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Once Upon A Virus

Diane Goldstein

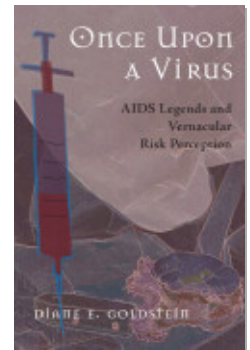
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“Billy Ray Virus”

The Folk Creation and Official Maintenance of a Public Health Scapegoat

The cultural adaptation of the “Welcome to the World of AIDS” narrative, discussed in the last chapter, can be seen as instructive in terms of the articulation of local health attitudes otherwise not easily assessed or expressed in the survey forms normally used in knowledge, belief, and behavior studies. It stops short, however, of actually demonstrating the direct impact of the narrative on daily life and interaction. This chapter takes the story a step further, out into the community where the legend creates a kind of “master narrative” poised to leap into interstitial gaps in knowledge and comprehension (Wycoff 1996). The story that follows demonstrates the life of a legend as it wraps itself around day-to-day interactions, providing a script for action and interpretation when information is scant and realities are too harsh to contemplate. With this said, however, it is important to note that the image of recourse to legend when information and understanding are lacking is simultaneously too bold and too superficial to really capture the fragile borders between legend and reality. Legend rarely gets incorporated whole into those gaps, and gaps in information are rarely complete or visible. Realities are not singular or transparent but, rather, multiple and emergent. This chapter will demonstrate the more subtle and more complex interweaving of ideas that form the discursive traditions of health and illness.

The Events

In December of 1991, a twenty-eight-year-old man from the small Newfoundland community of Upper Island Cove was charged under the Common Nuisance Section of the Criminal Code of Canada for endangering the lives, safety, or health of the public through unprotected sex while knowingly carrying the AIDS virus. Ray Mercer was found guilty and sentenced to two and a half years in prison, later increased on appeal to a sentence of eleven years and three months (*R. v. Mercer* 1993).

While the Mercer trial provided Crown attorneys with a precedent-setting case in terms of long-term sentencing for the "purposeful" transmission of HIV, it simultaneously presented a case study for examining the interaction between rumor, legend, and reality. The Mercer case from its very beginning was plagued by confusion with narrative traditions about intentional infection, a confusion that was evident to lawyers responsible for the prosecution. Several weeks before the public announcement of Mercer's charges, I became involved in the case, albeit minimally. During that time, I was contacted by Senior Crown Prosecutor Tom Mills about events related to the Mercer trial. Mr. Mills expressed a concern that he might require a folklorist and then proceeded to fill me in on the bare essentials of the Mercer charges. In April of 1991 Ray Mercer's name was given to public health as a reported partner of someone who had tested positive for HIV. Ray was contacted, tested for the virus, and cautioned not to have unprotected sex while he waited for the results. Ray's tests came back showing that he was infected, and he was once again cautioned on the risks of engaging in sexual activity. At this second meeting with the public health officer, Dr. Catherine Donovan, Ray indicated that he understood the risks involved and asserted that he had had no partners since he was initially called in for testing. Nevertheless, in August of 1991 Dr. Donovan became aware through the rumor mill that Mercer was seeing a local girl, age sixteen (hereafter referred to as Susan).¹

As a result of this rumor, Dr. Donovan contacted Susan and suggested that she submit to a blood test. Dr. Donovan also contacted

1. Since one of the two women infected by Raymond Mercer requested a ban on publication of her name, I have chosen to use pseudonyms for both women.

Ray at this time, and he admitted that he was engaging in sexual activity with Susan and that he had not told her that he was HIV positive. The results of Susan's tests were inconclusive. A short time after the results were issued, Dr. Donovan attempted to serve Ray with a No-Sex² order but discovered instead that Ray had left the province, accompanied by Susan. By October, rumors reached the local RCMP detachment that a man had infected nine to twelve women in the Upper Island Cove area with the HIV virus. At this point it becomes difficult to trace the precise chronology of events because things began to happen simultaneously and rumors began to feed rumors. On October 15, Susan submitted to a second blood test in Toronto, which confirmed that she had indeed been infected with HIV. Susan did not at this time choose to press charges. Nevertheless, on December 5, 1991, Ray Mercer was arrested and charged by the police with committing a common nuisance in relation to his activities with Susan. The next day Ray was released on bail.

Later that day, December 6, 1991, the police received a call from a twenty-two-year-old single mother residing in Toronto (hereafter referred to as Catherine), advising them that she had also been infected by Ray Mercer in July while visiting her family in Newfoundland. In the fall, Catherine began being plagued by persistent illness; and after being informed by her mother that rumors were circulating in the community that Ray Mercer had AIDS, she visited a doctor in Ontario where she eventually tested HIV positive. Catherine's statement in December was actually the first direct evidence of Ray Mercer's involvement in knowingly transmitting the virus and resulted in a charge of criminal negligence causing bodily harm. Susan, who had refused to implicate Mercer, finally furnished the police with a statement on April 29, 1992, the eve of Ray Mercer's preliminary inquiry and nearly one year after the beginning of the public health investigation. Susan indicated in her testimony that Ray had feigned surprise when she received the call suggesting that she be tested; she also revealed in her statement that her relationship with Ray had led to a pregnancy, which she later terminated after being counseled that the baby would potentially be HIV positive.

Back in December of 1991, however, when I met with Mr. Mills, Susan had not yet given her statement; and in the absence of any

2. This is a public health document ordering the recipient to refrain from sexual activity to protect the safety of potential partners.

direct charges, Ray had been charged more generally with the common nuisance section of the criminal code. Following Catherine's call to the police, things became confused. In Canada, police may press charges in lieu of a civilian complaint. And so they did. Two charges were brought against Ray Mercer—one from Catherine and the second representing Susan, by the police. The police, however, were intent on pressing another set of two charges—each representing rumors of an unknown female purposely infected by Ray Mercer. The charges, dated December 5, 1991, read as follows:

On behalf of her Majesty the Queen the informant says that he/she has reason to believe and does believe that Raymond Mercer of Upper Island Cove, Newfoundland, between the 1st day of January AD 1991 and the 5th day of December AD 1991 at or near Bay Roberts and or Upper Island Cove and other places in the province of Newfoundland, did, knowing that his blood had previously been found to contain antibodies to the Human Immunodeficiency Virus, commit a common nuisance by endangering the lives, safety or health of the public, to wit, by having unprotected sexual intercourse with *a female person*, contrary to section 180 of the Criminal Code of Canada. (Ramsey 1991)

The charges were left ambiguous: the "informant" noted as pressing the charges was the RCMP Constable, the specific place of infection was local but very generalized, and the victim was identified as an unspecified "female person."

Mr. Mills's feeling that he "needed a folklorist" was based on his concern that the case had become so mixed up with rumor and narrative that charges based strictly on local stories were now being filed. As Crown lawyer responsible for prosecutions, Mr. Mills feared that unprovable charges would interfere with successful conviction on provable charges. What Mr. Mills wanted from a folklorist was information on AIDS rumor and narrative traditions in the province—information that might suggest a preexisting narrative tradition concerning an aggressor who knowingly transmits the HIV virus. Using this information, Crown prosecutors would try to convince the police that by pressing unspecified charges they were tapping into a larger tradition of AIDS folklore. And it certainly appears that they were. I provided Mr. Mills with folkloristic literature on the local "Welcome to the World of AIDS" tradition and other

purposeful transmission narratives, and he ultimately convinced the police to drop the nonspecific charges.

Legend and the Law

While contemporary legends might, on the surface, appear to be “just stories,” they are often so localized and compelling that they can have a significant effect on the beliefs and choices that govern human behavior. Legal case reports are full of legendary motifs, sometimes indicating ostensive enactment of legend (see chapter 2), other times indicating interpretations of events according to a pre-existing legendary tradition, and sometimes indicating polygenesis or multiple origins (where the narrative tradition and parallel events, despite their similarity, are actually separate and distinct and bear no relationship to each other). In a recent house robbery in Kingston, Ontario, for example, the burglar took the family dog, who began barking, and placed it in the microwave oven, setting the oven on five minutes. The similarity to the classic “poodle in the microwave legend,” in which a lady unfamiliar with the technology attempts to blow dry her dog using the microwave, is immediately noticeable. As stories detailing the enactment of crimes, “Welcome to the World of AIDS” and other deliberate-infection narratives provide perfect templates for narrative-based criminal action. In 1990, for example, the “Welcome to the World of AIDS” story became the center of a murder case in Cincinnati, Ohio (Dennis 1991; Brunvand 1991). In that case, Mr. Jeffrey Hengehold was found guilty of the murder of Linda Hoberg. Attorneys for Mr. Hengehold argued for sentence reduction due to mitigating circumstances. Hengehold, defense attorneys told the courts, had picked up Ms. Hoberg at a bar, had sex with her, and then, as they parted, Ms. Hoberg allegedly said, “Welcome to the world of AIDS.” Mr. Hengehold said that he responded to the comment in fear for his own life, losing control and hitting Ms. Hoberg repeatedly, eventually causing her death. Prosecutors in the case argued that the defendant had made up the story. The judge rejected the defense argument, sentencing Mr. Hengehold to life in prison.

The presence of the “Welcome to the World of AIDS” reference in the Hengehold murder trial suggests “ostension.” Readers will recall (from chapter 2) that ostension involves situations where legend tradition bearers communicate narrative through action rather

than narration (Dégh and Vázsonyi 1983:6). In other words, ostension occurs when individuals *act out* a story instead of narrating it or repeating it (Dégh 2001). In most cases ostensive action does not have a direct "playacting" kind of relationship to the story but rather suggests in a more subtle sense the way narrative provides an encoded cultural script for decision making and action.³ In recent years, legend scholarship has been used in several criminal trials involving ostensive action, that is, in cases where criminal acts were informed by, or based on knowledge of, similar action in legend tradition (Ellis 1996). In these cases, the perpetrator places him- or herself in the role of the antagonist in a narrative and performs a crime previously known from legendary tradition (much like copycat crimes). Crimes involving food tainting, ritual abuse, and murder have been argued using expert testimony on legend tradition and ostension.

Since rumor and legend had become woven through the Mercer case, the possibility of ostensive behavior had to be considered. Were Ray Mercer's actions in some sense ostensive? Was he recreating through his actions the well-known "Welcome to the World of AIDS" narrative? I checked back through the questionnaire survey of AIDS folklore that I administered to students at Memorial University each year beginning in 1986. As I perused questionnaires responded to by people from Conception Bay North (CBN), where Upper Island Cove is located, I found that the "Welcome to the World of AIDS" legend was extremely well known in 1991 in that area. This was not surprising, as the story seems to have reached a peak in its popularity all over the province at that time. There was certainly a good chance that Ray Mercer knew the "welcome" story. Nevertheless, while it is very likely that Ray Mercer had heard the "Welcome to the World of AIDS" story and while Ray's actions did seem purposeful, they did not seem to reflect the narrative fully enough to indicate ostensive behavior. What did appear to be the case, however, was that the police and local residents had received the behavior as ostensive and perhaps had themselves acted ostensively.⁴ Without doubt, the police in Conception Bay North allowed rumor and traditional narratives to shape their perception of what

3. Dégh and Vázsonyi (1983) describe different forms of ostensive behavior including pseudo-ostension and quasi-ostension, both of which are more subtle forms lacking in the direct narrative reproduction seen in full ostension.

4. Bill Ellis also notes the role of legend in helping to shape police expectations in a satanic cult investigation in Toledo, Ohio (Ellis 1996).

they were helping to uncover. While Susan and Catherine were the only cases of women infected by Ray Mercer found by the police, the officers were convinced that there were more and worked diligently at following up rumors, serving subpoenas to women reputed to have slept with Ray, and finally pressing their own rumor-based charges. It appears that their actions were based on their understanding of Ray Mercer as a perpetrator they recognized from narrative tradition, and it is clear that Mr. Mills also saw this potential narrative reflection in their actions.

Ultimately, truly understanding a behavior as ostensive requires insight into the psychological state of the actor at the moment of action.⁵ This would, of course, be nearly impossible to know with certainty, particularly after the fact, but the relationship between legend and reality does not stop there. Ray Mercer's actions clearly fit with the already existing narrative tradition and were interpreted as such by subsequent narrative tellers. Upper Island Cove and its neighboring communities of Harbour Grace, Spaniard's Bay, Bay Roberts, and Carbonear became regularly woven into versions of "Welcome to the World of AIDS," as did facts from the Ray Mercer case. One man from St. John's told the following version typical of this merger:

I heard about this guy from Carbonear or somewhere around there and he apparently knew he had AIDS but apparently he didn't seem to care and he'd be going around from place to place picking up girls and going back to their apartment and whenever a girl would wake up in the morning, on her bathroom mirror written in lipstick would be "Welcome To The World of AIDS" and it kept on going 'til the guy was eventually caught by the police.

Similarly, referring perhaps to Susan's pregnancy, a woman from St. John's wrote in response to a general narrative question in the AIDS questionnaire,

I heard a story about a man from Bay Roberts who had infected a girl with HIV knowingly. She got pregnant by him and he found out and sent her a little coffin (similar to a matchbox) with a little note, "Welcome to the World of AIDS."

5. I am indebted to Christina Barr for this observation.

While Ray Mercer may not have consciously thought he was the perpetrator in “Welcome to the World of AIDS,” others clearly thought he was. And although the narrative may not have caused Ray to perform his actions, it is certainly resonant within them and likewise he is now resonant within the narrative tradition. There is no current evidence to support, with certainty, a contention that Mercer was aware of or concerned with the parallel legendary tradition that predated his actions;⁶ there is, however, enormous evidence that the boundaries between legend and reality are continually tested and foregrounded in the Mercer case and in resulting legendary tradition. For this reason, it appears necessary to step away from the implicit notion of causality⁷ found in the concept of ostension (where the narrative causes the pattern of events) and move on to try to understand the relationship between narrative and action intertextually, that is, as texts that must be read in relation to each other.

Intertextuality solves the causality puzzle intrinsic to ostension theory. It does not require us to know if the narrative provoked the action or if the action provoked the narrative; in some sense both may be the case. Rather, intertextuality focuses on the nonchronological and nongenetic reciprocal ties between texts, their “relationships of meaning, allusion, and connotation.” As Lotte Tarkka notes,

Intertextual relations are twodirectional and reciprocal: one text is not primary and the other secondary, neither in the chronological sense nor as an evaluation. The identity of a text, the boundaries between texts, their ends and their beginnings, become superficial, transparent and permeable. (1993:171)

Read intertextually, the problem is not whether one story causes or influences the other but, more correctly, that one story *and* the other are caused and influenced by the same *cultural imperative*. To demonstrate this, it is important to contextualize Ray Mercer in terms of AIDS in Conception Bay North; in terms of local beliefs,

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6. As noted earlier, interviews with Ray Mercer after the fact would not really have provided an evidential basis for establishing his state of mind at the time of the events, particularly because so much time had passed between his actions and the subsequent trial.
 7. Dégh and Vázsonyi do recognize this problem inherent in diagnosing ostension. They note, “We have to accept that fact can become narrative and narrative can become fact” (1983:29).

attitudes, and legends about AIDS and Ray; and in terms of the case itself. From an intertextualist perspective, however, it is equally important to recognize that contexts do not simply inform texts but rather that texts and contexts are relational: they structure each other and give meaning to each other (Bakhtin 1981). Conception Bay North did not simply create Ray Mercer and the Ray Mercer story; Ray Mercer also created and continues to create the Conception Bay North story. Few reciprocal relationships are as clearly visible as they are in this particular case.

AIDS in Conception Bay North

The area of Conception Bay North has a population of between forty and fifty thousand spread out over several communities along the coast. The area has the highest ratio of people with HIV and AIDS in the province, and the province had the highest ratio in the country in the years surrounding Mercer's trial. Conception Bay North, dubbed by some to be "the AIDS Capital of Canada" (Badcock 1995:5; Bailey 1995a:3), is believed by public health officials to have the sixth highest ratio of HIV infection per capita in North America, following behind cities like New York and San Francisco. Rates of infection are suspected to be as high as one in every 400 people.

Ray Mercer, referred to jokingly in the community as "Billy Ray Virus," is frequently blamed for this situation. One resident of Harbour Grace told me,

Well, it seems that, that the AIDS that's in the area, probably ninety percent sprouted from him.⁸ That's what it seems to be anyway. It seemed like that the people who eventually get AIDS there, you talk to them and go back through their, through their past

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8. This view of Mercer as the source of HIV infection in large numbers of women in the community also made it into literary circles. Canadian writer and broadcaster June Callwood, in her book about the trial of Charles Ssenyonga, an African immigrant to Ontario who allegedly infected a number of women with HIV, wrote of the Mercer case,

The Mercer trial was quick and quiet, attracting little attention in the rest of Canada until his sentence was quadrupled. What Canadians did not know was that Mercer had infected many more women than court records show: a reliable source says at least nineteen women were infected by him. Like Ssenyonga, Mercer was a handsome, charming and tireless sexual predator. (1995:229)

histories, relationships, whatever, or one-night stands whatever, and [he] fits in the picture there.

Another girl from Harbour Grace said,

There's all sorts of rumors that, people say that just about everybody in Conception Bay has AIDS, has contracted it from him and he went away and brought it back. They've put all the blame on him.

The scapegoating of Ray Mercer for the AIDS problem in Conception Bay North had also gone beyond the local lay community into official and media sectors. In April of 1995, the Canadian Red Cross withdrew all of its blood-donor clinics from the area arguing that the high ratio of HIV made the risks of blood collection too high. The following story came over the national wire service on April 3, 1995:

The Red Cross has cancelled blood clinics in some communities near St. John's, Newfoundland, because the area has a high rate of HIV infection. About a dozen communities between Bay Roberts and Carbonear are covered by the decision, which was made about two weeks ago. Most of the 32 Newfoundlanders who have died from AIDS have been associated with the area, known as Conception Bay North. . . . No one is sure why the infection rate is so high in such a small area. Many believe it's related to the reckless behaviour of Raymond Mercer, a former resident of Upper Island Cove, who was given a ground breaking 11-year sentence for knowingly infecting two area women with HIV in 1991. (CP News Wire, April 3, 1995)

The Red Cross announcement was received with a storm of protest centered around the segregating effect of the decision. Rumors once again abounded in the community: rumors of mandatory house-to-house blood testing, of individuals assaulted because of their association with Conception Bay North, and of taxi passengers refused a ride when they indicated where they were from. A lawyer from the

Catherine Donovan, in the final report of a community survey of AIDS in CBN, wrote "Although many of the cases have identified a common sexual contact, many have not" (Donovan 1995).

area took the Red Cross decision to the Human Rights Association,⁹ and a local lounge owner produced buttons to be given away announcing “AIDS FREE: Like 50,000 other people in CBN.”¹⁰

But feelings of AIDS discrimination or perceived discrimination in the community began much earlier, with the Mercer trial. In 1991, while having lunch with a colleague in the Memorial University student center, I was joined by a student from Upper Island Cove. I introduced her to my colleague, who asked her where she was from. She responded, “Placentia Bay” (an area quite far from Conception Bay North). When I asked her later why she had lied about her home community, she responded, “I don’t say I’m from there any more; they think we all slept with Ray; they think everyone at home has AIDS.” Virtually all of the female young people I know from the area have indicated that they regularly or occasionally lie about their community affiliation;¹¹ others have told me that they have not been able to get a date since the trial,¹² and several males

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9. The Human Rights Commission ultimately ruled that the regional operation of the Red Cross was acting in good faith when it cancelled blood-donor clinics in Conception Bay North (Bailey 1995b).
10. Manager of the Cod Trap Lounge Lori Badcock indicated that she and several of her customers came up with the button shortly after the Red Cross decision. She noted:

That was all our customers talked about. These people were really upset and they couldn’t believe what was happening. . . . So one day we decided to do something that would be making a statement about how we felt. At first we considered selling T-shirts with the message “I live in Bay Roberts–Carbonear and I’m AIDS Free” but that would have been a little costly, so we decided to go with the buttons. (Flynn 1992:7)

11. A personal advice columnist published the following letter in her column in the local newspaper.

Dear Ruby, I’m so glad to see there’s someone that we can write to for a word of advice. . . . The problem is this: I’m a young woman in my early 20’s from Conception Bay North and as you know, this area is known for AIDS. I’m living in St. John’s now but I soon realized my mistake when I would tell a new friend that I came from CB North. Some people raised their eyebrows! I could sort of foresee a problem after I met a very nice young man. I decided quickly to say I came from Windsor. This was OK until one evening he introduced me to another young woman at a club and she said “Oh, you are from Windsor . . . so am I!” You can imagine the embarrassment that followed. How do you think I can keep my reputation intact? Do you think I’m over-reacting to the AIDS situation in CB North? My name is written on the back of this letter. Please don’t use it in print. Just sign me . . . Blind Date. (Ask Ruby 1996)

12. One newspaper account (*Evening Telegram* April 5, 1995) reported that a woman from CBN was hired as a bartender in St. John’s under the condition that she never tell customers that she was from Bay Roberts .

that I interviewed told me that they carry regular blood-donor cards to prove to women that they are HIV negative. One woman said,

Even in our own Conception Bay area we tar the whole community. Like we say, [like] “Don’t go out with anybody from Island Cove cause they all got AIDS, cause Ray gave it to them. Right? We associate it with Ray immediately.

Another person indicated that it is common to hear someone say, “Wear your gloves, you’re going through Island Cove.” In 1993 a joke started to make the rounds, which asked, “What’s the new postal code for Conception Bay North? Answer: UIC-HIV”: the prefix standing for both Unemployment Insurance Compensation *and* Upper Island Cove.

But Ray Mercer did not start the AIDS problem in Conception Bay North; nor is he responsible for the high rate of infection. In fact, to the contrary, Ray may be responsible for slowing the epidemic. Public health officials claim they knew in 1988 that Conception Bay North had a problem. In that year the first three cases of HIV were reported in the area. For a district so small, three cases signalled a problem. As the director of the Newfoundland and Labrador AIDS Association told me, in Newfoundland each case is multiplied by ten to arrive at a figure approximating contacts, and contacts of contacts, associated with an infected individual.¹³ The resulting figure of thirty potential people with AIDS in the area was horrific. The same mathematical process just four years later would indicate close to 500.

Word of public-health concerns must have reached local churches and community organizations because, also in 1988, I was contacted by the United Church Council of Social Ministries and was asked if I would help them write a grant for a three-year AIDS education and hospice development project in CBN. The woman whom I assisted on this project would tell me only that the church

13. This in itself is interesting. Other sources figure more simply that for each person diagnosed there are estimated to be two others that have not been diagnosed (Morgan 1998:14). The social construction of statistics and the normative ways of counting not only that which is measurable but that which is potential deserve their own explorations as legend material. South African legend scholar Arthur Goldstruck has begun to address this issue in relation to beliefs surrounding what public health workers called “the doubling-time”—the length of time it takes for the number of infected people to double. (See Goldstruck 1993:231–233.)

had good reason to believe the area had a problem. Was it Ray's fault? Not likely. In 1988 Ray Mercer was living in Ontario and had been for sometime. Dr. Donovan, the Public Health Officer for Conception Bay North, however, has worked the Ray Mercer charges and trial into the variables she considers to be responsible for increasing public health awareness. The charges appear to have attracted attention to the disease, and the statistics for HIV-testing rose considerably in 1991 and 1992. Ray seems to have been a formative AIDS educator.

The Trial

So what did Ray do and why? While the police combed Conception Bay North looking for women infected by Ray, they never found the nine to twelve individuals rumored to exist. Despite a long series of inquiries and subpoenas, Susan and Catherine were the only victims ever located. Although Ray knowingly put Catherine and Susan at risk, the revenge motif central to "Welcome to the World of AIDS" does not really come through in the facts of the trial. The announcement of intent after infection—the punch line, central to the legend—is absent in Ray's reported actions; and in fact, Ray never did inform either woman of his HIV status. But Ray did lie to both women about the risks. Susan recounted,

He was drunk and kept pressuring me to have sex with him. I did not want to but he kept saying that I could trust him . . . and finally I gave in to him. That was the first time I had sex with him and he did not use a condom. I asked him to use a condom but he told me there was no need to use one. If he thought he was with somebody before who was a slut, he would use one, but there was no need and I had nothing to worry about.

Catherine also asserted that when she suggested condom use, Ray indicated there was no need. Catherine, however, implies premeditation but not necessarily revenge:

Mr. Mercer knew what he was doing when he, when we had sex, he knew that he was HIV positive and in my eyes he had some ultimate reason, I don't know why.

Two pieces of information from expert witnesses in the case suggest that Ray’s disregard for responsible action may not have been premeditated. The forensic psychiatrist at the prison testified that Ray could not read or write, had only a grade-four education, and was of below-normal intelligence, implying that Ray may not have understood the full consequences of his disease. Dr. Donovan indicated at the trial in 1992 that Ray had only just begun to accept that he had AIDS, previously asserting that he felt fine¹⁴ and was perfectly healthy. Both testimonies suggest the possibility that Ray either did not fully comprehend his condition or that he could not emotionally accept the seriousness of his situation.

Ray himself, in a letter dictated through a fellow prison inmate and addressed to the court, suggests another reason for his actions. He gave the following account of the facts of the case from his perspective:

Raymond Mercer is a 29-year-old resident of Upper Island Cove, Nfld., Canada. In July 1992 the defendant pleaded guilty to two charges of having unprotected sex with two women, knowingly being HIV pos. The facts in the case is that these two women stated they were HIV pos also. Therefore what harm could come of people who are HIV positive having sex with one another. Charge number one *Susan*. Here is a girl I met in a night club in Harbour Grace the Piarts Cave [sic]. So naturally you assume that a person is nineteen years old to be in a club. Not so then to find out that this girl was sixteen at the time leave me to believe that I am being used as a scape goat in this case. This girl knew I was HIV pos at the time. So where are the facts in this case by the Crown that I infected her with this virus. Can Susan prove that I Raymond Mercer infected her with this virus. Therefore I ask this court that DNA tracing be done on me and her to see if she carry the same virus as me. The same thing must be done to Catherine to see if she carry the same virus as me.

DNA testing was requested by the court, and I was able to locate the laboratory order. The report of results of the tests, however,

14. Ray’s comments suggest that he may not have been fully able to comprehend what asymptomatic seropositivity meant in terms of his ability to transmit the virus. This is consistent with the *Sexuality, AIDS, and Decision Making: A Study of Newfoundland Youth* survey, which found that 31 percent of grade-eleven youth were not aware that there were asymptomatic stages of HIV infection (Cregheur, Casey, and Banfield 1992).

was not traceable, but the Crown attorneys have indicated that if the report had provided new evidence, the case would have been recalled.

By all accounts in the trial, Ray's motives were somewhat milder than those of the aggressor in the "Welcome" legend. Community narrative tradition, however, has its own explanation for Ray's motives.

The Ray Corpus

Legends about what Ray did and why he did it abound in Conception Bay North. Revenge is a predominant theme in these stories—a general and wide-reaching revenge, explained nearly always in the same terms.

One man from Harbour Grace said,

It wasn't made public that he did have it until, say, a few years ago, probably, . . . a year, year and a half before all this trouble came out with him. And he was just indiscriminately went out, and went out with other people, and from what they say he's been . . . he knew he had it and he says "I got it and you're gonna get it". Just that's the kinda attitude that . . . he had. Because he didn't, he just didn't care.

Another person from the area said,

Well, they say his attitude about it is that: I'm sick and I'm dying so . . . I'm taking a couple of people with me, and I don't care.

A third person recounted,

And the story then was after all this came out that he had spread it to these girls was that he had it in, that he caught it from the Armed Forces when he was in there . . . that's where he supposedly caught it, and he came out there with a vengeance and decided to take as many people as he wanted with him, which would be, obviously women.

Numerous stories indicate that the police asked Ray to write on a sheet of paper all of the women he slept with, and he was quoted as

saying, “You better get me an exercise book” (a notebook—see the “number and names” game in chapter 2). Contrary to these narratives, the police reports indicate that Ray confessed only to sleeping with Susan, whom he intended to marry.¹⁵

A second significant theme in the narrative corpus attached to Ray is his efforts to infect people through purposeful, but casual, blood and saliva transfer. A man from Conception Bay North argued,

Ray would do things, like he would get on the beer on a Friday night, Saturday night with the boys, you know get together with the boys. He’d get drunk and go home, he was then home with his parents and this is what I heard. He would cut his hand, some part of his arm or his hand and chase his Mom around and try to get the blood on her from the cut.

Another person from the area said,

A friend of mine called me one day and he said, “Oh, Ray Nish [his local name]¹⁶ just slit his wrists and chased his mother up the road.” . . . There was another story about how he was changing a flat or something at a local gas station there in Island Cove, on the main road, a GEO station. An RCMP officer stopped to talk to him when he cut his hand again and smeared the front of his uniform. I also heard how they arrested him for impaired one time and went to put him in the back of the police car and he threatened to do that. As far as I knew that was true. He said, you know, “You’re not taking me anywhere, I’ll cut my wrists,” you know. Apparently that one was true.

15. It is not my intention to suggest here that the police would necessarily have located everyone infected by Ray or that it is impossible that Ray infected others. What is clear, however, is that it is unlikely that Ray infected the exponential numbers of women suggested by the narrative tradition (one account suggests 1500) and that the police certainly made an effort to locate as many contacts as possible.

16. While Ray Mercer’s proper last name is Mercer, he is locally referred to as Ray Nish. Individuals from Upper Island Cove explained to me that the name Nish was given to the family by a local doctor, who found it difficult to deal with the limited number of family names in the area. There were so many families named Mercer that he devised new family names for each. The word “Nish” has its own meaning in Newfoundland. Interestingly, the *Dictionary of Newfoundland English* defines it as “Soft or tender; sore or inflamed; delicate” and “Of persons, delicate, lacking in hardiness” (Story, Kirwin, and Widdowson 1982:349).

Ray *was* arrested for impaired driving and assaulting a police officer sometime between being charged and his trial, but the police report indicates that he pushed the policeman with no mention of a blood-transfer threat. Most of the stories about casual transfer involve young children, emphasizing Ray's efforts to infect the innocent.

One man indicated,

Yeah, [there were stories] . . . that were going around up there, that he cut his finger and was chasing the kids with it. Flicking the blood.

Another said,

One evening at a hockey game, apparently he, at this point he knew he was already sick, he had been to court once already, and he spit in a young child's face, and he was saying things like y'know: I'm going and taking the women with me.

Many of the stories focus on Ray as simply evil. One of the members of the community said,

Ray's parents used to sleep one at a time, afraid Ray would harm them. Ray had apparently told them if they ever did anything to piss him off, he'd burn them in their beds.

Ray's parents figure largely in the stories, generally though descriptions of them as loving adoptive parents, who gave him everything and who were afraid of their son. I collected several versions of the following story.

Even before all this came about, a good many years ago, his mother would say, in particular now I'm just relating what someone, a woman told me, that [his mother said] "I don't know where the Christ we got you at. . . . I wished to Jesus you'd go back to wherever you came from, 'cause you're only the spawn of the devil," or something like that.

The most significant set of stories that I collected about Ray involves his continuous dares. The following narrative is a popular example.

Ray had blown the engine in his Trans Am. His father went to work one day. Ray took the engine out of his Dad’s new pick up and put it down on his car, saying, “what are you gonna do about it.”

The fact that Ray’s illness was terminal gave Ray incredible power in the narratives and, like the Trans Am story, many of them focus on his actions as immune from consequence. In the narratives, Ray was going to die, and his evil powers came not only from his ability to infect but from his illness status, which placed him essentially outside of the law.

Crown prosecutor, Cathy Knox, in her closing statement in the trial shows a consciousness of this attitude:

Your Honour, there were things that happened to each of us in life that are unfortunate and tragic but tragic circumstances visited upon us, does not give us the right to therefore respect less and afford less to the rights of others. . . .

If we are advised that we have cancer and that we have, or that I have six months to live, I don’t therefore become empowered to sit behind the wheel of my car, for example, and to run down the next person who passes in front of me on the street. Nor do I become empowered to get so upset because I know that I am going to die in six months that I go out and get drunk and while drunk behind the wheel I accidentally run down a person who is crossing the street in front of me. We do not become empowered by our own misfortune with a lesser degree of responsibility for others. . . . Your Honour, what Raymond Mercer did was took upon himself, a power that we cannot afford to give anybody in our Community. . . . If we listen to the evidence of the doctors, they did not say to him, “we are really sorry for you, we know that you are going to die, therefore we forgive you.” And that is what you are being asked to do. (*The Queen v. Raymond Hayward Mercer* Appeal 1992:207)

While it is the power of impending death that gives Ray the strength of his evilness in the narratives, narrative tradition also recognizes one higher and fuller level of evil: the possibility that Ray might not die. One person said,

One of his, one of his friends stopped in on his, on his way up to Ontario to see him when he was in prison, and he . . . its kind of, its kind of sad like he said that cause he, he never looked so good. And they like, well at the time, they say he had his own little place, and his own separate little living quarters. And they say he looked healthy, he's after putting on weight, and they say he seemed, the best he did in years. So I think its kind of, kind of sad now that he's been putting other people in that kind of predicament and he not . . . not sick yet himself.

This piece of information evolved into a real AIDS Mary story, where, like Typhoid Mary, Ray is a healthy carrier. Another individual argued,

I've heard other stories that, he doesn't have, he's just a carrier, and not a full-fledged AIDS patient as such, y'know he may live for another fifteen years and never develop the disease and just carry it and give it.

Public Health and the Stigmatized Community

Were the high rates of infection in Conception Bay North a reality? Unfortunately, they were. As mentioned in the introduction to this volume, Department of Health Studies done in the early 1990s across Canada collecting blood samples from anonymous pregnant women between the ages of fifteen and twenty-nine found that Newfoundland rates of seropositive blood samples were by far the highest in the country, with one in every 900 samples testing positive. These rates compared with one in 1,600 in Quebec, one in 3,700 in British Columbia, and one in 9,100 in Manitoba. Figures released from the study in 1992 indicated that Newfoundland had the highest number of pregnant women with HIV per capita in the country (Jackson 1992b). The anonymous study demonstrated that the number of Newfoundlanders infected with HIV was far higher than official non-anonymous numbers would suggest.¹⁷ In 1993, the

17. Previous numbers are based on diagnosis in the province. As noted earlier, numerous public-health workers have indicated concern that these figures in no way reflect actual cases of HIV/AIDS living in Newfoundland. Fear of small-town lack of confidentiality and inaccessibility of anonymous test sites around the province have meant that individuals "go away" to be tested. Their numbers are not registered.

Newfoundland and Labrador Prenatal Study of HIV Seroprevalence done by Sam Ratnam, director of the Newfoundland Public Health Laboratory, compared the pregnancy-study results for the Eastern Region, which includes Conception Bay North, to overall provincial results, finding that HIV prevalence in the Eastern Region was 26.6 in 10,000, far higher than the 8.7 in 10,000 found elsewhere in the province (Ratnam 1994).

So if Ray was not responsible for the high rates of infection in Conception Bay North, who or what was? Most epidemiologists agree that epidemic infection is rarely a result of one thing but rather stems from a cluster of events all coinciding to create perfect conditions for disease transfer. This, however, did not prevent medical researchers from attempting to find a laboratory explanation for the escalating number of infected individuals in the area. In 1995, Dr. Ratnam undertook a new study intended to explore whether the “outbreak” was associated with single or multiple strains of HIV and to compare HIV strains in the area with those found in other parts of the province and country. The prevalence of HIV infection among women in the area indicated that the virus was being transmitted through heterosexual contact. Ratnam focused his initial hypothesis that the strain might be significant on findings from Thailand, which suggested that the subtype of HIV found in North America and Europe (B) was more easily transmitted through “homosexual sex” (his term) and intravenous drug use, while the subtype (E) found in Thailand may be more easily transmitted through heterosexual intercourse. Ratnam theorized that the HIV strain found in Conception Bay North might be the same subtype found in Thailand, explaining the high ratio of women with HIV in the area. His hypothesis, however, proved to be wrong. The strain found in blood samples from Conception Bay North was the same as that which is typically found in North America. In the meantime, Ratnam’s study created its own panic in the area as individuals speculated about a rare, highly infectious “special” form of HIV somehow brought into the community (*Express* 1995:19). Other medical researchers hypothesized that perhaps Ray Mercer had a “super” viral load (the quantity of HIV molecules present in the person’s blood stream),¹⁸ making him essentially the “superman” of HIV.

Local HIV/AIDS service providers argue that they have a patient base much higher than the official statistics reflect (see Jackson 1992b).

18. In the mid-1990s I sat on a Canadian national committee for AIDS research planning and priorities. A number of AIDS researchers at those meetings asked me if

Cultural issues are more likely to be responsible for the high rates of infection in the area. Risk-taking behaviors have always been reported to be high in Newfoundland. Survey studies done in the late 1980s and early 1990s (King 1989; Cregheur, Casey, and Banfield 1992) focusing on sexual behaviors among Canadian youth indicate that Newfoundland teens reported higher rates of sexual activity than anywhere else in Canada. They also reported strongly negative views on premarital sex, birth control, and protection from sexually transmitted diseases. While these studies suggest numerous reasons why HIV rates in the province would be high, little information is available to assess attitudes specific to this region. Catherine Donovan (1995) has attempted to survey knowledge, beliefs, and behaviors in Conception Bay North through a questionnaire made available at HIV test sites in the area. While the rates of response are low, the survey information is useful in highlighting certain issues.

Public health workers and physicians have always argued that chlamydia, genital warts, and other sexually transmitted diseases often go untreated in outport Newfoundland due to concerns about gossip and lack of medical confidentiality. The presence of such pre-existing sexual disease conditions creates a predisposition for HIV due to the potential presence of skin lesions promoting transfer. In Donovan's 1995 study of 152 respondents who filled out questionnaires administered by the Community HIV Prevention Project at HIV test sites in Conception Bay North, 12 percent reported having had a previous STD. Keeping in mind that this figure is reliant on self-reportage, on the individual having made the choice to be tested for HIV, and on previous diagnosis of the earlier STD (which means one reported for initial medical care), it would appear that the percentage is substantial. The figure is consistent with earlier indications of misconceptions concerning other STDs. In the 1992 *Sexuality, AIDS, and Decision Making* study administered province wide, only 18 percent responded correctly to a question concerning whether or not chlamydia could lead to other health problems.

Further, the concern with community gossip and lack of confidentiality, combined with the strongly religious background of the area, discourages condom use. Numerous individuals interviewed

Ray Mercer's viral load had been tested. They asserted that there must be a scientific explanation for the high rates of infection. The super-viral load theory strikes me as the scientific version of the same superinfector concept behind the narratives.

for this chapter noted that they would never purchase condoms locally but rather would wait until they visited St. John's or other areas of the province, for fear that store employees or observing patrons would “talk.” The 1992 province-wide study supports these observations. Forty-eight percent of grade-eleven youth indicated they were too embarrassed to buy condoms and 66 percent responded that “if you carry a condom, people will think you are having sex.” Donovan's area study found that 36 percent of respondents reported never using condoms, and only 12 percent reported consistent condom use.

Most significant from Donovan's study is a set of statistics that support anecdotal information on anal intercourse being used by teens as a method of birth control. Donovan indicates that reports of the prevalence of this practice in other areas had been conflicting and thus health promotion campaigns had not focused on the issue. The HIV testing site survey, however, reported that 24 percent of respondents (22 percent of the males and 20 percent of the females) engage in anal intercourse (Donovan 1995:4).

The risk factors discussed above are not peculiar to Conception Bay North; to the contrary, they are found, with some variation, in many parts of the province and elsewhere. These risk factors, however, combined with a few early cases of HIV in a small rural area, act as a container for infection and sow the seeds for epidemic proportions. The emphasis on Ray Mercer as the evil “patient zero” in the area places the blame on one individual and denies the responsibility of all partners in self-protection. By so doing, it continues to encourage risk.

Conclusion

From an intertextualist perspective, Ray Mercer—his reality and his stories—give us insight into “Welcome to the World of AIDS” and other purposeful transmission narratives. The more evil Ray Mercer becomes in the narratives, the more innocent his victims (real or otherwise) become. Ray's evil absolves the members of Conception Bay North of perceived guilt and yet explains the devastation in the community. Without Ray, the stigma attached to him since the trial attaches completely to Conception Bay North. Like Ray, the aggressor in “Welcome to the World of AIDS” creates the innocent victim of AIDS; that is not really a part of our thinking

about the disease. Guilt creates innocence, and the same cultural imperative created both “Welcome to the World of AIDS” and Ray Mercer. The struggle with guilt and innocence, the concern with the dying person’s placement outside the law, the fear of one who may be treated without consequence and yet may survive the power given to that individual by impending death converge to give us insight into the human struggle with contagion and disease. Ostensive or not, it is the poignancy of that message that pervades these borders of narrative and reality.

Epilogue

In late 1999 Ray Mercer came up for parole. The parole board denied his applications on the basis that they felt that he would be likely to reoffend. A few months later, Canadian Blood Services decided to resume mobile blood clinics in the CBN area. On March 7, 2000, John Gushue, in an article in the *Medical Post* entitled “Blood Donation Ban Lifted from Tainted Nfld. Area,” wrote of the original decision to withdraw the clinics: “The alarming increase [of HIV cases] in the early and mid-1990’s was largely due to one person, Raymond Mercer, who is still serving a lengthy jail sentence for knowingly infecting his partners with HIV” (2000:1).