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School of Government

CASE PROGRAM

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## The AIDS Grim Reaper Campaign (A)

*That ad had a very clear brief to scare the hell out of Australia and put AIDS on the list. Prior to that no one knew about it. That ad is once seen, forever remembered.<sup>1</sup>*

*Noel Magnus, Head of Account Management, M&C Saatchi.*

In March 1983, Federal Health Minister Neal Blewett of the newly elected Labor Government had his first formal briefing with senior Health Department officials. He was presented with “two fat folders” containing some 40 different issues, the most pertinent being the introduction of Medicare (the national health insurance scheme). Quite a way down the list was a mysterious condition observed in the United States called GRID (Gay-Related Immune Deficiency) – aetiology unknown, except that its victims were largely homosexual men. According to his recollection, Blewett was advised that no cases had so far presented in Australia and that the disease was not anticipated to pose a significant threat to public health.<sup>2</sup> It wouldn’t be long before Blewett realised otherwise.

Those assembled were unaware that Australia already had its first case of GRID (soon to be known as AIDS). But by mid-1983 there was concern about the safety of the blood supply and by the end of 1984, there had been 47 diagnosed cases and 18 deaths.<sup>3</sup> By

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This case was written by Marinella Padula, Australia and New Zealand School of Government, for Peter Thompson. The assistance of William Bowtell is gratefully acknowledged.

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<sup>1</sup> Halliday, C., ‘Top Ads’ *The Age*, 6 October, 2002.

<sup>2</sup> Blewett, N., ‘AIDS in Australia: The Primitive Years’ Australian Health Policy Institute, 2003/07, p. 4.

<sup>3</sup> *ibid*, p. 5.

1985, approximately 4500 men in inner-suburban Sydney and Melbourne had tested HIV positive.<sup>4</sup> While much mystery still surrounded the illness and the number of casualties climbed, it became apparent that HIV (the precursor to AIDS) was not an airborne virus but rather one that was transmitted primarily through penetrative sex (particularly anal) and tainted blood or blood products. Screening donated blood and stricter hospital protocols could virtually eliminate clinical exposures but person-to-person infections were another matter entirely.

“The first thing we decided was to do something about it,” said William Bowtell, then a senior adviser to the Health Minister. “It would have been very easy to leave it to the states and say nothing more about it. But from 1983 to 1986 the issue became extremely complex. There was clearly an epidemic amongst gay men and injecting drug users that really seemed to be escalating out of control.” He was convinced that a decisive, coordinated response was critical to halt the spread of the disease in high-risk populations and prevent it taking hold in the wider community. He also believed, against the advice of the Health Department, that the Federal government was best placed to deliver a long-term strategic response.

As it happened, the states weren’t keen to claim ownership of the issue and not purely for financial reasons. In conservative quarters, AIDS was seen as a by-product of “deviant lifestyles” creating a political quagmire that the Minister’s state counterparts were eager to avoid. Wrote Blewett: “The marginal nature of the groups affected may also have influenced state attitudes. It was, I suspect, only partly a joke when a state ministerial colleague commented to me, ‘Look, mate, there are no votes in buggers, druggies and prozzies!’”<sup>5</sup> Bowtell was a keen observer of the US situation where the spread of the disease had been compounded by what he described as “the wretchedness of the toxic American political debate where, for internal political reasons, AIDS was being brought forward as God’s vengeance on homosexuality.” As a result, lobby groups had encountered enormous obstacles to securing funds for research, treatment and preventive efforts.

While these forces had not taken hold to the same extent locally, Bowtell observed that within the health establishment there were “senior bureaucrats, reactionary politicians and medical types who felt that the appropriate response to the emergence of HIV was: sanction, isolation, and quarantine. The people who had been affected (gay men, sex workers etc) were irredeemably awful and evil and their destructive behaviour wouldn’t change, therefore all the power of the state should be used [against them].” By contrast, Bowtell (in consultation with a variety of groups including sufferers and frontline clinicians) formed the opinion that quarantine was unnecessary and sanctions would only discourage people from being tested. He instead believed that treatment and scientific research were important but that prevention was paramount. This would, however, involve departing from standard procedure. Said Bowtell:

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<sup>4</sup> Bowtell, W., ‘Australia’s Response to HIV/AIDS, 1982-2005’, Lowy Institute for International Policy Sydney, Australia, May 2005, p. 15.

<sup>5</sup> Blewett, N., op. cit., 2003/07, p. 8.

“By the mid-to-late 1980s it became apparent that we needed to look at (for the times) extremely radical, innovative and novel responses to this like the introduction of needle exchanges which quite explicitly acknowledged that injecting drug use was taking place. We had to talk frankly and graphically to all sorts of people but mainly to young people about all sorts of sex, not just vaginal sex between straight people. This required a level of frankness that was hitherto uncommon in the Australian mass media. To take that approach meant that you came up against very strong cultural, ethical and political responses. So the argument had to be that, yes these things were in your face, unprecedented and directed at young people but all of these things were in the interests of a bigger question: the protection of young people, families, communities and the country from HIV infection.”

The prevention message needed to reach not only high-risk groups (that in many instances were already adopting safer practices) but members of the broader community who were thus far little personally affected by AIDS. Bowtell already had some experience in the area of social marketing having been responsible for publicising the Medicare scheme. He recalled that the development of Medicare had been fraught with bitter and protracted political battles but ultimately well received by the public, thanks to a successful advertising campaign just a few years earlier. By 1987, Bowtell was effectively in charge of the Health Department’s AIDS Coordinating Unit and had been allocated the resources to produce a series of public announcements. He decided to apply the lessons of Medicare to AIDS but not quite in the way the Government expected:

“We got approval to do the general marketing campaign but I know what the bureaucrats and the people who signed off on it thought that they were getting: a very boring, dry [public service announcement]. Most bureaucrats love campaigns that take a lot of budget and involve them travelling a lot of places over a long period of time. The mark of success is if nobody notices the ads when they go to air. I knew that unless this thing was memorable we would not have control of the politics of the response and the funding.”

Bowtell set about scouting for an advertising agency that could realise his objectives: (1) to drive home the danger AIDS represented; and (2) engender broad-based community support for research and preventative measures that would ensure a long-term funding commitment from government. He believed that the emotive power and immediacy of television would best achieve this and sought a concept that was so confronting that it would prompt an immediate reaction. Bowtell eventually found what he was looking for in Siimon Reynolds, then a young executive from Grey Advertising in Sydney, who devised a storyboard based around the Grim Reaper.

Developed under a tight veil of secrecy, the completed advertisement depicted the Grim Reaper at a bowling alley with pins represented by average Australians including mothers and young children. A foreboding voice-over warned that, “At first, only gays and IV drug users were being killed by AIDS, but now we know every one of us could be devastated by it,” while the Reaper bowled, striking down his victims. The ad had the look of a horror film sequence and Bowtell was insistent that it appear as slick and compelling as the best private sector advertising. He was pleased with the results but the response from others was consistent with his expectations:

“We only showed it to the [Health] Minister, I think, a few days before it aired. We had already booked the ads. It was really a terrible hijacking of process and I don’t know how we got away with it. There was a furious argument, as I expected there would be, saying that it was intolerable and that it would attract immense criticism from certain quarters, which it did.”

Despite Blewett’s misgivings, he presented the campaign to Prime Minister Bob Hawke who, faced with a looming election, still did not seek to block it.<sup>6</sup> The advertisements went to air as scheduled at the beginning of April 1987 for a total of 6 weeks. (Bowtell noted that the fact that the screening coincided with the sitting of the budget expenditure committee was not accidental.)

To no great surprise, the response to the Grim Reaper campaign was immense and instantaneous. For some media commentators, it was unnecessary scaremongering driven by gay groups who were seizing the national agenda for their own purposes.<sup>7</sup> Meanwhile, some gay advocates and AIDS sufferers felt that the advertisement just further sensationalised the illness and inadvertently demonised a community that already had to deal with considerable discrimination and vilification. Writer and activist David Menadue, who was diagnosed with HIV in 1984, said: “...at the time, it was incredibly scary, particularly for positive people. Like, we felt we were the Grim Reaper bowling the balls and that poor little girl in the pigtails, in many ways, was not the real target of the campaign.”<sup>8</sup> Immunologist Professor Ron Penny, reflecting back on the period, agreed: “The downside was that the Grim Reaper became identified with gay men rather than as the Reaper. That was what we had unintentionally produced, (the belief) by some that the Reaper was people with HIV infection, rather than the Reaper harvesting the dead.”<sup>9</sup>

The screening of the ads also prompted a “flood of protest” from people concerned it was too frightening for children and that it contained little in the way of information.<sup>10</sup> For Bowtell, that was partly the point. Because it was impossible to convey much factual information in 30-60 seconds, he wanted to compel people to find out more, hence initiatives like the AIDS hotline. Said Bowtell: “When you put the message out there that AIDS is a big problem, you have to surround this with a massive educational campaign on paper and in the media. You put the fear of God in them and when they turn around and say: ‘What do we do?’, you have the answer to their questions.” The campaign’s confronting nature also gave it a public shelf-life long beyond 6 weeks, “People would tell you that they were sick of [The Grim Reaper] because it ran for years. Well, it ran for years because it was taken up editorially. In every news bulletin, every story about AIDS, everybody took the imagery,” Bowtell marvelled.

The television advertisements were also supplemented by printed material, such as leaflets, which explained the disease and preventive measures in a more sober fashion (*Exhibit 2*). But this was also a source of controversy. Bowtell recalled members of the

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<sup>6</sup> Blewett, N., op. cit., p. 20.

<sup>7</sup> *ibid.* p. 18.

<sup>8</sup> Interview with David Menadue, *George Negus Tonight* ABC, 2 March, 2004.

<sup>9</sup> ‘Grim Reaper’s Demonic Impact on Gay Community’, *B&T*, 1 October 2002.

<sup>10</sup> ‘Australian AIDS message brings flood of objections’, Reuter News Agency, 7 April 1987.

medical establishment who, put out by the campaign's emphasis on prevention, claimed that open and honest discussion of sex and drug use would only encourage and facilitate more youth experimentation, resulting in higher infection rates. Such arguments did give Bowtell a moment's pause. But he trusted in the ultimate pragmatism of the Australian people, believing that the Government was right to acknowledge reality and give people the means to take precautions.

Bowtell and the Hawke Government did not have to wait long for evidence. The number of diagnoses fell after 1987 and continued to fall until 2001 (*Exhibit 1*). Bowtell noted, with considerable satisfaction, that controversial programs like needle exchanges were not only working, but there was also no evidence to suggest, for instance, that drug use had gone up. Meanwhile, at a political level, AIDS now had momentum. Blewett observed that AIDS measures enjoyed almost total bipartisan support and although there was some minor debate within government over funding, there was general consensus on matters of policy.<sup>11</sup> Many new research and support programs were formed after the 1987 campaign and over the following years, the comparatively small number of new infections was largely confined to high-risk populations. On an international level, Australia had one of the lowest levels of infection in the world. In 2003, the incidence of AIDS was 1.5 cases per 100,000 people, compared to 15 in the United States.<sup>12</sup> As of September 2004, there had been a total of 6,459 deaths over the course of the disease's existence in Australia.<sup>13</sup>

Looking back, the campaign was widely recognised as a landmark public health initiative that paved the way for similar approaches such as the shock tactics used in Victoria's Transport Accident Commission commercials. Reservations aside, Immunologist Ron Penny acknowledged that the ad was "...one of the most effective campaigns ever launched in Australia," and had proved a powerful "wake-up call" to the country, remarking that: "I think there's never been anything on television or any media that has ever matched it in terms of impact, but no advertising can be without some downside and that was never intended. But it at least made people aware and probably it did change sexual practices of heterosexuals."<sup>14</sup> For his part, Bowtell was unequivocal about what the campaign had achieved:

"It worked, it's completely clear, and the butcher's bill we didn't pay was maybe 40,000 people who are not dead. It had an immense effect on the way the public saw the problem and that was translated into the way that Parliament and Cabinet saw it. They said: 'Something must be done' and it was a problem we had answers to – a long term structural response that gave AIDS advocacy groups, specialist medical groups, researchers, community groups and needle/syringe exchange programs good funding... I don't think we would have moved to fund and implement the strategies we did as quickly as we did if we hadn't had this breakthrough. It changed the environment in which this political debate was fought and led to the acceptance of radical change and policy where none existed before."

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<sup>11</sup> Blewett, N., op. cit., p. 20.

<sup>12</sup> Bowtell, W., op. cit., p. 8.

<sup>13</sup> Ibid, p. 5.

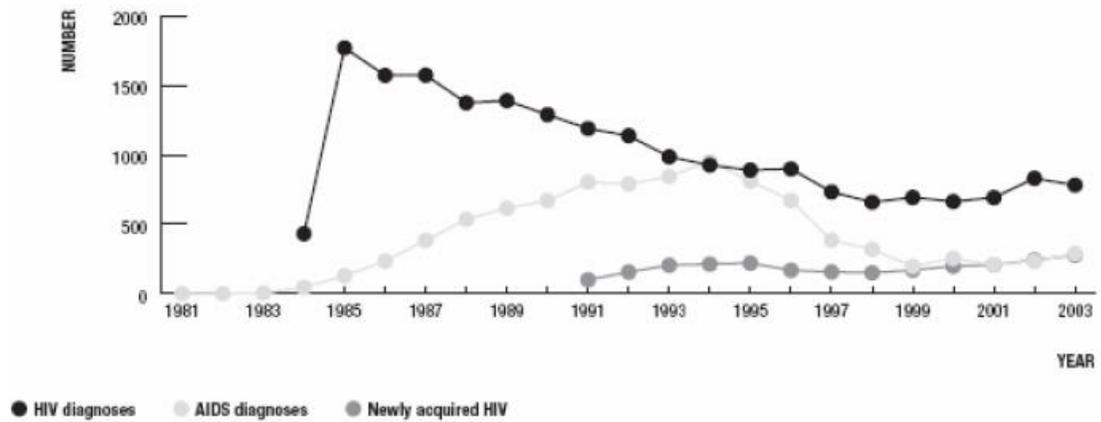
<sup>14</sup> 'Grim Reaper's Demonic Impact on Gay Community', *B&T*, 1 October 2002.

**Exhibit 1: Grim Reaper Campaign image**



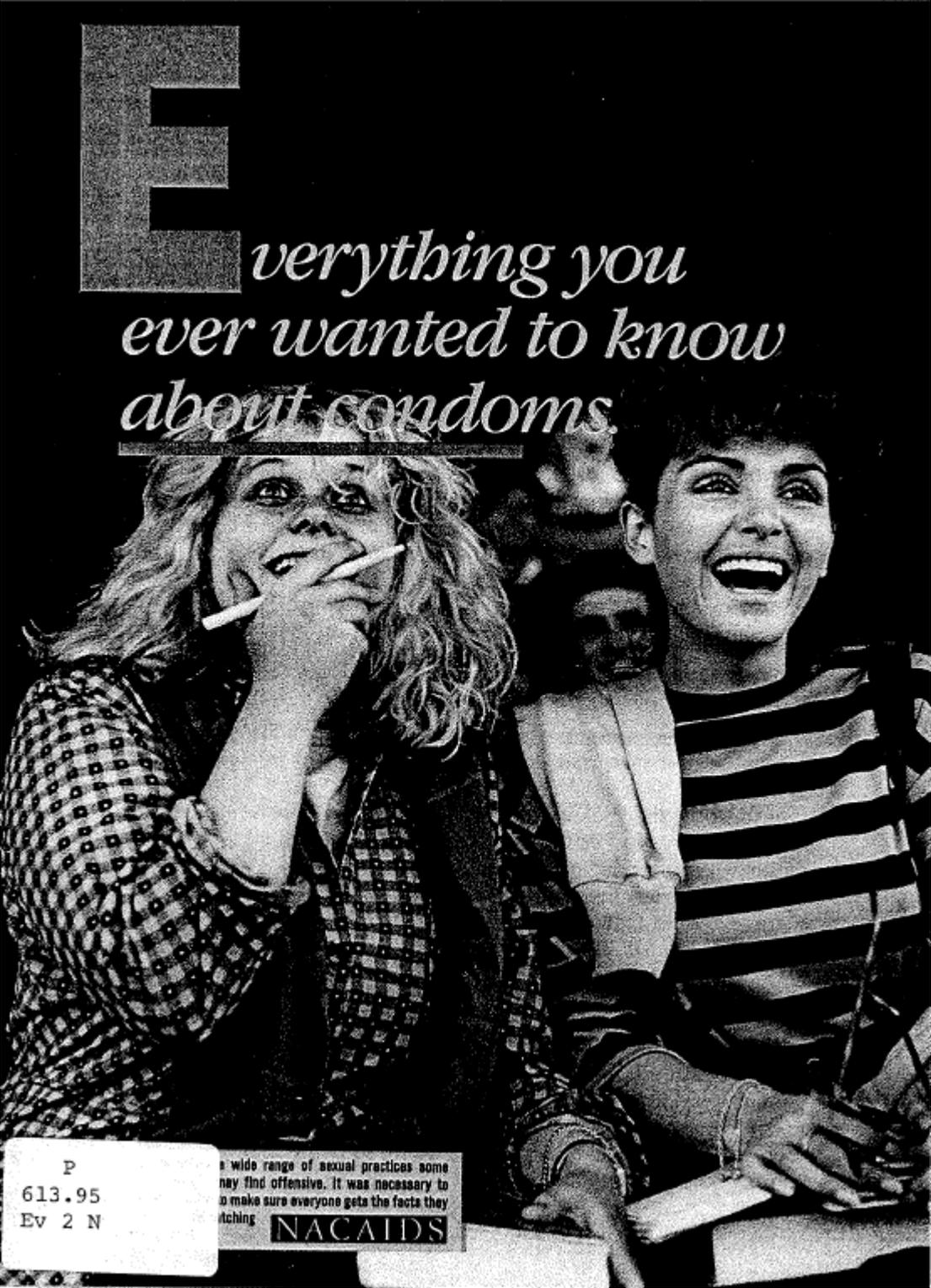
## Exhibit 2: Number of diagnoses of HIV infection and AIDS in Australia

1 HIV diagnoses adjusted for multiple reporting. AIDS diagnoses adjusted for reporting delays.



Source: Bowtell, W., 'Australia's Response to HIV/AIDS 1982-2005', Lowy Institute for International Policy, Sydney, Australia, May 2005, p. 7.

Exhibit 3: Informational leaflets 1987

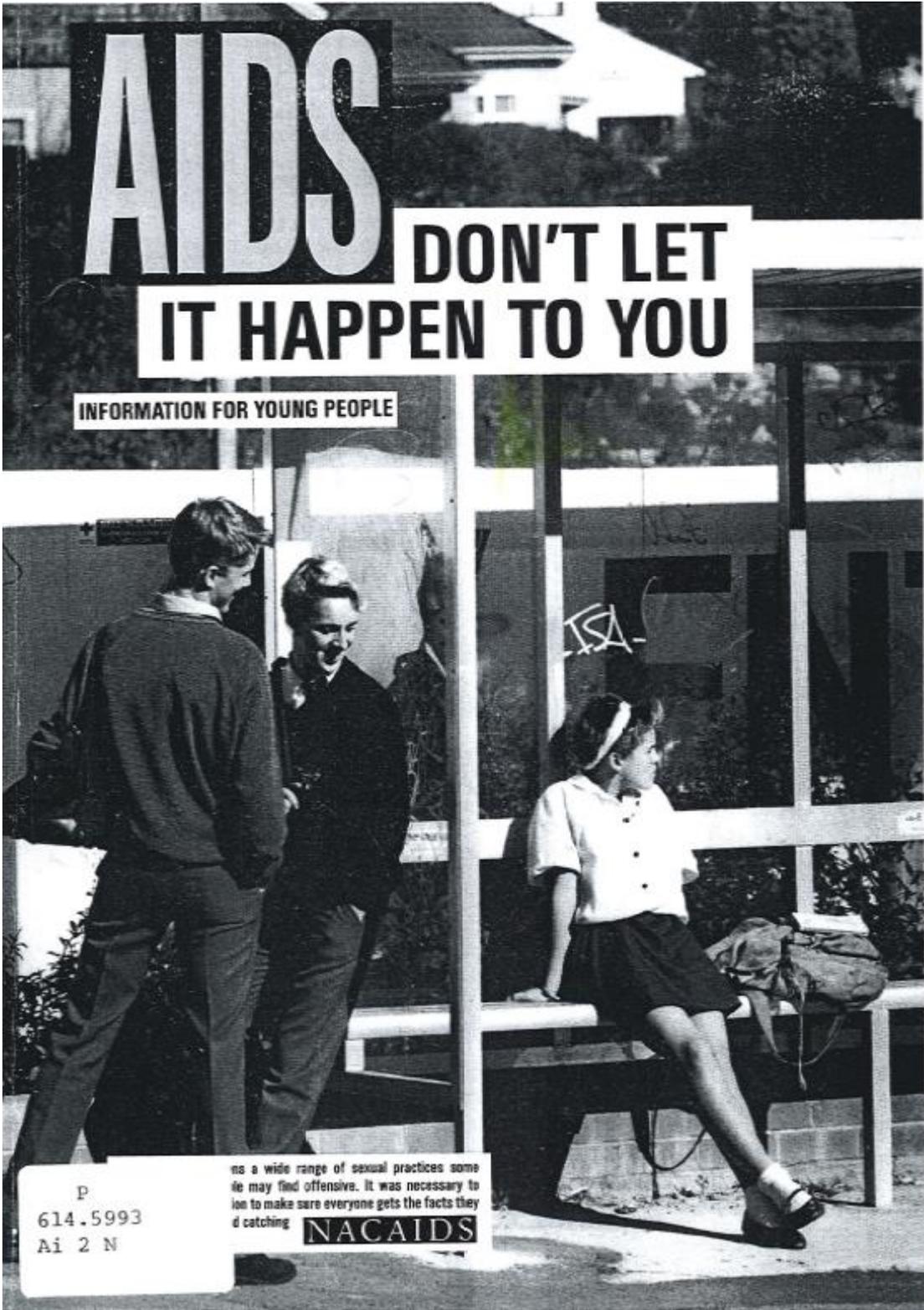


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