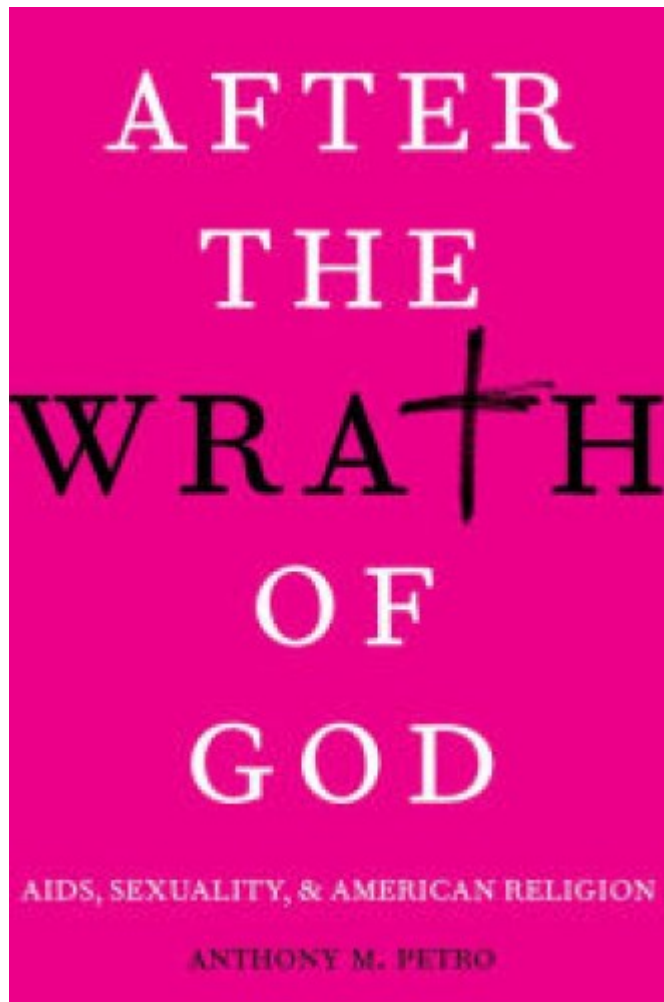


Moral constructions of HIV

by [Amy Frykholm](#) in the [July 6, 2016](#) issue

## In Review



### **After the Wrath of God**

By Anthony M. Petro  
Oxford University Press

When the Supreme Court decided in June of last year that gay and lesbian people have a constitutional right to marry, activists for gay and lesbian equality won an important battle after a long fight. In *After the Wrath of God*, a book released just

weeks after that decision, Anthony Petro, an assistant professor of religion at Boston University, questions the value of this victory by placing it in the context of AIDS discourse in the United States.

Petro's key term is *moral citizenship*. By this he means that discussions of who should receive full and equal rights in the United States are almost always part of a moral discourse about who deserves them, and this is perhaps never more vividly so than in the discourse over rights for gay and lesbian people. He notices how public support for marriage equality was shaped by fear of gay promiscuity, perpetuated by fear of the AIDS virus. "There are many reasons to support gay marriage," Petro concludes. "But we might ask why it is that the gay marriage movement has become so attached to the narrative of romantic sexual monogamy as the normative model for queer life and how this vision has become the salvific hope for ending HIV/AIDS."

It seems ironic to talk about a "normative model for queer life." Perhaps it shows how much the conversation has changed. But Petro calls this embrace of the romantic narrative of gay marriage a "conservative plot" that turns AIDS into a reason to define gay men's adult sexuality solely by monogamy and marriage. A new argument about "God's sexual morality" has emerged. AIDS is not God's wrath, but AIDS demonstrates that God wants all men and women, of any sexual orientation, to express their sexuality only in marriage. While this might be an improvement of sorts over the old argument, says Petro, it has its own costs to queer identity and sexual freedom.

Petro traces AIDS discourse from the 1980s and initial accounts of the disease in the press to President Obama's Global Health Initiative. He concludes that from the beginning, AIDS was tied to ideas of America as a nation: AIDS was not a threat to the bodies of individuals; it was a threat to America itself. It developed this particular connotation because of early associations between AIDS and gay men. Once gay men were identified in public as the primary victims of and imagined cause of the disease, this was no longer a medical crisis, but a moral one. For the Christian right, AIDS was an eschatological message from God about the moral state of the nation—a "divine signal," as one Christian writer put it, "about what has gone wrong and how to change it."

But over the next decade, evangelicals recognized that AIDS was an international problem in places where evangelicals had thriving missions. This meant that while

they continued to preach a message about monogamy and abstinence outside of marriage, they did so in a broader international context, bringing AIDS education and AIDS relief to the entire world through initiatives like Saddleback Church's AIDS/HIV Initiative and Franklin Graham's Samaritan's Purse (which Petro does not discuss but would have been relevant). It's a long road from international missions to support for gay marriage, but Petro points out how international missions laid the rhetorical groundwork for a common picture of what moral sexual behavior for gay and straight people looks like.

Petro follows this discussion with three loosely linked extended portraits, each with a different way of connecting the medical aspect of AIDS with the moral aspect. One is of the U.S. surgeon general during the Reagan administration, C. Everett Koop, who distinguished the medical from the moral and attempted a separate argument on each. The second is of Cardinal John O'Connor, whose hardening rhetoric around AIDS limited the official Catholic Church response to a moral one. The third is of the direct action group ACT UP, which argued that the medical is moral.

Almost no one could have predicted, Petro writes, that Koop "would become one of the most outspoken leaders in the call for sex education in public schools to combat the spread of HIV and other STDs." In 1988, after releasing his report on the epidemic, he mailed a pamphlet to every household in the United States that detailed graphically how AIDS is contracted and how it is—and is not—spread. The pamphlet included a section on condoms, how to use them, and why they are one of the most effective protections against the virus.

While Koop made an effort to put education over moral judgments, he also wanted to frame AIDS education and sex education morally. In 1989, Margaret Carlson wrote in *Time* magazine that Koop's message as surgeon general was moral and prescriptive: "Smoking? It's an addiction that can kill you. Sex? Only in marriage. AIDS? The best preventative device is a monogamous relationship; the second best, a condom." Koop walked both sides by dispensing medical and moral advice, but often in different contexts to different audiences.

Cardinal O'Connor, who became archbishop of New York in 1984, led a commission of bishops to compose a statement on AIDS and HIV that emphasized moral instead of medical approaches to ending the AIDS virus. In the 1989 statement "Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis," O'Connor and the other bishops "allowed no space, figuratively or in the text, for the fact that

some people would not be chaste (the point is never raised), but instead appealed to how *all* men and women *ought* to live. By not acknowledging difference, they did not have to extend their discussion beyond the question of proper behavior.” This decision to speak only about the church’s ideal, and not the real lives of men and women, severely limited what the Catholic Church could say. It also marginalized the very efforts with which the church was becoming identified: acts of care for individuals with AIDS.

The final chapter focuses on ACT UP, for which there was no distinction between medical and moral approaches. Education of the public about HIV/AIDS was a moral act, and Petro shows how the group extended religious discourse to make this point—for example, in a poster in which Jesus demonstrates how to put on a condom.

At the heart of ACT UP’s protests was a belief in sexual freedom that Petro believes has been lost in a conversation that moved quickly from HIV/AIDS to gay marriage. He wonders if the right to marry has become the duty to marry—a moral and civic obligation—and if, in that context, sexual freedom is “lost in the fray.” Petro demonstrates how and why the American public is susceptible to romantic idealizations of sexual relationships, and he articulates the price of the gay marriage victory.

To me, Petro is stretching when he claims that gay marriage is a “conservative plot.” Such claims undermine the complexity of how shifts in public perception happen. But I take his point that with social change come losses. The question is: Will gay and lesbian Americans see the price Petro names as a price they are glad to pay for greater equality and a shift in public perception? Or will the price prove too high?