THE EPIDEMIC

[A GLOBAL HISTORY OF AIDS]

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For my children:
Ezra, Ruth, Miriam, and Judah

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leadership refused to confront until recently—the sex issue, the lifestyle issue—created a vacuum for the homophobic moralists.12

The moderate backlashers focused on two components of the epidemic that they found offensive: the effort to universalize it as a disease of all, and the gay community’s general insensitivity to community mores. By 1987, AIDS was most certainly spreading out of the gay community, but the spread was largely toward prostitutes and their clients, and IV drug users. Little evidence suggested a broad spread into the non-drug using heterosexual community, and some straight allies took offense at the insinuation that they and their ilk would be the disease’s next victims. Further, statistics on current AIDS cases indicated that by 1987 almost three-quarters of all AIDS victims were still sexually active homosexual men, even if the profile of the coming epidemic was far more skewed toward IV drug users. Savvy conservatives who took the time to understand the epidemiology harped on this fact, and blamed gay leaders for spreading misinformation on the disease’s threat to heterosexuals. “AIDS is not the pandemic its publicists would like us to believe,” wrote physician and columnist Charles Krauthammer. Rather, it was a “relatively small public health problem” that had been exaggerated for political ends by the gay community.13

More moderate conservatives resented the special treatment they believed gays had received, including extensive efforts to protect the confidentiality of AIDS victims, and the passage of local ordinances to protect gays and AIDS victims from discrimination. Los Angeles, for example, had passed an ordinance in 1985 making it illegal to discriminate against any AIDS sufferer. Similarly, the Reagan Justice Department argued in court that federal antidiscrimination law could not protect AIDS-infected workers from dismissal as their infection constituted a true threat to the integrity and safety of the workplace. The Supreme Court ultimately ruled against the government.14

But it was in the area of sexual mores that the more balanced conservatives took the most offense. Even if they accepted gays’ demands to be left alone to conduct their sexual relations as they saw fit, they rejected the idea that these practices were normal and that they reflected larger social mores, and they outright resented the suggestion that society as a whole ought to accept and even endorse the lifestyle. In this sense, the gay leadership had sorely overestimated society’s general sympathy toward their plight, or toward their lifestyle choices, and had exacerbated this hostility with abrasive rhetoric and publicity. For example, Los Angeles’s Gay and Lesbian Community Services Center had distributed a safe-sex pamphlet entitled Mother’s Handy Sex Guide in 1985, which raised the ire of the county supervisor’s office. The material “goes beyond all boundaries of good taste and decency,” wrote the supervisor. “The material is not educational; it’s hard core pornographic material.”15 And the conservative National Review reported with disbelief (or possibly prurient glee) of the self-proclaimed monogamous gay man who had been infected with AIDS—monogamous except for the one evening a week that he and his partner agreed that each could sleep with whomever he wished. “Once a week every week is half a hundred partners,” pointed out the Review writer. “Ten years of that takes you halfway to Don Giovanni’s mil e tre. In a heterosexual, that is promiscuous.”16 Even the staid New England Journal of Medicine published a letter quoting the eminent 19th century physician William Osler, who had advised: “Idleness is the mother of lechery; and a young man will find that absorption in any pursuit will do much to cool passions which, though natural and proper, cannot in the exigencies of our civilization always obtain natural and proper gratification.”17

Conservative legislators joined the backlash by introducing restrictive legislation to various state and federal bodies governing the manner in which AIDS patients should be identified, quarantined, prohibited from donating blood, marked for identification, and generally tagged as responsible for their own plight. The most visible examples of this were perennial presidential candidate Lyndon Larouche’s proposed California ballot initiative to quarantine AIDS victims and Florida state legislator Tom Woodruff’s proposal to jail all AIDS patients who knowingly donated blood, but more mainstream politicians proposed bills as well.18

The most persistent legislative efforts against gays came from California congressmen William Dannemeyer and Robert Dornan, who actively fought to defeat federal budget outlays for AIDS research and prevention in late 1985. Dannemeyer exemplified many of the most conservative critics of AIDS victims in claiming to be concerned not with gay sex, per se, but rather with the public’s health. “There are those in the homosexual community, in the public health establishment, and at the [Los Angeles] Times, who put greater emphasis on the per-
ceived civil rights of AIDS victims and high-risk groups than on either the civil rights of potential victims or the health of the general public," he wrote in early 1986.19

Although Dannemeyer's argument sounded relatively value neutral, his bills masked a history of blatant homophobic remarks and assertions. He had repeatedly claimed to speak for "traditional family values," and on the floor of Congress had asserted, "God's plan for man was Adam and Eve, not Adam and Steve."20 And the previous year he had hired outspoken antigay psychologist Paul Cameron to conduct AIDS research. Cameron, who had advocated quarantining AIDS victims, had been expelled from the American Psychological Association, and been reprimanded by his local psychological association. "The hiring [of Cameron] is akin to relying on the Ku Klux Klan or the American Nazi Party for advice," stated Orange County gay community leader Werner Kuhn.21

A significant weakness in Dannemeyer's and Dornan's arguments, and in those of other prominent conservative politicians, was that although some of their proposed policies for containing the AIDS epidemic fell within the accepted range of accepted public health techniques, their motives were suspect. Technically, they were simply proposing restrictions on the movements and behaviors of AIDS victims that had been used repeatedly and successfully to control infectious diseases for hundreds of years. But many conservative politicians had a history of embracing antigay positions, which incited the suspicions of gay leaders and AIDS-patient advocates. Conservative Washington lobbyist Paul Weyrich exemplified this position in stating: "I'm not for gay-bashing. I have compassion for those people who've gotten themselves into a repugnant mind-set."22

Some anti-AIDS legislators were simply exploiting a perceived "AIDS-fatigue" among their constituencies for their own political ends. Even the most tolerant and open-minded of Americans had begun to question by 1986 whether the supreme consideration in the face of the epidemic ought to be protecting the privacy of those who already had contracted the disease, or aggressively ensuring their employment, civil rights, and general freedom to move about and participate in society. During previous epidemics, the welfare of the general community had taken precedence over the comfort and welfare of the ill, yet in this one few public health proponents seemed willing to actively advocate for the welfare of the broader community. Such reluctance created a vacuum in public health leadership, which was easily exploited by opportunistic politicians, homophobic or not. "We have a sick public health community that has been frankly intimidated by the homosexual lobby," stated conservative fund-raiser Richard Viguerie.23 And in a wholly sensible platform, Christian columnist Kerby Anderson proclaimed that in the absence of definitive knowledge about the etiology and epidemiology of the disease, "the benefit of the doubt should be given to society, not the AIDS victim. This is a medical issue, not a civil rights issue."24

By 1987, Republicans as a group began to view AIDS—previously a politically untouchable issue—as possibly fertile ground for their 1988 platform, due almost entirely to the excessive zeal of the "patients' rights" defenders who had so long dominated debate about the disease. Americans might not care what sort of sexual practices their neighbors engaged in, or even whether or not they injected drugs, but many deeply resented being told, implicitly or explicitly, that the civil rights of others took precedence over their claims to good health. Such priorities defied common sense, and Americans with middling sensibilities resented being accused of bias, prejudice, or homophobia for simply looking after the well-being of their children and friends. A full year before the 1988 presidential election, the republican political consulting firm Charlton Research produced a policy memo describing the political opportunities that AIDS had created for candidates in swing states. "If we are low-key, sound logical, and stress the importance of 'protecting' families from the disease," wrote the memo's author, Chuck Rund, "then we could find ourselves in excellent shape in '88."25

AIDS IN THE REAGAN WHITE HOUSE
To the surprise of many observers, the Reagan White House had mobilized substantial resources to fight the disease by 1987. Although their political base demanded generally downplaying the issue, administration officials and congressional allies had managed to substantially in-
Chapter 3


5. Ibid., 2nd page.


11. Ibid., 2nd page.


15. Montagnier, Virus, p. 82.

16. For more on the SIV to HIV jump, see Max Essex and Phyllis Kanke, “The Origins of the AIDS Virus,” Scientific American, 10/88, pp. 64–71.

17. For a helpful description of the viral replication mechanism, see ibid., pp. 88–95.


