

# Marriage of convenience

***Intense political pressure forged a dubious alliance between government and the Terrence Higgins Trust***



## Paul Atkins

*Paul Atkins has been a THT volunteer for four years. He was a member of the THT's drug advisory groups and until recently was HIV Information Officer at SCODA. He now works as Policy and Services Development Officer for AIDS and Drug Services at South West Herts Health Authority.*

WHEN AIDS HIT the headlines there were calls throughout Europe for people with AIDS to be segregated, brutalised and deported – calls which often seemed rooted in bigotry, as AIDS had come to be associated with gay men. Against much opposition, the English Health Minister set government policy towards providing information and education for the whole population.

The Terrence Higgins Trust (THT) had already been established with the initial aim of drawing attention to the needs of people with AIDS. By the first government campaign the trust had become the most authoritative source of information in Britain and moved towards producing information for anyone in an attempt to curb the fear and confusion generated by the campaign and the media.

THT materials were widely seen as the best available. They were more accessible to younger people and more explicit; the notorious 'iceberg'

was as risqué as the DHSS was permitted to be. Soon THT materials were in demand nationally and the organisation mushroomed.

Criticised for doing too little following its campaigns and under political pressure to act quickly, the DHSS decided to allocate a budget for AIDS and looked around for an agency to administer it. The high-profile THT was the obvious, perhaps the only, choice. But the culture in the trust was geared towards gay men and there came to be a growing unease among some members that it was failing to meet the needs of other groups, including drug users.

To help guide it in its work with drug users, the Drug Education Group (DEG) was set up, only to be ignored by the trust's directors, who remained focused almost exclusively on gay men, the largest group with AIDS. Every month for over 18 months the DEG wrote concerned letters to the directors before receiving a reply. In the group, the atmosphere was one of frustration and anger. Every possible tactic was tried to get the trust to respond to the needs of drug users and of the drug team staff, without success. Money for drugs work was being used to offset deficits elsewhere. The DEG was well aware of the Trust's chaotic finances and knew the budget sheets to be a nonsense. After another round of letter-writing and meetings, in June 1989 six members resigned out of anger and frustration.

INFORMALLY IT BECAME clear that the Department of Health (DoH) too were aware of the acute management problems and lack of financial accountability at the trust. After an official audit the trust was given three months' funding and told to get its act together, but given

no guidance on how. The result was that nothing changed. Martin Eede, now settled in as chief executive, appeared unable to manoeuvre within the agency. He had the responsibility and the management experience, but not the power to achieve change, and was unable to effect the transition from crisis management.

Pressure increased on the AIDS Unit at the DoH, which could not be seen to be spending such a large proportion of its money on gay men in London. But with so much money already invested in the Trust and its continuing high profile, the unit felt unable to withdraw support. To do so would have highlighted the THT's financial mess – and the lax way the department had funded the trust in the first place. Betsy Ettorre, from May 1989 the trust's

Drugs Coordinator, increased pressure on its directors in a report pointing out that it would be unable to put its house in order until aims were clarified and adequate

financial and management structures were in place.

At this time AIDS funding priorities were shifting from gay men to drug users. Some trust members feared the DoH would withhold the drugs element of the budget if it remained too closely identified with gay men. Martin Eede told the trust's Drugs Advisory Group on AIDS (DAGA – successors to the DEG) that he had allocated £230,000 to drug work in the bid to the DoH – an attempt to indicate the level of commitment to this area. Martin worked with Betsy to achieve some movement within the Trust to this end.

Reaction to her efforts led Betsy also to resign – but before doing so she sent another closely argued report to the directors. In DAGA there were one or two dissenting voices, but it was clear that with its current set-up the Trust could not provide services to drug users. Despite this it later appeared that lack of clarity over aims was continuing to push the trust towards activities it had neither the competence, structure nor motivation to carry out. It looked as if the trust's flirtation with drugs had become merely a ploy to get more finance from the DoH for something it was disinclined or unable to do – stopping the money from going to drug agencies around the country who were in a position to use it.

THERE IS NO doubt that without the focus provided by the THT, AIDS services in Britain would be a long way behind their current position. It should be supported by the DoH, but advised to concentrate on the things it is good at – media work, campaigning, fundraising and publicity. But its plans tend to the grandiose and unrealistic and its powerful directors do not display the skills needed to do the work. Until that is redressed, the trust will continue to draw criticism. ■

***Withdrawing support would have highlighted lax funding by the Department of Health***