conceptions of contagion, risk and strategies for self-preservation and community well-being that our experience had afforded us.

Several of Sendziuk's chapters are framed around accounts of the media handling of issues such as the early reports of HIV in Australia,

transfusion-transmitted HIV, HIV-infected sex workers, and harm-minimisation approaches among intravenous drug-using populations. These detailed syntheses of material both from mainstream and gay presses, combined with the words of those involved (some not widely or charitably reported at the time by the popular press), are a considerable strength of the book.

At what point did deliberate policies begin to affect the course of the epidemic? Sendziuk properly emphasises an important observation on the time-course of the Australian HIV epidemic. Back-projections from later data demonstrated that HIV infection exploded in Australia over several years in the early 1980s (figure, p. 28). This period of intense transmission was brief. The incidence of newly acquired infection increased exponentially for about two years from 1982, declined almost as sharply though the mid-1980s, then persisted at relatively low levels for a decade. It is, therefore, arguable that the initial outbreak of HIV infection among populations of (mostly) gay Australian men ran its course, little affected by the prominent public safe-sex campaign (which came later), and only modestly influenced by behavioural change among groups most at risk.

Epidemiologists are disparagingly reputed to 'slide to fame on the downward slope of the epidemic curve', tacit acknowledgment that the natural history of an epidemic in none-too-favourable soil is to peak and decline, even in the absence of specific interventions. So it was with John Snow in the Broad Street cholera outbreak. Hubristic claims of an effective response to the first wave of an epidemic should always be considered with at least a little scepticism.

If policies came too late to control the first terrible surge of HIV, they did have the opportunity to influence how the epidemic affected our population thereafter. However, one might wonder how—amidst so many ideological and personal enmities, and media imagery that abraded populist nerves—an approach could emerge so soon that contained local HIV infection through broadly supported non-coercive public health strategies.

Sendziuk might have made rather more of this opportunity to explore Australian responses to HIV as an explicit example of the sophisticated processes of the 'new public health'. He acknowledges this model only briefly, yet it may have provided the basis of a richer and more plausible explanatory model for various successes than his reliance on the ministerial clout of Neal Blewett. Was HIV an exceptional epidemic or instead an exemplar of an epidemic, the likes of which we have experienced often before? Was our response similarly exceptional, or was it representative of other broadly based public health strategies in the latter years of the twentieth century? Did the history of public health have anything to offer those first grappling with HIV?

Sendziuk is harsh on a model of infectious disease control that he defines as 'test and contain'. Defined simply, this is an attractively easy target. He describes the threats that such an approach might pose to the human rights of HIV-infected persons. It may be more realistic and useful, however, to consider these concerns as the fears of those afraid they were infected, and of those who knew they were and faced an uncertain future—fears of a struggle to assure care, support and protection against discrimination. It is unhelpful to project the most repressive and ignorant views (of persons who may themselves also be driven by fear) as bases for prospective public health policy.

So-called 'traditional' models of infectious disease control have evolved. The last legally mandated widespread testing for a disease (compulsory chest x-rays for tuberculosis) was abandoned in the 1970s. Surveillance processes remain the foundation of all infectious disease control programs. HIV infection is now a notifiable disease throughout Australia, sans controversy. Periodic surveys of sexual behaviours and attitudes flesh out the virology.

Control strategies also seek to encompass the biosocial determinants of infections: victories over diseases are rarely won on narrow fronts. Societies in which typhoid and tuberculosis have been most successfully controlled, for example, will usually enjoy sewers, safe food, decent housing, and access to simple, effective medical diagnostics and treatment. Wealth helps, but is not essential.

Nineteenth-century sanitary engineers spent vast monies wisely, despite erroneous views on infectious disease biology. Modern infectious disease control depends critically on understanding and interrupting the mostly well-known pathways along which pathogens are transmitted. Sendziuk's mistaken assertions about the modes and ease of transmitting typhoid and tuberculosis (p. 95) echo the flawed views of those who thought HIV was transmissible though incidental social contact.

The reservoir of HIV is chronically infected humans, and (for practical purposes) we all are, and remain, immunologically vulnerable to HIV infection. In such circumstances, disease control depends on transmission-based strategies. In the early stages of the HIV epidemic, we did not understand the modes and ease (or difficulty) of HIV transmission. Further, the science of infectious disease transmission had been somewhat neglected for decades, during which time vaccine-induced herd immunity had substantially eliminated once-common and easily transmitted infectious diseases from populations in rich countries. (Unfortunately, Sendziuk's paragraph on p. 156 about infectious disease successes misplaces several important events by decades, and muddles fundamental medical details.)

The likelihood of sexual transmission of HIV can be modified by reducing the number of contacts between infected and susceptible persons (by having fewer sexual partners or seeking partners of concordant HIV-status), by diminishing the transmissibility of HIV from the infected to the susceptible person (by wearing a condom or by adopting relatively safer sexual practices) and by reducing the duration of infectiousness of infected persons. Highly active anti-retroviral therapy extends the life of HIV-infected persons. Paradoxically, they have become potentially infectious for years longer than once was usual, albeit with a much lower viral burden and reduced capacity to transmit HIV for most of this time.

Sendziuk touches on this theme, by estimating the probability of HIV transmission in a single sexual act with an HIV-infected prostitute in which the condom breaks (p. 195). He miscalculates, understating the risk by 100-fold. Such calculations (correctly made) are useful both for communicating risk to the public and for projecting the incidence of new HIV infections into the future.

An overly deterministic view of an epidemic and its aftermath may give dangerous reassurance that a state of persisting low-level endemic new infections is as good as we can do. Further, an apparently successful public health strategy can undermine the rationale for its own existence. Alarm and action are often delayed until things get worse. They were, and it did. Reports of increasing new HIV infection of gay and bisexual men in parts of Australia in the late 1990s were initially considered to be spurious artifacts of the surveillance process. But the trend persisted and was supported by rising rates of other sexually transmitted diseases and analogous data from behavioural surveys. Trust was not enough.

This resurgence is the subject of the longest footnote in the book (p. 240), and for me it is a more challenging conclusion to *Learning to Trust* than Sendziuk's pensive reflection on the AIDS Memorial Quilt. Peter Blazey suggested that a public 'Two Minute Scream' for those dead from AIDS might provide catharsis for people affected by the HIV epidemic. It might also be a necessary rallying reminder that the epidemic continues. The sophisticated tapestry of views and approaches admitted by the no-longer-new 'new public health' offers an established framework for thought and action. The biomedical tools of infectious disease prevention, stronger and smarter since the US Surgeon General's naïve pronouncement, still have something to offer. And we must not forget the unsettled times described in Paul Sendziuk's book, or the histories of infections that preceded HIV.

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