The Impact of Activist Organisations on Political Action
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The Impact of Activist Organizations on Political Action: AIDS National Prevention Campaigns in France

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Abstract
This paper analyses the implementation of a French public AIDS prevention policy through campaigns targeting the general population. More precisely, it is aimed at understanding how the political authorities dealt with the emergence of an epidemic through mass media campaigns. First, I argue that activist organizations played a leading role on the implementation of that policy. Second, I contend that political uncertainties and destabilization paved the way for organizations to lead the debates and impose their framing. This political situation was enabled by two main factors: the HIV-tainted blood scandal and the political instability generated by the successive political “cohabitations” in which a left-wing president coexisted with a right-wing parliament, prime minister and prime minister’s appointed officials. The actors and arenas are presented and the process of political action is analysed. Then three noteworthy stages of state-run communication are discussed. They represent major steps in the evolution of the political agenda marked by the influence of activist organizations.

Key words:
HIV/AIDS, political action, France, prevention campaigns, activist organizations.

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Introduction

Regarding infectious diseases, Western countries had regulatory traditions that were not applied to AIDS (Robins and Backstrom, 1991). As in other Western countries, early French AIDS policy withstood the pressures to impose repressive measures (Steffen, 1992). This stance was supported by AIDS organizations. The gay activists, who fought in the 1970s for their rights, had the leadership over these organizations, as observed in the USA (Kirp, 1999). Active in France during the 1970s (Adam, 1999), the movement for the gay rights weakened in the early 80s as the new socialist president François Mitterrand fulfilled his pledge to suppress discriminatory laws. But it strengthened again with the spread of AIDS epidemic.

A constant aim of the AIDS policy has been the maintenance of social balance and the avoidance of reactions such as panic, rumours, or social stigmatisation, as the atmosphere prior to the launching of the first AIDS campaign was dominated in the press by apocalyptic visions (Herzlich and Pierret, 1989). Good prevention of AIDS could only be promoted if people were convinced they were facing a controllable danger and if the persons with AIDS (PWA), more fragile because of their marginal situation, did not have to cope both with the illness and social hostility. Concealing their illness would make them unable to adopt the appropriate preventive behaviours. “The new strategy [of prevention] had to eschew all the trappings of coercion and threats to privacy if the epidemic was not to be driven underground” (Kirp and Bayer, 1992, p. 365).

This article sets out to examine the implementation and the evolution of a public policy of AIDS prevention in France through campaigns targeting the general population. More precisely, its purpose is to make understandable the way the political authorities dealt with the emergence of an epidemic through mass media campaigns warning the general public about risks related to the HIV epidemic. Conflict and drama give salience to a specific problem among many other possible issues in a “highly selective process” (Blumer, 1971: 302) characterizing political action. They are fuelled by the action of resolute groups which put pressure on politicians (Hilgartner and Bosk, 1988).

Political action is the result of the interplay of a number of actors in different arenas. However, some actors appear to be more prominent than others in a specific context. I argue that the gay activist organizations have taken the lead in placing AIDS prevention at the forefront of the political agenda and have imposed their framing (Benford and Snow, 2000), at a cognitive as well as at a symbolic and emotional level. All the other actors, including the politicians, had to determine their perceptions, their goals and their modes of intervention in reference to those key actors. Because of the intensity of public debates, the commitment of activist organizations, and the questioning of the authorities—as well as of medical and scientific dominance (Epstein, 1996; Barbot, 2002; Dodier, 2003)—AIDS became a political problem of prime importance.

Next, I argue that in France the activist organizations took advantage of a situation of political weakness due to two factors: the outset of periods of political “cohabitation” from 1987 and, from the end of the 80s, the HIV-tainted blood scandal. Without any doubt, the negligence shown in the mid-1980s in that scandal—a lack of vigilance, an underestimation of risks, and a focus on economic interests—discredited the authorities. The contaminated blood lawsuit, which started in 1989, was of major importance in France (Steffen, 1999). It generated a strong public controversy and suggested the inadequacy of the political treatment of a public health problem (Marmor, Dillon and Scher, 1999). Since then, the authorities have been very sensitive to the AIDS issue and willing to show their commitment. The scandal reinforced the rhetoric of the activists about political and economic cynicism (Kirp, 1999). The situation of political weakness was reinforced by a second factor. From 1986 to 2002, since there was a gap between the time schedule of presidential and parliamentary elections, and as the prime minister and the government are chosen among the majority of the

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1 For the U.K., see Berridge, 1996, and for the U.S.A, Levitt and Rosenthal, 1999.
dominant political party at the parliament, France experienced several times a situation of political “cohabitation” as the government and the President belonged to opposite political trends, the left and the right wings, respectively. During this period, governments only lasted an average two years. So the political background was both uncertain and unstable. Therefore, the association of weakness, loss of credit, uncertainty and instability gave an unique opportunity to AIDS activist groups to take a leading position among the actors associated to the political decisions. They were able to conquer that position because of pre-existing networks and pressure groups and also because of new opportunities.

Methods
Two kinds of data were used in this research: archives, and testimonies collected through interviews.

The archives of the CFES (French Committee of Health Education), of the AFLS (French Agency to Combat AIDS, in charge of AIDS prevention from 1989 to 1993) and of the Department of Health were processed. They consisted of numerous and diversified documents containing strategic guidelines and documents produced in the framework of the 25 national prevention campaigns between 1987 and 1996: briefings given to the advertising agencies, surveys, pre- and post-tests, accounts of meetings on the preparation of campaigns, the press releases given during the presentation of campaigns, the creations themselves: radio or TV spots, posters, press advertisements; documents on the evaluation of the effectiveness of campaigns, press articles about campaigns, and mail exchanges about campaigns or communication strategies.

Testimonies were collected through interviews after the analysis of the archives. Fifty-four persons directly involved in the realization of AIDS communication campaigns during these ten years were interviewed. Four persons were interviewed twice.

Our respondents were selected because of their special status within the institutions, organizations and firms to which they belonged. They all had a key role in the implementation of AIDS public communication. The political personnel were cabinet ministers’ advisers or senior officials; the experts consulted for the preparation of the campaigns were epidemiologists or social scientists, members of advertising agencies or of organizations. Each respondent was interviewed in so far as he or she represented a particular function or testified on a specific period. These are the two axes — institutional and chronological — on which the interview analysis was based.

Actors and arenas in the policy-making process
Political action results from the conjunction of actors, institutions and a specific context determining the possible conditions and constraints allowing it to develop (Kingdon, 1984; Hilgartner and Bosk, 1988). In the political arena, an inner circle, comprising the core executive (the President and the Government), the ministerial cabinets, the political institutions and the administration can be distinguished from an outer circle, including the media, experts, social movement organizations, institutions, advertising agencies, and the public.

The inner circle: encroachments and conflicts
In a country with a centralized political system like France, the centre of decision and action is the government— particularly the minister of health in the case of AIDS— and its political appointees. During the last decades, because of elections and cabinet-reshuffles, the temporal horizon of the ministers of health has been very limited: an average two year duration, a short one when long-term policies are at stake. Indeed, ministers were both restricted by the necessity of meeting their electorate's requirements and pushed by an audacity due to an actual commitment and concern for public health issues. The importance of ministers’ cabinets significantly grew as cohabitation fostered

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2 In a situation of cohabitation, the French President has more of a symbolic role, except for the foreign affairs. The Prime minister always has the governing role: he/she chooses the ministers, appoints his/her cabinet without the oversight of the President and sets the politics with his/her appointees.

3 The role of the parliament and of the senate has been rather limited, since the executive power essentially relied on the existing laws or acted in edicts or decrees.
political uncertainty (Steffen, 1999). Ministers sought the support of personal advisers lacking the legitimacy of the polls or even of a former technical experience in health policy, whose mission was to deal with the administration and communication agencies.

The administration — civil servants, career bureaucrats — closely interacts with executive power. That permanent structure evolves in relation to political will, through the creation of new departments encroaching on the territory of the former ones, bringing about a lasting conflicting situation. The duty of the administration is to serve politicians by preparing files and by advising decisions and actions. In France, since the turnover of political staff was high, civil servants were more familiar with the issues. Furthermore, they had their own framing and tried to initiate the new ministers to it, although the latter took up their function with their own framing and tried to impose it on sometimes reluctant civil servants. They were thus involved in never-ending negotiations, even conflicts. For example, in 1989, the creation by the Minister of health Mr. Claude Évin of a structure exclusively dedicated to AIDS prevention, the French Agency in the Fight against AIDS (AFLS), and the latter’s evolution, provide a good example of the complexity of the relationships between ad hoc political structures and the administration. “We had a way of working that was completely different from the administration’s. There was no such thing as the usual hierarchy... The aim was to lighten the hierarchical structures to be able to make swift decisions about the epidemic”, commented one member of AFLS. Reluctant to see health education dismantled and their mission encroached, the members of the previous ministerial structures — the General Board of Health (DGS) and the French Committee for Health Education (CFES) — protested against the new structure. Likely, being part of the new structure was also uncomfortable. The conflict between the AFLS and the services of the ministry of health lasted all along its short existence, ending in 1993. It was dissolved because of the overlapping of its mission with the DGS and because of political comeback of a conservative government, hostile to an agency set up by a socialist government.

AIDS prevention has been conceived as a special topic in which administrative routine could not prevail. It was viewed as a war, a permanent combat, a race against time, and a struggle against death. It was none of the business of civil servants locked in their petty ambitions and their professional logic. Hence the agitation, the feeling of constant urgency, as testified by the following senior officer in the Minister of Health: “I keep the impression of having taken part in a war, to have been all the time on the front... I believe we were feeling guilty... We saw people die. I never attended so many funerals as in that period. That’s why we were so militant”.

The outer circle: the struggle for legitimate expertise

In the outer circle we will focus here on the activist organizations, leaving the experts, the press and the media in the background. Politicians call on experts to investigate a problem and enlighten their decisions. They also call on forces acting on public opinion, although the latter usually acts on its own initiative to exert a pressure on political action, to orient it towards their points of view. The activist organizations benefited from their social capital, especially their proximity to the political world and to the medias. In the case of AIDS, the monopoly of expertise was partly taken away by those who knew — the scientists. And those who, in other circumstances, would have had the status of witnesses, of victims arousing emotion or compassion—the member of activist organizations — became those who had access to a deep, intimate, true and unique knowledge. Expertise was gained through what was lived and felt (Pollak, 1993).

The authorities have recourse to expertise to take the most appropriate decisions, but problems emerge when they are faced with contradictory expertise, which renders more difficult the decision-making process. Furthermore, expertise sometimes increases uncertainty. Therefore, the authorities have been distrustful of scientists lost in controversies, in so subtle conflicts that they were impossible to grasp. They also distrusted scientists unwilling to learn anything about the requirements of political management.

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4 I follow the translation of the administrative bodies found in Steffen (1996).
The framing process

The first phase of political involvement was the initiation of action—including the first mass-media campaign in 1987—at a time when the dominant framing was the fight against panic and stigmatisation. During the second phase (1989-1993), a twofold strategy was defined and the issue expanded significantly. Its main purpose was to fight stigmatisation by creating a single target for national prevention campaigns: people who have sex, whatever their sexual orientation or trajectory, and who must use condoms. Thus a specific issue was redefined as a more general one. Obviously, the first campaign of testimonies in 1989 was designed to combat discrimination and to arouse a symbolic mobilization. During the third phase (1995-1997), the diversity of sexual orientations and risks was thoroughly tackled. The gay side of AIDS was shown without prejudice or shame. The AIDS activists thus reached a central political objective: promoting a better acceptance of the gay community.

The implementation of a political line results from a framing based on a specific analysis of the situation, from the point of view of scientific knowledge and of public opinion. Thereafter political action could be considered as the “practice of normal politics” (to paraphrase an expression that Kuhn (1962) uses in the framework of sociology of science), therefore the routine keeping of the same paradigm. Even if external pressures do not ease, the line of action is rigidified, which can turn into routine and even sclerosis.

Blaming and framing

The activist organizations have been involved in two intertwined processes: blaming and framing. Because these two processes are closely linked, framing cannot only be considered as a cognitive and rational process but as a symbolic and emotional process as well (Benford and Snow, 2000; Hilgartner and Bosk, 1988). Blaming is essential to foster “conflict expansion” (Cobb, Ross and Ross, 1976). In all the Western countries, the organizations have developed a rhetoric of blaming. But, from 1989, there was in France a widely shared feeling of anger about the HIV-tainted blood scandal reinforced the blame (Steffen, 1999). The policy makers and the medical doctors, i.e. the “natural experts” when health is at stake lost their credibility. Thus eliminating competition, the activists were given the opportunity to take the lead of the framing of the issue.

To get more people implied, the issue had then to be generalized and laden with emotions, symbols and values (Cobb, Ross and Ross, 1976). Activist groups are likely to draw more attention to specific issues by creating an impression that these issues are of concern for a large segment of the public and by fostering a movement of moral protest (Jasper and Nelkin, 1992; Dodier, 2003).

Facing the dilemmas of communication

As they get involved in action, politicians have to rely on elements of understanding and framing of the situation and to communicate them to the public. They then face the dilemma of telling or concealing the truth. Should the seriousness of AIDS be hidden or not? For instance, during the TV spot of the first French national prevention campaign, an off-voice stated: "AIDS is not an epidemic, it’s an illness one can avoid". Defining AIDS as an epidemic could have resulted in panic and stigmatisation, hence the refusal to conceive of AIDS in terms of a catastrophe out of control i.e. as an epidemic.

The process of expansion of AIDS issue was a contradictory one. The disease concerned specific groups. However, in order to generalize the issue, AIDS was considered as an illness “which regards everyone”. But at the same time, it mattered to contain panic reactions in the general population. For the AIDS activists, this statement was a way of generalizing the issue. At the same time, as they pointed out its inaccuracy, it allowed them to question the authorities. From the point of view of communication, a twofold dilemma resulted from this framing: downplaying or dramatizing the issue (Robins and Backstrom, 1991), focusing prevention messages to the general population or to specific

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5 On the fringes of the AIDS issue, the law implementing the PACS, a form of institutional union between two persons whatever their gender, was passed in 1999. This law, supported by gay organizations, was a social recognition of homosexual union.
groups more at risk, a well-known “prevention paradox” (Davison, Smith and Frankel, 1991). If the two dilemmas are combined, the result is in all the cases the increase in infection risk and an inappropriate prevention (Table 1), for different reasons: whether the people hide their risk status or they think not to be at risk at all. And as a consequence the authorities’ credibility decreases.

<table>
<thead>
<tr>
<th>Targets</th>
<th>Issue treatment</th>
<th>Dramatizing/exaggerating</th>
<th>Downplaying</th>
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<tr>
<td>Whole population</td>
<td>Dramatizing/exaggerating</td>
<td>Panic or disbelief</td>
<td>Loss of interest, indifference</td>
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<tr>
<td>Specific groups at risk</td>
<td>Fear of stigmatization</td>
<td>Dilution of responsibility</td>
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Table 1: The dilemmas of communication and their consequences for the target groups

From this twofold paradox, one can easily understand what a sensitive task for the authorities communicating is, especially when activists are always emphasizing the contradictions they are facing. But the task is not less tricky for the activists: when their frame of reference was largely adopted and when their modes of action pervaded all the actors, they were threatened to loose their visibility, therefore induced to outbidding tactics endangering their credibility.

Noteworthy stages of AIDS public communication

The agenda-setting of AIDS resulted from mobilizations, collective actions, and the commitment of the activist groups and of the media. No other health problem had previously generated similar levels of mobilization among the citizens of France and their representatives. When the authorities commit themselves in a health problem, they prove their will to set it on their agenda and to underline its significance for society as a whole. That is in itself a way of alerting the public. Reciprocally, the involvement of the public in a health problem induces the politicians to deal with it. The strategy of HIV/AIDS communication have been focused on two main objectives: prevention of the spreading of the disease through the use of condoms, and from 1989 onwards, prevention of the stigmatisation of people with AIDS, what Mann and Carballo (1988) called the “third epidemic”.

The implementation of AIDS prevention must be analysed in a chronological perspective since the social actors and the institutional dynamics changed over time — as did the prime ministers and the ministers of health between 1987 and 1996 because of elections and reshuffles. In a context of personal conflicts and institutional encroachments, emergency and emotional load caused burnouts. The illness struck the spokespersons and the motivation for activism gradually decreased (Fillieule and Broqua, 2000). The balance of power shifted as the political influence of the voluntary sector decreased after the mid-1990s.

The first national prevention campaign was broadcast on television in April 1987. Thereafter campaigns were programmed regularly, with a periodicity of two or three annually and with large budgets compared to the other health education programs. After the introduction in 1996 of new and efficient therapeutic combinations, and in a period of normalization of AIDS after fifteen odd years of sustained attention, the campaigns’ frequency decreased significantly, as did the pressure of AIDS organizations. Our analysis stops when this backlash started.

The institutions in charge of the achievement of campaigns changed over time. From 1987 to 1989, the authorities entrusted the campaigns to the institution in charge of health education, the French Committee for Health Education (CFES). In 1989, in order to emphasize the importance of AIDS prevention, a special structure was created, the French Agency in the Fight against AIDS (AFLS). This body was dissolved in 1994 and the ministry of health — the ministerial cabinet as well as its technical services (AIDS Division of the General Board of Health) — took over AIDS prevention policy, with the assistance of the CFES for realization. The creation of the campaign material itself has always been delegated to private advertising agencies, like all governmental communication.

\^6 A similar move is observed in Great Britain (Berridge, 1996).
Three significant stages of AIDS public communication will be presented. Each bears the mark of activist groups. At the stage of initiation, in 1987, the first strategy had a limited objective: drawing the attention of the general public and preventing irrational reactions and stigmatisation. In 1989, the first campaign on solidarity marked the implementation of an actual strategy emphasizing the importance of empathy with the PWAs, beside the promotion of condoms like everyday usual objects without linking their use to AIDS. A realistic and daring strategy was designed after 1994: its aim was to present overtly all the aspects of sexual risk, including homosexual practices.

**In search of a strategy**

In 1986, France was treated to a political innovation: the right wing won the parliament elections and the socialist president, François Mitterrand, had to choose a prime minister in the conservative majority party. Jacques Chirac became the head of the first so-called “cohabitation” government. The CFES personnel, under suspicion of being too much in favour of the left wing, was pushed into the background. Because of the lack of trust between the government and the President, the first national advertising campaign was prepared secretly by a small team placed under the direct supervision of the minister of health, Michèle Barzach. She had to fear her leftist political opponents as well as her conservative allies. Despite the uncertain political context, Barzach took important decisions against the spread of AIDS. "She did not hesitate too long. It took her six months. A left-wing government did not do it, fearing the political risk ", testifies an epidemiological expert. The incidence of HIV/AIDS was increasing in France. The growing awareness of the extent of the epidemic in Africa led to fears of a dramatic increase in transmission by heterosexual contact. Therefore, the public needed to be informed to protect themselves and to prevent panic reactions.

Barzach secretly prepared a campaign with a small team hired for that purpose. It is noticeable that from the very start, the members of the administration sought the collaboration of the members of activist organizations. The member of the CFES in charge of the first campaign in 1987 was convinced by their rhetoric. “I met key persons in the process of AIDS construction... And I realized that this disease had a very special connotation. They deeply touched me by their new discourse of solidarity, of social mobilization”

Advice was sought from the gay activist organizations, which already had experience with prevention. They were consulted for the implementation of an action directed to the general public, especially to design leaflets intended for broad distribution. The pressure from organizations was growing and, as their social capital allowed them to have access to the media, they had strong communication power. Referring to the organizations was a political as well as a technical gesture because they had been involved in preventive actions since 1984 and that was conceived as a way to avoid hostile reactions. "Their role was increasing. That's because we wanted them to be involved. Better to have them with us than against us" said the doctor in charge of that campaign in the CFES.

The minister’s cabinet chose the advertising agency and wrote a few strategic recommendations. "I remember the brief we had, it said: people have to be aware of their responsibilities, to be induced to protect themselves but without saying how. We were not allowed to promote condoms" said the director of the advertising agency.

In April 1987 the campaign "AIDS will not get through me" was broadcast on television. The film showed a man or a woman breaking an increasing curve supposed to illustrate the spread of the epidemic. Its purpose was to raise awareness of the illness. However, no clear indication was given about ways to prevent it, as its advertising designer noted with regret. "During the presentation of the campaign, at the end, when that increasing curve was shown, a leaflet should have followed. A leaflet... was meant to be distributed everywhere to say how to protect oneself from AIDS... But there was no leaflet. ... So the campaign remained a thing telling people: ‘if you don't behave like bloody idiots, you won't catch it’ but without saying how". Therefore that campaign was severely criticized. Launching a campaign perceived and criticized as distant from reality, Barzach nonetheless initiated the first national advertising campaign, taking into account the constraints of expression at that time. She put the problem of AIDS on the political agenda, avoiding thorny issues—homosexuality and immigration — which were then difficult to address publicly through the mass media.
The promotion of proximity to PWAs: sharing emotions and compassion

The twofold communication strategy defined in 1989 lasted throughout the AFLS’ existence. It was based on two main principles, both intended to combat discrimination and to give a broader extent to the AIDS issue. This way of framing AIDS public communication is significantly influenced by the positions of the most important French AIDS organization, Aides, advocating for the extension of the AIDS issue (J. Barbot, 2000).

The strategy stated to communicate on condoms without referring to HIV infection, as “the explicit association of condoms and AIDS in the advertising campaigns could induce people to perceive condoms as a medicine against a very serious illness”.7 Condoms should become a “habitual element of sexual intercourse”. They were to appear as “everyday consumer objects”, used by everyone in every circumstance. Thus the question of prevention for PWAs was not treated separately, for the idea was that everyone should protect himself or herself rather than trying to protect others.

Besides communication on solidarity was implemented. It was meant to prevent the stigmatization of exposed groups. It was stated that these groups would accept the prevention messages only if they were addressed to the whole population in a climate of solidarity. Those messages had two objectives: “creating a motivating and positive climate for the adoption of individual prevention behaviours” and fostering “cultural and social agreement on prevention, and solidarity with the victims of the illness”.

With the first national campaign of testimonies —”AIDS: everyone can come across it”— organized by the newly-created French Agency in the Fight against AIDS (AFLS), a new way of communicating about AIDS, besides condom promotion, became a reality. Its purpose was to provide visibility to the illness by showing PWAs in order to make them closer to the public. A message of solidarity and emotional communication emerged, with strong emotions tied to mourning PWAs or sharing space with them. Putting the emotional dimension at the foreground reflected the stance of activist organizations. It also signalled how much the AFLS members were dedicated to their work. They were willing to perceive themselves as militants, like the few members of activist groups who have been hired by AFLS. Through emotion and compassion, the AFLS’ staff and the members of the advertising agency took part in an involvement process. Furthermore, by the late 80s, activists were hired in the administration. Even though their position between the world of Administration and the world of activist organizations was very uncomfortable at times, these activists played a crucial role as bridges of communication.

The first solidarity campaign based on that strategy will be the only one presented in this article. Its brief insisted on the importance of the feeling of proximity to the illness, both to make people feel more secure about an alarming situation, as the number of PWAs was increasing continuously, and to improve risk perception and prevention. It was important to arouse an "identification process with PWAs through testimonies". Promoting solidarity and proximity was equivalent to promoting prevention. “The closer one is to sick people, the better one protects oneself. It was important to create that proximity link, and the best way to create it was the testimony”, explained one of the advertising designers. By increasing the visibility of the illness the actors of prevention wished to demonstrate that AIDS concerned everybody even if the statistics showed that it was concentrated in specific groups — mostly gays and intravenous drug users at that time.

As one may surmise, the activists influenced the implementation of those campaigns, their emotional tone and the content of their messages. Some of them helped to find witnesses. But collaboration with the AFLS was far from easy, not only because of disagreements on the strategy, i.e. on the translation of framing into action, but also because of the difficulty the militants had in sharing their grief and mourning. Wanting to involve PWAs in the communication process, the AFLS decided to make the films with real PWAs, although the film director first hired actors, and the pre-tests shown that testimonies played by actors had more impact. Nonetheless, the activists stressed the superiority of the real experience of illness. With that choice, the AFLS gave up the idea of putting across information on the illness and on prevention, as actors narrating a text would have done. In the real testimonies, only one TV spot clearly gave a prevention message on syringe sharing; all the others stressed the support by relatives and friends. The testimonies of this first solidarity campaign put forward a narrative of exemplary management of the disease: people who struggle, show a strong will to live,

have a good relationship with their doctors, live serenely with the HIV infection, and keep up their hopes, among understanding and supportive relatives.

These campaigns started a dynamics: they significantly contributed to the promotion of a vision of the illness that made it both closer and more common. Yet, in the final analysis, these campaigns denied reality. As long as they had no symptoms, the PWAs were able to live "like everybody" else. But when the opportunistic infections started, the reality was less idyllic and it was far more difficult to show the deterioration of health on TV screens. The critical reactions of the activist organizations are therefore understandable. From their point of view, campaigns threatened to blur the dramatic character of the illness and accordingly to induce a drop in the attention and involvement of the public (Hilgertner and Bosk, 1988).

That first solidarity campaign, like those that followed on a regular basis, stressed the importance of fostering a favourable emotional climate. Public communication could efficiently reach this objective. It also showed the increasing influence of the activist groups, despite their reluctance to take part in actions initiated by the authorities and their will to keep a critical distance. As Cobb, Ross and Ross (1976) stated, “the dilemma for the group which originally initiates the issue is that while expansion is crucial for success, it may lead to loosing control of the issue entirely as more powerful groups enter the conflict and the original participants grow less important” (p. 128).

1994-5: more daring strategy

The year 1993 was marked a return to “cohabition”, and an institutional change. By dissolving the AFLS, the ministry of health recovered a full control on AIDS policy. The findings of social sciences research funded by the National Agency of Research on AIDS (ANRS), created in 1989, allowed the implementation of a new strategy for public communication. In brief, that strategy stated that HIV/AIDS prevention should be addressed through a focus on "risk situations" (Bajos et al., 1994) that are the same whatever the sexual orientation. Every instance of unprotected sexual intercourse with a person of unknown serological status and every shared syringe can be considered as risky. The purpose was then to tackle the diversity of risk situations through a clear and forthright language, dealing with all sorts of multi-partnership — heterosexual, bisexual, homosexual —, with diverse sexual practices —vaginal, anal and oral— and with all means of protection —condoms, whether lubricated or not, with or without additional water-based gels. The aim was no longer to promote condoms like any other consumer object, but to promote means of protection against HIV in every circumstance. At the same time, communication on proximity with PWAs was maintained with the same emotional tone. From this point of view, there was a continuity of communication that proved its efficacy and utility by maintaining a good climate of tolerance8.

Among the numerous actors called upon by the authorities, researchers in epidemiology and social science were involved in the conception of public communication, as were activist organizations, especially the most activist of them, Act Up-Paris, created in 1989 (Barbot, 2002). For a long time, the organizations had been very critical about the campaigns, accusing them of being allusive and prudish, and therefore of missing two realities of HIV/AIDS: its links with the diversity of sexual orientations and practices, especially homosexuality, and the seriousness of the disease, the difficult life of a PWA. It was thought that addressing homosexuality directly would lower stigmatisation. It should have a preventive effect and allow PWAs to involve themselves in preventive behaviours, as they would be less tempted to hide both their homosexuality and their illness. In the mid-1990s, the authorities as well as the researchers, the members of advertising agencies and the activists were convinced that public communication had to get rid of prudishness and to adopt a daring and forthright tone. That was done in the national advertising campaign of the summer 1995. That campaign was outstanding because of its daring, its scope and its political and media repercussions.

It was prepared in a context of political unbalance by two ministers involved in the combat against HIV/AIDS, both politically and personally. Since 1993, the government had decided to make the epidemic "a public health priority". Sufficient means were put at the disposal of the struggle against HIV/AIDS, in terms of funding, institutions and manpower. The preparation of the campaign took place before the presidential elections. The ballot was in to take place in May 1995 and the incumbent government knew that it would not stay in power since Jacques Chirac's victory was foreseeable. It

8 Observatoire Régional de Santé de l’Ile-de-France. 2001.
Act Up adopted a strategy of lobbying by controlling all the nerve centres of state - overtly defended the interests of PWAs and a better acceptance of homosexuality. For that campaign it was required against the will of the minister of health, favourable to the campaign. However, only a few changes were decided during a crisis meeting, shortly before the launching of the campaign. A part of the new government to the advertisements was shocked and the prime minister's arbitration was required against the will of the minister of health, favourable to the campaign. However, only a few changes were decided during a crisis meeting, shortly before the launching of the campaign. A few pictures, perceived as too provocative, were changed and some texts were slightly amended. In fact those changes were only marginal ones, due to opposition from the advertising agency and the administration members who had prepared the campaign. Only one advertisement recommending condom use during oral sex was cancelled as epidemiologists argued that the risk of oral transmission was only theoretical. These changes, especially the latter triggered the Act Up-Paris militants' wrath. During the press conference presenting the campaign, they violently protested, accusing the authorities of criminal negligence and of censorship. That protest gave the campaign an unprecedented media impact. The press, experts, advertising agency, authorities, and even the activists, agreed on the daring of the campaign. "We had the impression of having a huge impact, of being efficient. Because of these changes, we managed to combine efficacy and acceptability. Furthermore, because the press talked about the changes, they talked about the campaign much more than if nothing had happened", said a CFES member. "We did our usual thing. We pulled it off: the journalists talked only of the cancelled posters of the risk of oral-genital transmission. Indirectly, by questioning what did not exist, we allowed the messages to get through. It has been the most complete and striking campaign ever done", according to an Act Up-Paris' activist.

Two conflicting dimensions of that campaign are important if we are to understand the dynamics of the political agenda: (1) the uncertainty of the scientific expertise, with the attendant difficulty to decide on action based on it; and (2) the impact of the activist organizations when they are resolved, unyielding, and when they have connections with the media and the actors taking part in the political action.

(1) The question of HIV/AIDS transmission by oral sex is characterized by scientific uncertainty, a so-called "theoretical risk". The activist organizations took advantage of this uncertainty to build up and impose their certainties. Some of them recommended the use of condoms during oral sex. The activist organizations took the lead with regard to relevance and legitimacy of expertise.

(2) Close to the advertising agency, Act Up-Paris influenced it, extending in this way its influence in that arena. That activist organization also put pressure on the administration and on the cabinet of the minister of health, and had access to the media. Its stance was both provocative and resolute as it overtly defended the interests of PWAs and a better acceptance of homosexuality. For that campaign it adopted a strategy of lobbying by controlling all the nerve centres of state-run communication. The Act Up-Paris' vigilance and constant pressures contributed to save almost the whole of the campaign.

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9 The first names have been changed.
10 For example the one with two men in the same bed, or three others with bare feet in a bed.
It strove to get the politicians out of their function of morally neutral arbiters, whose prime objective was to defend public causes, hence public health. But it reached its political goal at the expense of its credibility. It reached at the same time the paroxysm of its influence and a point where that influence could only decrease.

**Conclusion**

In France, a continuous and sufficiently funded communication about AIDS risk have been devised. Therefore, politicians had to address thorny aspects of sexuality dealing with private and intimate problems and despite their reluctance to do so, to get involved in actions condemned by a part of the general public and by influential institutions such as the religious authorities.

The three stages of state-run communication presented here relate the developments of the political action through a growing number of actors and the involvement of institutions and illustrate the translation of framing into action through successive strategies. During the first stage, as the activists were stressing the lack of political intervention, the authorities’ intervention was required to prevent the spread of the epidemic. The public communication was initiated outside the existing structures, accused of too much routine, with the minister of health's personal commitment but with no clear recommendation addressed to the public. During the second stage, a new institution dealing exclusively with AIDS prevention was implemented. and a actual strategy was designed. It emphasized proximity to PWAs, in addition to sexual protection by condom use. At that stage, the purpose was to foster an emotional atmosphere of compassion and solidarity. This psychological conditioning was important for the implementation and reception of the political action. The third stage illustrates an important aspect of the development of political action. The authorities were caught in a pincer movement between organizations with militant methods that used the media as a powerful mouthpiece, and uncertain, questioned, scientific expertise difficult to translate into action. Political action was also problematical because more and more actors were getting involved at that stage, which meant that different conceptions and contradictory interests were at play. Paradoxically, the proliferation of actors, and consequently of objectives, significantly emphasized daring. Since the studied period ended in 1997, we did not consider an important and still ongoing aspect of the AIDS policy: the decrease of political and public commitment.

Political action and its evolution have resulted in a conflicting situation fostered by the activist organizations. One can say that the gay activists reached their goal even if they were not totally satisfied with the outcome— this being a way of keeping their activist identity. “Agreement that an issue merits serious consideration does not imply that the outcome of this conflict will correspond to the goal of the issue’s proponents” (Cobb, Ross and Ross, 1976: 126).

In France, activist groups benefited from the authorities’ guilt because of the scandal of HIV-tainted blood; from their deep criticism against the Authorities, accused of being unable of implementing any efficient prevention policy and of being too prudish; from their influence on the media and on the political world; from a unstable political context and from the agreement of almost all the other actors. All these factors explain why they succeeded in politicising the issue beyond any expectation. But the paradox remains that the activists lost their credibility and their visibility when they were able to exert a strong influence.

**Bibliographical references**


