

MIGRANTS AND THE EMERGING HIV EPIDEMIC IN FINLAND IN THE 1980s AND THE 1990s

Abstract

This article examines how migrants were narrated in the emerging HIV epidemic in Finland. The article argues that the stigma of HIV and foreignness/otherness in Finnish society intersected in complex ways to exclude migrants in many areas of public and private life during the first decades of the epidemic, though the situation has improved today. The article explores how HIV infection is embedded in existing criminal law and public health policies generally, and specifically in the Finnish context. Using an analysis of newspaper, academic, and policy texts based on a systematic review of all extant material in Finnish libraries, the article traces the genealogy of how HIV was initially conceived as a non-Finnish disease of un-masculine men or foreigners and transformed into a human rights issue under a policy of AIDS exceptionalism. Despite the shift in Finnish public health policy toward AIDS exceptionalism, public health policy tended to be expert-oriented, which often excluded migrant communities from participating in interventions as stakeholders.

Keywords

Criminalization • Finland • HIV/AIDS • migrants • stigma

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1 Introduction

Emerging infectious diseases are frightening social events. When individuals are affected by new and unknown diseases that seemingly strike at random, the public often desperately seeks reasons to understand and protect itself against catastrophe. Before the etiology of a disease is known, rumors and gossip can position the meaning of a disease within prevailing societal relations of power and oppression. These constructions may determine later attitudes toward those who suffer from the disease (Sontag 1988). The infected in any epidemic tend to be the most vulnerable due to their lack of access to resources and care (Farmer 1999). Epidemics can thus raise powerful moral panics regarding responsibility and blame. Those affected may be accused of endangering the good citizens in society by their very corporeality or attributes (e.g., Craddock 2004; Farmer 1992). Excavating how societal relations of power and oppression shape

the roles of “victims” and “perpetrators” during an epidemic reveals a great deal about which groups are most vulnerable and stigmatized in societies.

This exploratory qualitative article focuses on how seropositive migrant bodies were narrated in Finland during the incipient HIV epidemic in the late 1980s to the 1990s. The data for this article was collected by a systematic review of all published material on HIV and migrants in Finland. All master’s theses and doctoral dissertations on the subject published in Finland were examined, in addition to national news articles of the time. Advocacy reports published by the Finnish AIDS Council and the European Project AIDS & Mobility on the situation of migrants living with HIV were also analyzed. Focusing on the case of migrants, who comprise a large percentage of the relatively small number of people affected by HIV in Finland, shows the fissures in the emerging discourse on HIV as a human rights issue during the advent of the first immigration to Finland. The article starts

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by broadly considering how nations assemble bodies during epidemics. It then moves to a discussion of how HIV infection is embedded in existing criminal law and public health policies generally, and specifically in the Finnish context. Using an analysis of newspaper, academic and policy texts, the article traces the genealogy of how HIV was initially conceived as a non-Finnish disease of un-masculine men or foreigners and transformed into a human rights issue under a policy of AIDS exceptionalism. Despite the shift in Finnish public health policy toward AIDS exceptionalism, public health policy tended to be expert-oriented, which often excluded migrant communities from participating in interventions as stakeholders. Moreover, law enforcement often reinforced a climate of xenophobia through highly publicized prosecutions of foreigners accused of the deliberate spread of HIV. The case of Joseph Richards¹, an African-American immigrant to Finland convicted in 1997 of attempted manslaughter for the deliberate spread of HIV, is briefly examined as emblematic of social constructions of HIV-bearing migrant perpetrators in Finnish society. The article argues that the stigma of HIV and foreignness/otherness in Finnish society thus intersected in complex ways to exclude migrants in many areas of public and private life during the first decades of the epidemic, though the situation has greatly improved today.

2 Nations, Stigmatized Bodies, and Early Narratives of HIV

The nation, as distinct from the state, is an entity often defined or described by a perception of ethnicity that shares a common (though generally contested) sense of sociocultural identity (e.g., [Anderson 1991](#)). Popular images of the nation are almost always associated with representations of health, virility, and strength. The nation as an identity category naturalizes goodness, belonging, and health by structuring hierarchies and relationships between members through the customs of cultural deference and behavior, the institution of the family and gender roles, as well as ways of defining insiders/outside (Collins 1998).

When HIV emerged on the global scene in the 1980s, it raised many tense issues surrounding the identification and means of containment of the disease, particularly in regard to the first populations affected by HIV. Due to the early association of the disease with blood and sexuality, HIV was often connected with stigma and shame in many societies. As legal scholar Aart Hendricks explains:

AIDS became almost immediately surrounded by value judgments and prejudices, which made that the epidemic can hardly be viewed neutrally. This holds also true for Europe, where AIDS became sometimes exploited by racists, ultra-nationalists and homophobes. AIDS deals with the most intimate aspects of life, such as love, sex, procreation, and death, which are for many people taboo issues one rarely speaks about ([Hendricks 1991: 8](#)).

HIV was first described in medical journals as a disease of gay men in North America ([Marmor et al. 1982](#)). In Western Europe, the emergence of AIDS was first associated with people from the African continent, injecting drug users, and gay men ([Grmek 1990](#)). As oppressive power relations of classism, racism, and homophobia often regulated the mores and prohibitions regarding sexual contact amongst diverse groups within the nation, the bodies of the poor, racialized, and gay (often considered to be outsiders within the nation) tended to be constructed as risk groups or a threat to the nation. Indeed, early theories about the transmission of HIV reflected experts' ignorance of the behaviors, practices, and complexities of affected communities ([Bayer & Oppenheimer 2000: 20–21](#)). Hence "risk groups" were conceived by experts as essentialist identity categories, rather than as a multiplicity of multifaceted individuals who sometimes participated in certain behaviors. The focus on linking essentialist identities (such as homosexual or those racialized as Africans) with certain social behaviors (such as having multiple sexual partners or injecting drugs) further strengthened stigma against many groups in the nation. From the very beginning, narratives of HIV became associated with certain bodies rather than behaviors.

Fears surrounding the emerging AIDS pandemic in the 1980s raised societal pressures in many locales to utilize tools of confinement and control in an attempt to prevent transmission of the disease. In this containment paradigm, those affected by HIV were narrated as perpetrators threatening to victimize other members of society by transmitting HIV simply through their corporeality.

The North American male gay community mobilized against stigmatizing stereotypes and helped to develop what became known as "AIDS exceptionalism." AIDS exceptionalism can be defined as a bundle of interconnected policies and practices that construct HIV/AIDS as anomalous health concern. First, a battery of legal protections emerged in the 1980s to protect people living with HIV from stigmatizing behaviors ([Klein et al. 2009](#)). Many of these legal protections defined HIV as a disability, thus associating HIV with the framework of disability law that barred discrimination in housing, employment, and other areas of life ([Annas 1998](#)). Second, AIDS exceptionalism consists of policies that focused on respecting the privacy, confidentiality, and social rights of people at risk by emphasizing non-coercive measures to encourage testing and non-risky behaviors. Finally, AIDS exceptionalism consists of social and health-care practices that empower patients. The underlying notion of AIDS exceptionalism is to promote healthy behaviors and increase testing by underscoring human rights, the reduction of social exclusion, and the elimination of stigma.

This image of the AIDS carrier/outlaw as predator would repeatedly re-emerge in various guises through the 1990s, demonstrating the deep-seated fears in societies toward difference, sexual transgression, and threatening outsiders, whether located at the crossroads of sexual orientation, race, religion, social class, or nationality ([Patton 1989, 2000](#)). Such representations reflected a manipulation of victimhood, often presenting the most vulnerable

in society as predators simply by their very physical existence or through their transgressive sexual connection to members of the mainstream population. The types of perpetrator – victim narrations within different national contexts of HIV reflected the many sides of moral panics regarding populations designated as “other.” Such panics often fueled calls for the criminalization of people living with HIV. The stereotyped image of perpetrators sometimes resulted in selective prosecutions, which served less to prevent the spread of HIV than to send the message to certain communities of the affected that they would face stigma, exclusion, and discrimination should their seropositive status become known, particularly if they crossed perceived sexual borderlines.

3 HIV Emerges in the Context of Criminal Law and Public Health

The Council of Europe was one of the first international bodies to express concern over discrimination against people living with HIV in a 1983 resolution. Declaring that “...each individual is entitled to have his privacy respected and to self-determination in sexual matters”; the resolution condemned inaccurate and sensationalist images of people living with HIV in the media and called for ethics in research on people living with HIV (Council of Europe 1983). This resolution confirmed the exceptional nature of AIDS and recognized its close connection with stigmatizing the gay community. From the beginning of the pandemic, governmental organizations in Europe tended to design policies from a public health perspective rather than a criminalizing instinct, though criminal law has been strategically applied in certain cases (Baldwin 2005).

In Finland, the field of public health tends to have a rather strong corporatist orientation (Baldwin 2005). A corporatist orientation reflects a reliance on administrative expertise rather than community negotiation to define and intervene in social and health issues. This orientation had a strong impact on the development of policies as well as decisions regarding which parties were to be included in the discussion on AIDS. Michael Pollak noted in his 1994 comparative study of European response to the AIDS pandemic:

In contrast to The Netherlands, the Swedish and Finnish AIDS state committees and advisory committees (created in 1984 and 1985) were rather medically dominated with no gay representatives. Intensive contacts between health services and gay organizations exist at the regional and local level. In both countries, HIV was defined legally as a venereal disease. This opened the avenue for state intervention including the closing of gay saunas, anonymous registration and surveillance of HIV+ people, compulsory partner-tracing programs and, in Sweden, the possibility of isolation of HIV carriers in case of noncompliance. This administrative approach reflects the tradition of preventive medicine as a means of social control Pollak (1994: 13–14).

When HIV first became a notifiable disease, Finland used social security numbers as an identifier for seropositivity, unlike many other countries that used an anonymous code, creating the possibility that individuals' status could be revealed (Baldwin 2005: 67). The expert-oriented approach to HIV was therefore dominated by powerful physicians who often did not fully comprehend the role that oppression and stigma played in the lives of gays and migrants (Grönfors & Stålström 1987: 60). Controversy over the appropriate managerial response to AIDS initially focused on the issue of the ethics of testing. Initially, the largest daily newspaper in Finland, *Helsingin Sanomat*, supported the testing of designated risk groups (Kunelius 1988: 92). Fears of discrimination by those in the category of risk group, specifically gays, were dismissed by mainstream media which trying to calm the public in the midst of moral panic. The newspaper argued that fears of discrimination should not prevent the containment of risk.

There was an ongoing debate in the Finnish Medical Journal for many years in the late 1980s and early 1990s over the merits of a hard or soft line in the application of public health law to HIV cases (Hautamäki 2002: 44–46). Despite the initial salvo by the most vocal advocates of harsh measures toward potential “AIDS carriers,” these hysterical attitudes began to fade away after the moral panic in Finland eventually subsided and the WHO guidelines of AIDS exceptionalism were broadly accepted as the most effective way to identify and support individuals with HIV (Kunelius 1988). Unlike many other countries, there was a high level of trust in the authorities by the Finnish public: Four-fifths of the Finnish public believed the information given by the mass media about AIDS and three-fourths agreed with the AIDS prevention efforts by the authorities (Kunelius 1988: 106).

The medical and social work needs of people living with HIV were met largely through Helsinki University Aurora Hospital, whose services were highly regarded by both Finnish and migrant patients (Clarke 2005: 306). The non-governmental Finnish AIDS Council was established in 1986 (it later transformed into the HIV Foundation in 1997). AIDS support centers emerged in the mid-1980s to serve the psychosocial needs of people living with HIV. As Tapio Koskimaa reported in his 1993 master's thesis research on Finnish people living with HIV, seropositive people feared stigmatization and often contemplated suicide (Koskimaa 1993). Hence services that supported the specific needs of people living with HIV were badly needed. The core client group of the Finnish AIDS Council throughout the 1980s was homosexual men; however, this began to shift in the 1990s as the need for culturally appropriate care practice became increasingly recognized. Initially, there were concerns in Finnish social work and health care practice that culturally appropriate practice could cause inequality through “parallelizing” services (Clarke 2005: 291). The Act on the Status and Rights of Patients (Laki potilaan asemasta ja oikeuksista 1992/785) stated that migrants should receive culturally and linguistically appropriate services “as far as possible.” This was an important step toward institutionalizing multiculturalism in

care practices. In 2004, the Multicultural HIV Project was launched through the HIV Foundation as a pilot project financed by the Ministry of Social Affairs and Health. Currently, it receives funding from the Finnish Slot Machine Association (RAY).

Laws criminalizing the willful or reckless transmission of HIV came into effect in many countries with the discovery of the virus in the early 1980s and continue to be enforced in many parts of the world. It is difficult to know the extent of prosecutions because there has been no systematic collection of international statistics. The criminalization of HIV transmission occupies a unique position in law because it is generally the only sexually transmitted infection that is put on trial. Prosecutions for gonorrhea, chlamydia, or syphilis are almost unknown. Even those who spread infectious diseases such as Hepatitis C, which can lead to terminal liver cancer, or the human papillomavirus, which can cause cervical cancer, are rarely charged (Wainberg 2009). What perhaps makes HIV exceptional is its history of stigma and its association with marginal or dangerous bodies in the nation state (e.g., Browning 1998).

Many laws governing the transmission of HIV construct the transmission of the disease under the categories of manslaughter, grievous bodily harm, or attempted murder. Laws that have criminalized HIV transmission have generally focused on either the intent to have sexual relations without disclosure of seropositive status or the intent to transmit HIV. The former focuses on the duty of the seropositive person to disclose his/her seropositive status and not to deceive a sexual partner, which could then vitiate the ability of the partner to give informed consent to intercourse (Cherkassky 2010). The latter concentrates on the intent of the person with HIV to actually infect another person. Underlying these types of laws specific to HIV transmission is the assumption that HIV is a fatal disease. Since the advent of retroviral therapy in the 1990s, HIV has generally been managed as a chronic disease in western industrialized countries which does not inevitably transition into AIDS (Fee & Fox 1992), though at this time it is not thought possible to reverse infection by the virus. Hence the construction of HIV in the law as manslaughter, grievous bodily harm, or attempted murder reflects a view of HIV as an exceptionally lethal disease, which is not necessarily based on current scientific data (e.g., Esté & Cihlar 2010). HIV therefore occupies a remarkable position as a perceived threat to public health and personal safety.

UNAIDS disputes the notion that criminalization is a useful instrument of HIV prevention or containment (UNAIDS 2002). It points out that prisons are one of the main vectors of infection and notes that coercion rarely instills motivation for human behavioral change. Hence the use of criminalization as an instrument of retribution or deterrence often has very little public health value with the special circumstances of HIV/AIDS because it is thought to discourage people from being tested or seeking help. Though criminalization efforts may seem to satisfy a society's need to reinforce the boundaries of what is broadly considered to be acceptable moral behavior and to recognize the harm done to people unknowingly infected, such

efforts tend to result in driving vulnerable populations at risk of HIV infection underground due to fear of stigma (Pulerwitz et al. 2010). Punitive approaches to modifying behavior often do not address the underlying emotional or structural issues that result in behavior that can cause unknowing – or even deliberate or reckless – infection, particularly as prosecutions are often selective depending on the social characteristics of individuals (e.g. class, race, or sexual orientation). Since the 1990s, for example, many studies have shown that there is a strong link between poverty and HIV infection (Farmer 2003). Among the reasons that poor people may be more likely to be infected with HIV include the lack of access to testing, treatment, and counseling, as well as a lack of control of the use of one's own body through sex work, for example, due to economic hardship (Dunkle et al. 2010). Hence criminalizing behavior, without taking into account the circumstances that propel people into situations where the virus may be transmitted, considers only one dimension of potential victimization due to a power imbalance.

4 A Genealogy of HIV Narratives in Finland

Attitudes toward homosexuality have traditionally been more conservative in Finland than, for example, neighboring Sweden. Homosexuality was decriminalized in Sweden in 1944. Yet, it was not until nearly 30 years later (in 1971) that Finland removed homosexuality from the list of criminal offenses after 82 years on the law books. Nonetheless, certain restrictions remained. A law (RL 20.9.2) prohibiting the public encouragement or incitement to homosexuality was only repealed in 1999².

At the start of the AIDS pandemic, the important consequence of this law, coupled with the lack of research on diverse sexualities, was to hinder the dissemination of accurate and factual information concerning homosexuality and sexual practices (Stålström 1983: 50).

Until 1981 homosexuality was officially considered to be an illness in the Finnish diagnostic manual. The Finnish National Organization for Sexual Equality (SETA) was founded in 1973 with the aim of including people of all sexual orientations and genders to create an umbrella organization to change social attitudes and laws. The gay liberation movement in Finland differed from many in other western countries in its emphasis on inclusion of all people, regardless of sexuality or gender, in the attempt to repeal repressive laws and attitudes. As Olli Stålström wrote in 1983:

An interesting aspect of the Finnish gay rights movement has been the great emphasis on the integration of people in the movement regardless of age, gender, sexual orientation or political opinion. SETA is one of the few gay rights organizations where women work side by side with men in spite of occasional differences of opinion about the strategies and structure of the organization. A unique aspect of SETA is that it has always actively welcomed straight people to support its cause and work in it. Several of its board members have been straight and

one of its chairpersons has been a straight woman Member of Parliament. [Now President of Finland Tarja Halonen] Stålström (1983: 53).

This way of organizing closely mirrored the Finnish cultural tradition of consensus and integration to provide social cohesion, one legacy of the communal Lutheranism prevalent in Nordic countries (Clarke 1999: 82–89; Stenius 1997). On the one hand, homosexuality was stigmatized in society because it was neither considered to be “normal” *Finnishness* nor the embodiment of the traditional Finnish masculine or feminine ideal; on the other hand, its gay liberators united by creating an all-inclusive national organization, rather than a narrowly defined identity group, to challenge dominant beliefs. Change was therefore organized, as Stålström points out above, through the *integration of Finns* of diverse sexual orientations and genders into a *national* movement. One positive result of the struggle by SETA to have AIDS recognized as a pressing health concern, and eventually to contribute to the establishment of the Finnish AIDS Council, was that it began the process of raising public awareness of issues of vital importance to the gay community.

The 1980s was therefore a decade in which gradual changes in laws and attitudes toward homosexuality in Finland began to occur. At the same time, homosexuality was just being struck off the list of psychiatric disorders, public encouragement or incitement to homosexual relations remained a crime. Significantly, the 1980s was also a period in which the number of immigrants entering Finland increased along with xenophobic and racist attitudes within the host society (e.g., Jaakkola 2000). The tendency to take a corporatist, expert-driven approach to HIV in Finnish interventions often meant that communities had to struggle to be included in the conversation. Though sexual minorities were beginning to receive a modicum of greater acceptance and human rights in mainstream, heteronormative Finnish society of the late 1980s, immigrants faced the greater hurdle of cultural, linguistic, and ethnic difference from the Finnish nation and therefore were excluded from many integrative social movements. Moreover, the extreme sociocultural and linguistic diversity of the immigrant community and stigma amongst immigrants toward HIV made it difficult to organize a united group of immigrants living with HIV in ways similar to SETA.

5 The Struggle between Human Rights and Criminalizing Interventions toward Migrants Living with HIV in Finland

When HIV was initially defined as a disease of homosexuals and foreigners in Finland (people not considered part of the nation through legal tradition and social norms) a moral panic arose which created a climate for a law enforcement approach to HIV infection. Since the start of the AIDS epidemic in Finland with the first documented case

in 1983, there have been a relatively small number of prosecutions in Finland – perhaps two dozen according to the estimate of a local prosecutor – for the deliberate spread of HIV as defined in the law as attempted manslaughter, though the majority of these prosecutions have been of immigrants. Finland has one of the lowest prevalence rates for HIV in the European Union at 0.1% and fewer than 3,000 people have been reported as HIV+ since statistics have been kept (THL 2010). Nonetheless, approximately 31% of reported cases are of people from an immigrant background, though the immigrant population of Finland barely 3% (Statistics Finland 2010). There are myriad reasons why immigrants might be reflected so strongly in HIV statistics, including infection in the country of origin that may have a high prevalence and lack of access to care and treatment due to civil unrest or poverty, though there have been few studies exploring this phenomenon (e.g., Clarke 2005). Global studies have shown that poverty is a significant factor in vulnerability to HIV infection (e.g., Farmer 2003).

Despite the strong human rights framework in laws concerning patient care, Finnish criminal laws have been invoked to prosecute people living with HIV. In this issue, we can see the contrasting tendencies of harm reduction by the Ministry of Social Affairs and Health and the criminalization efforts by the Ministry of the Interior in interventions with migrants living with HIV.

In the Finnish context, the use of manslaughter and grievous bodily harm laws has been invoked due to the “deliberate” spread of HIV in a handful of cases³. Nonetheless, fears of being charged with the “deliberate” spread of HIV as attempted manslaughter appear to be a concern amongst people living with HIV (Huotari 1999). Immigrants and foreigners, in particular, have been stigmatized from the very beginning of the AIDS epidemic as potential threats to Finnish society. In 1987, for example, a scandal erupted in the small town of Kotka when African students were accused of being “AIDS carriers” by a local paper. Foreign students reacted against being stigmatized as “AIDS carriers.” One tabloid interviewed the students and by giving them a voice in articles on the controversy attempted to calm the xenophobic tone of much of the public debate on the issue (Nikupaavo-Oksanen 1987: 89). Nonetheless, many foreign students were required to take HIV tests when entering Finland at that time. In 1987, one immigrant made a complaint to the Ministry of the Interior:

According to [the complainant], forced testing of foreigners is an unfortunate example of how foreigners must become the scapegoats when the Finnish conscience must be cleansed. He asks whether there are not other Finnish risk groups that should be monitored, and whether it has been researched how many Finns have contracted AIDS from a foreign student living in Finland. From the writer’s viewpoint, the fact that the demand for testing is targeted precisely at foreigners seems to be unjustified discrimination and a search for scapegoats⁴ (Nikupaavo-Oksanen 1987: 100–101).

There was a public discussion on whether foreign students should take compulsory HIV tests before being allowed to enter Finland (Huotari 1999: 25). Members of the Finnish AIDS Council demonstrated in front of the Old Student House in Helsinki in 1987 to protest the secret testing of African students⁵. The Finnish policy line that was being constructed at the time strongly mirrored international constructions of AIDS exceptionalism. The policy of compulsory testing for foreign students would soon be dropped. The position of immigrants within this policy would nonetheless remain anomalous in many ways, particularly with regard to the criminalization of HIV infection that targeted certain groups.

6 The Case of a High Profile HIV Prosecution in Finland

A law enforcement approach to HIV transmission has not been the dominant approach to managing the AIDS epidemic in Finland. However, criminal law has been invoked in a handful of cases, which have sometimes received sensational media coverage. There is no central registry that documents the number of local prosecutions for the deliberate transmission of HIV in Finland. Each case is registered locally and often under a variety of charges, making it difficult to quantify the exact number. Among the most prominent cases of the deliberate transmission of HIV in Finland in the 1990s were those of an African-American disc jockey (explored below), a Ugandan refugee, a married woman from Thailand, an African disc jockey, and a Kenyan sex worker. All of these cases received widespread publicity, including the distribution of their police mug shots on the front pages of the evening newspapers. In recent years, there was a high profile case of a heterosexual Finnish man charged with the deliberate spread of HIV after having unprotected sexual relations with dozens of women. This sensational case, though, was rather exceptional as media representations of the face of AIDS have generally been those of darker immigrants. The public debates surrounding those charged with spreading HIV provide a forum for fears and anxieties about sexual transgression and disease, and often serve to reinforce xenophobic and racist attitudes amongst the general public.

In 1997, the case of African-American immigrant Joseph Richards hit the Finnish headlines. Joseph Richards, born in 1961, was an African-American man who had moved to Finland in 1991 from New York. He was married to a Finnish woman and had two children. Richards was charged with attempted manslaughter on 13 December 1996 for having unprotected sexual relations with women knowing that he was infected with the HIV virus. On 14 January 1997, the Finnish Criminal Police released an information sheet to the public that included Richards' mug shot and called for Finnish women who may have had sexual relations with him to get tested for HIV.

The information sheet distributed by the police, reminiscent of an old western "wanted dead or alive" poster, reflected many of the stigmatizing attitudes toward immigrants that resonated through

mainstream Finnish society. The growling mug shot of Richards was prominently displayed by many of the tabloids and plastered on front pages throughout Finland, and even other Nordic countries. The media campaign reflected a certain perspective on those constructed as victims and perpetrators. First, the information is given only in Finnish, thus disregarding the possibility that people who are not fluent in Finnish might need such information. Second, the women who have had sexual relations with Richards are described as "victims" while Richards is constructed as a "carrier" – in other words, the women were constructed as innocent, while Richards as a guilty predator – before the trial even took place. Richards was portrayed as a dangerous man in a marginal and disreputable profession (disc jockey), who seduced innocent Finnish women partying at nightclubs in Helsinki. Hence Richards was narrated as the embodiment of black men menacing the purity of Finnish womanhood. This narrative became a powerful image during a period in Finnish history marked by economic recession, high unemployment, and the shift from a country of emigration to immigration, as well as a shift in gender roles which resulted in increased female drinking and freedom.

Joseph Richards was eventually sentenced after a closed courtroom trial to 14 years for 17 counts of attempted manslaughter, the highest sentence ever given by a Finnish court at that time⁶. The Richards case became the defining event in the Finnish story of HIV/AIDS and immigrants. It was the story of moral panic, xenophobia, and irrational racist fears. The words used in many news articles about Richards at the time (e.g., "carrier," "spreader," and "killer") reinforced the association with HIV/AIDS, death, and the body of foreigners, particularly people of color (see Rintamäki 1999, for an interesting discussion of the Richards case in Finnish). The subtext of the Richards story also closely correlated to narrations of HIV as a disease of African bodies, with the emphasis on the sexual association between Finnish women and black men as a threat to the Finnish nation (see Patton 2000). As Rintamäki showed in her analysis, the Finnish women involved in the Richards case were constructed as innocent victims of the HIV-carrier Richards. Indeed, the Richards case was a cautionary tale for migrants – of the potent consequences of sexual contact with Finns as well as the level of blame and vengeance exacted by society when HIV/AIDS was involved. To Finnish women, the Richards case demonstrated the dangers of sexual contact with an immigrant and even implied a geography of danger when unaccompanied in the nightclubs of Helsinki. Finally, the Richards case underlined the view that criminalization, rather than education, would increase safe sex practices by immigrants and maintain the borders of sexual transgression in Finnish society.

The cautionary tale of Joseph Richards demonstrates the anxiety that Finnish society felt about immigrants, particularly immigrants of color, residing in and becoming a part of the Finnish nation. The publicity surrounding the cases of immigrants charged with HIV transmission can also be seen as emblematic of the idea that AIDS is an external threat which can only be let in through sexual relations with foreigners. This belief can easily lead to the assumption that

unprotected sexual relations with Finns are safe. Some recent studies have indicated that condom use for the prevention of sexually transmitted diseases in Finland is relatively low (e.g., Kirkkola et al. 2005; Kivelä et al. 2009). This assumption may have wide-ranging public health implications for the prevention of HIV infection in Finnish society. Another consequence of the focus on prosecuting immigrants for HIV transmission is that the Finnish idea of mutual responsibility in sexual relations was thus lost. Punishing only one party to a consensual relationship mitigates against the notion that everyone is responsible for their own sexual health and must take precautions. It raises problematic notions of informed consent in an intimate relationship. The selective prosecutions of immigrants in Finnish society, particularly as exemplified through the case of Joseph Richards who was widely humiliated in public and harshly sentenced, reflect less a harm reduction approach to HIV than a punitive approach to immigrants living with HIV.

7 Discussion

HIV/AIDS is a uniquely stigmatized disease due to the socially charged ways that it can be transmitted as well as the sociohistorical context from which it has emerged. The singular association of certain types of behavior with physical attributes or social identities has often been used as a reason to further oppress and stigmatize vulnerable communities through coercive or insensitive measures to control HIV. From the early days of the pandemic, HIV has often been seen as a moral judgment against those infected or a threat brought to the nation by outsiders who appear to transgress social or sexual boundaries. The ways that the AIDS pandemic has been managed reflects local relations of oppression and privilege, particularly with regard to which bodies are subject to control and which bodies are not.

Gays were the earliest group stigmatized by HIV in Finland. However, a civil rights movement composed of a heterogeneous group of Finns struggled against this and established the Finnish AIDS Council by the mid-1980s to serve the needs of the gay community. Migrants in Finland, however, faced a different struggle. As immigration to Finland only began during the decade of the 1980s, coinciding with the rise of AIDS fears and anxieties, migrants faced multifaceted racist and xenophobic attitudes and structures that militated against their inclusion through developing interventions targeted at their diverse communities.

Narratives of the criminalization of HIV focus on the individual and neglect structural factors that make some individuals more vulnerable to HIV than others. Various local interpretations of who to bring charges against are frequently shaped by how certain bodies are constructed as threats to society, such as in the case of Joseph Richards and other immigrants prosecuted in Finland. Such prosecutions raise the specter that HIV is being used as a means to discipline and control outsiders to the nation, particularly due to

the highly sensitive ways in which the virus is transmitted. Criminal measures against the deliberate transmission of HIV thus often focus on policing the boundaries of transgressive sexual behavior rather than promoting public health in society. Best practice suggests that effective public health measures generally rely on inclusion and cooperation, rather than exclusion and screening, to support healthy choices.

AIDS exceptionalism worked for Finns united in an integrated national movement, though stigma remained strong for many years. Nonetheless, very few Finns have ever publicly announced that they were living with HIV. The fact that social constructions of victim–perpetrator roles in the HIV epidemic remained prevalent throughout the 1990s shows the ambivalence of Finnish society and policymakers toward effective prevention measures against HIV based on a human rights approach in the context of increasing immigration. Indeed, highly publicized prosecutions have tended to serve to assuage public fears of outsiders and the marginalized through management by criminal law rather than inclusive efforts to prevent the transmission of HIV.

The corporatist-expert driven approach to public health in Finland tended to militate against community inclusion in HIV interventions as stakeholders. The special circumstances of migrant communities: the lack of knowledge and experience in Finnish society, the lack of language skills, extreme cultural diversity, criminal prosecutions, and stigma by both outsiders and insiders, all acted as barriers to organizing and participating.

Since the 2000s, multicultural services have increasingly developed in the field of HIV and a new generation of Finns with a migrant background has become social and healthcare workers. The groups most affected by HIV in Finland today are injecting drug users, men who have sex with men, and migrants. Relations of stigma, shame, and oppression continue to be a structural issue that plays out in a multitude of ways on a personal level. In 2008–2009, 44% of new HIV infections were found amongst migrants, though most have been infected through heterosexual transmission before they arrived in Finland (UNGASS 2010). HIV therefore remains an important issue for migrants. There is nonetheless reason to think that psychosocial services and care for migrants living with HIV have improved and become more easily accessible. Mobile populations (e.g., people considered temporarily in Finland due to residence status) are emerging as a little known group of interest for HIV prevention work.

The increasingly xenophobic tone of public discourse in Finland may add new levels of stigma to migrants living with HIV. It would be important to study the current situation of migrants living with HIV in Finland due to the continuing high percentage of migrant representation in national statistics. As HIV is a chronic disease, nowadays people with HIV can be expected to have long active lives in society. This historical case study shows that the story of HIV continues to ebb and flow around complex relations of oppression, stigma, and the struggle to empower patients with human rights to make healthy choices.

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Notes

1. Though the name of this individual is public knowledge, I have decided to use a pseudonym for him in this article so as to not perpetuate stigmatization.
2. "Any person who publicly encourages sexual relations between persons of the same sex shall be sentenced for incitement to homosexuality as provided for at which offence shall be punishable by up to six months imprisonment or a fine."
3. For an interesting discussion of the basis of individual rights and AIDS in Finland see Rantanen (1999).

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