

Actors in the AIDS Crisis:
A Network Analysis of Mainstream News Articles and Congressional Record Documents From
the Early Years of the Epidemic (1981-1987)

by
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Abstract

In the common narrative told about the early years of the AIDS epidemic (1981-1987), Reagan and his administration's lack of prompt action created an even worse situation for those who had the disease and resulted in many unnecessary deaths. This thesis inquired about what type of silences did and did not exist during the early years of the epidemic, in the cases of Reagan, the government more fully, and mainstream media.

Network analysis, a digital humanities tool which finds connections between documents based on their word usages, was used on mainstream media articles and congressional record documents to discover what types of discourse existed in these early years about the epidemic. What was discovered was not silence. Instead, this thesis shows an abundance of government debate about the topic as well as discussion in the mainstream media. These lively discourses were surprising given the representation of silence in the common narrative.

In all of these discourses one thing becomes clear: though many studies of epidemics and group panics focus on groups, this research shows that the narrative around the AIDS epidemic was shaped by actors. Actors are individuals who hold power and can spread their narrative across the discourses; these actors shape the narrative that is told for years to come through their words and actions.

The introduction of this thesis lays out the claims made by many activists that make up the common narrative discussed above, and it lays out the major discussion points that are the foci of the thesis at large. Chapter 1 provides a discussion of the AIDS crisis in general and the debates that have surrounded it in the literature. It begins with a short history of the early years of the epidemic, moves into a summary of the scholarly discourse on the history, and ends with a discussion of what questions the network analysis will seek to answer in light of these discussions.

Chapter 2 contains the network analysis of the aforementioned documents and discusses the different observations about mainstream media, lack of government silence, and presence of actors in the context of the results. The network analysis moves through five different subjects of inquiry that were chosen based on the questions from Chapter 1 and discusses what the results of each subject mean for the overall picture. Finally, this thesis ends with a brief conclusion which discusses the limitations of the methods used in this thesis and what future research to follow should focus on, in order to create a more complete story.

Key words: AIDS, digital humanities, news media, discrimination

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Introduction

What our citizens must know is this: America faces a disease that is fatal and spreading. And this calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance. It's also important that America not reject those who have the disease, but care for them with dignity and kindness. Final judgment is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans.¹

These words regarding the ever-growing autoimmune deficiency syndrome (AIDS) epidemic in America were not spoken by an AIDS activist, or by a person infected with the disease, or even by a doctor studying the epidemic. This cry for understanding and compassion came from none other than Ronald Reagan, the president of the United States for the vast majority of the early epidemic, in a 1987 speech he gave to a group of AIDS researchers. Given the narrative that was commonly told at the time among gay community members and the narrative that is prevalent even today about how the government handled the AIDS epidemic, this may be surprising to some – Reagan is often given a lot of blame for the way he handled the onslaught of illness in the early 1980s. Indeed, this speech represents the first Reagan gave that was fully devoted to AIDS, and this came years after the epidemic began in the United States. By the end of 1987, 48000 Americans died of the disease; though this is not a large death toll in comparison to some other illnesses, like the flu, two thirds of these Americans were between the ages of 20 and 39.² Many believed, because of this, that Reagan's response to the epidemic had come much too late.

Critics of Reagan and his administration have judged the reactions of government to the AIDS epidemic harshly throughout the years. From the very earliest and one of the more popular

¹ Ronald Reagan, "Remarks at the American Foundation for AIDS Research Awards Dinner" (speech, Washington, DC, May 31, 1987), The American Presidency Project.

² Center for Disease Control and Prevention. "HIV and AIDS --- United States, 1981 -- 2000." <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm>.

histories of the AIDS epidemic, Randy Shilts's *And the Band Played On*, millions of deaths were blamed partially on government inaction. In the very beginning of the introduction to his text, Shilts brings allegations against the administration: "People died while the Reagan administration officials ignored pleas from government scientists and did not allocate adequate funding for AIDS research until the epidemic had already spread throughout the country."³ Shilts criticizes other organizations at length as well, but his portrayal of the US government at the time of the epidemic is of a government that was mostly concerned with budgeting and with the other pieces of the Reagan agenda, instead of the people who were dying from AIDS. Later in the text Shilts elaborates on a study done on the epidemic at the time, which said that the government would have to triple their current amount of funding in order for the national health organizations to be able to make real progress on AIDS research; however, he says, "despite these calculations from the agency chiefs of the federal reserve centers, the Reagan administration put forward no new initiatives for AIDS funding. The administration's course was firm: The scientists already had all the money for AIDS research they needed."⁴ In Shilts's formulation, then, the Reagan administration did not allocate nearly enough funding to research on the epidemic. They were instead concerned with other objectives that were seen as more important, regardless of the illness that was already widely spreading and taking thousands of lives.

Even further, Shilts's critique of Reagan's administration is perhaps one of the kinder ones that exists in discourse of the queer community from the time. Larry Kramer is well-known in the realm of AIDS discourse – he co-founded the Gay Men's Health Crisis, one of the first community-based groups to help AIDS patients; wrote a 1985 play called *The Normal Heart*,

³ Randy Shilts, *And The Band Played On: Politics, People, and the AIDS Epidemic* (New York, NY: St. Martin's Press, 1987), xxii.

⁴ *Ibid.*, 329.

which heavily critiqued the Reagan administration's response to the epidemic; and founded ACT UP, a famous fringe activist group that was formed to protest government handling of the AIDS crisis, in 1987. Throughout the early years of the AIDS epidemic his message was clear: the Reagan administration did not care about gay people and were letting them die. These views were expressed at once and very poignantly in his obituary to Ronald Reagan, which was called "Adolf Reagan" and published in *The Advocate*, a gay newspaper. As is obvious by the title, Kramer compares Reagan's lack of action in the AIDS epidemic to Hitler's in the Holocaust. He elaborates: "there was no research into our health. Even as we were dying like flies. How could he not have seen us dying? The answer is he did see us dying and he chose to do nothing. There was no representation in his government of us."⁵ With this type of rhetoric, Kramer forcefully paints an image of Reagan as a man who personally cared not for gay people and who did not consider them a part of his America. That is, Reagan created a nation of united people but did not care to include *all* the American people. In this formulation, Reagan effectively excluded an entire community of people from the country and thereby allowed them to die through this lack of attention to their care; in Kramer's view, then, "he has gotten away with murder."⁶

The rhetoric that was spread against Reagan for many years is still prevalent today, and this dialogue continues when interacting with queer community members. As an example, in a course taken at the University of Michigan about human experimentation which focused for a week on the horrible effects treatment with zidovudine (AZT) had had on many of the first people who tried the drug in the late 1980s and early 1990s, the discussion turned to "what Reagan had done" with regards to the epidemic. Peers within the course explained their

⁵ Larry Kramer, "Adolf Reagan," *The Advocate*, July 6, 2004.
<https://www.advocate.com/politics/commentary/2011/02/06/adolf-reagan>.

⁶ Ibid.

viewpoint, the viewpoint apparently held by Kramer and countless others: Reagan had ignored the epidemic and let millions die, and he had done so maliciously because of his conservative leanings. This discussion was shocking firstly, but more than that, created a need for understanding of how this could be true. How could it be true that Reagan had maliciously let a group of people die? How could a five-year silence of an entire government on such a serious issue have happened?

Reagan's presidency came during the wave of new conservatism that had just arisen in the United States in the beginning of the 1980s. It is also true that individuals with AIDS in the first cases connected by scientists were almost exclusively gay men. Though many other groups were eventually flagged as at-risk groups, and though scientists eventually showed within the first six years that the first known US AIDS death was a 15 year old over ten years before 1981, the epidemic from that point on was inseparably linked to the gay community.⁷ It remains so even today, as can be seen from the several above examples. It is clear that gay people, the "we" Kramer refers to in his article against Reagan, are the ones who are responsible for bringing the government injustices perpetuated towards them to light. It is also clear that Reagan's identity as a conservative Republican is commonly referenced in critiques of his reaction to the AIDS epidemic, especially when he is accused of willful ignorance. These discussions answered the question of what gay activists, members of the group who were dying in large numbers at the hands of a deadly disease, thought about how media and government personal discussed the epidemic. But this brought up a new question: what were the government members themselves

⁷ Associated Press, "EXPERTS THINK TEEN DIED OF AIDS 10 YEARS BEFORE EPIDEMIC BEGAN," *Daily News of Los Angeles*, October 25, 1987. https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Asid/infoweb.newsbank.com&svc_dat=WORLDNEWS&req_dat=D1A2AB84F2D3D40&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F0EF515EA8D31EF5E.

saying about the epidemic at the time, and what type of newspaper coverage existed in the mainstream about the epidemic? Did this discussion exist? What topics did it cover?

This project sought to answer these questions, which boil down into a simpler inquiry: what discourse appeared in each of the realms of AIDS crisis discussion, and what type of silence did and did not occur on the part of the government. The most useful way to evaluate these questions is through network analysis. This is a type of digital humanities tool which looks for the connections between documents based on the shared language being used within them. The network analysis concerns mainstream newspaper articles as well as congressional record documents from the first years of the epidemic. These documents will help to distinguish between widespread media coverage and government discussion about why so many of the groups at-risk for AIDS felt persecuted during these early years and explain why the accusation of silence on behalf of Reagan had taken hold.

Network analysis is a more useful choice for the analysis than any other firstly because of the quantitative nature of it; as all digital humanities tools do, this analysis used a systematic approach to selecting articles and grouping them together into networks based on naturally appearing categories. This form of analysis will provide an objective lens and a change from the emotional content that occurs in these discourses usually, as can be seen in Kramer's discussion, and sought to discover an object truth about what had actually occurred in the early years of the epidemic. What differentiates network analysis from other digital humanities tools as a methodological approach is the way it focuses on the interconnectedness between groups. In a study of the AIDS epidemic, during which many groups felt persecuted and like the general other was against them, it was a rational decision to undertake an analysis that highlighted the already naturally occurring groups.

The decision to study both mainstream media coverage and congressional record documents yielded many unexpected results. On the part of mainstream news coverage, there is a vast difference between the types of coverage that were present in mainstream news, like *New York Times*, and gay newspapers, which will be called enclave news to differentiate them from mainstream news, like *The Advocate*. As showed by Kramer, gay Americans of the time considered mainstream news coverage to not cover nearly enough of the truth about the epidemic: “The hateful *New York Times* (‘all the news that’s fit to print’) of course said nothing about this. We still are not fit to write about with total honesty in their pages.”⁸ In the first couple years of the epidemic, indeed, many of the major mainstream newspapers did not discuss what was occurring. However, this research shows that the *New York Times* was actually one of the only mainstream newspapers that did discuss the epidemic from the very start – its first article about the epidemic in 1981, the year it struck. Allegations against mainstream newspapers accused them of the same sort of exclusion that Reagan committed against gay people, but there was certainly some sort of mainstream news coverage throughout the early years of the epidemic. This coverage increased with the death of famous actor Rock Hudson in 1985, which was also the first time that Reagan uttered the acronym AIDS publicly. In contrast, there was much debate among a small circle of gay newspapers about what the gay community could do to help save themselves from the disease that had plagued so many already. Activists like Kramer and others, who will be discussed in the thesis to come, were constantly discussing the epidemic in the public arena of enclave news. This is an important differentiation which has large implications for the network analysis.

⁸ Larry Kramer, “Adolf Reagan,” *The Advocate*, July 6, 2004.

Another significant finding which will pervade this research analysis comes as an answer to my initial guiding question – was there silence on the AIDS epidemic from the government and Reagan himself, and what form did the discourse take if not? This research will argue that there was not total silence on behalf of the government in these early AIDS epidemic years. The first mention of AIDS in a congressional record document occurred in mid-1983, and advocacy on behalf of Congress members for funding was present from then on. Though Reagan himself set the stage for government inaction through his lack of commentary on the matter, the story was not so simple as that. Many of his administration members had strong opinions on the epidemic which created discourse among them, and Reagan’s own opinions on the epidemic seemed to be formed through these discourses. All the while, my analysis shows that this silence did not prevail throughout all levels of government in the slightest. Very early into the epidemic, Congress members discussed increased funding; the CDC and other national health organizations acted as well as they could with the funding they were allotted to increased research; and local governments participated in efforts to help AIDS patients as much as they were able. All of these actions show a discussion of the AIDS epidemic that has commonly been left out of the common narrative.

Throughout the analysis of both of these groups, and in the context of AIDS crisis discussions from the early years, a compelling narrative has risen. I had always thought about the groups in the epidemic making decisions to be just that: groups. However, through reading these documents and analyzing them, what has become abundantly clear is that it is not the groups that are making a significant impact on the narratives. Instead, it is the individuals who hold the power, the “actors” in creating discourse. Reagan was indeed one of these actors, and his silence is noted even today in a very prominent way. However, he is far from the only one. Both the

mainstream news documents and the congressional record documents are full of these individuals, those who hold enough of a platform to be able to speak on an issue and to have it be heard. The story is not as black and white as the common narrative has made it seem – there were indeed many people in the mainstream news and in government at the time who did make strong advocates for AIDS research. These actors had the power to decide what the dialogue would be and if it would even exist. In the early years of the AIDS crisis, these individuals would be the ones to shape the discussion of the epidemic, in ways that may have been unexpected but that are important all the same.

This thesis will argue this phenomenon of actors in the epidemic in two main movements, the two chapters. Chapter 1 provides a discussion of the AIDS crisis in general – it begins with a short history, moves into a scholarly discourse on the history, and ends with a discussion of what the network analysis will seek to answer in light of these discussions. Chapter 2 contains the network analysis of these aforementioned documents and discusses the different observations about mainstream media, lack of government silence, and presence of actors in the context of the results. Finally, this thesis ends with a brief conclusion which discusses the limitations of the methods used in this thesis and what future research to follow should focus on, in order to create a more complete story.

Chapter 1: Debating the AIDS Crisis

Introduction

A study of the news articles and congressional records surrounding the AIDS epidemic would be remiss without establishing the key events and debates which have shaped this project. This chapter will first discuss a basic timeline of the early years of the AIDS crisis: the key medical advancements, social aspects, and governmental debates at play for these first six years of the AIDS crisis (1981-1987). This timeline will be followed with a short discussion of the literature and scholarship that has arisen about these different aspects of the epidemic. These scholars, who have already spent much time arguing important points, will lead into the discussion of the key questions that guided the network analysis. The section on guiding questions will close this chapter; it will elaborate on both the unbiased history section and the commentary scholars have provided in order to establish the ideas and definitions which are important to my network analysis. All of these aspects together will provide the necessary framing for the network analysis to follow and establish the important debates and topics which have guided the inquiries to come.

History of the Early Years

This telling of the history of the AIDS epidemic (medical, social, and political) requires a quick note before it begins. In order to create a basic timeline of the medical efforts made in the early years (1981-1987), this thesis will use the US government's website on HIV as a roadmap.⁹ This government source creates a coherent picture of the way medical information was discovered and dispelled in the early years of the epidemic. This medical discussion will be

⁹ "A Timeline of HIV and AIDS," HIV.gov, March 2, 2020. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>.

further complicated in the literature review section, but it is important to acknowledge that in order to provide a base level of fact of the medical events, this section uses a timeline provided from the HIV authorities themselves.

In addition, a brief discussion of the statistics of those who were infected with the disease, so to establish quantitatively that AIDS was not contained to gay men, is included here. According to a graphic released by the Center for Disease Control, the number of gay men who contracted the disease increased at the same rate as intravenous drug users; however, because the epidemic spread quickly at first among gay men and gay men started with a higher number of infections, the number of gay men infected with the disease remained higher for the first ten years at least. From the same report, it can be seen that in the 1981-1987 period of the epidemic the incidence of AIDS by race revealed that one quarter of the diagnosed patients were black, a fact that will be important for future discussions about race.¹⁰ As time went on, it became increasingly evident that the disease does not discriminate – in the present day, the divide between heterosexual and homosexual people who contract the disease is almost equal.¹¹

1981-1982

It was June of 1981 when the Center for Disease Control (CDC) released their first report detailing the strange cases of *Pneumocystis carinii* pneumonia, a rare type of pneumonia that was found in five previously healthy gay men in San Francisco; this was strange, since this pneumonia thrived primarily in people with compromised immune systems. On the same day that this report was published, a New York City based doctor reported cases of a cancer,

¹⁰ Center for Disease Control and Prevention. “HIV and AIDS --- United States, 1981 -- 2000.”

¹¹ National Institute of Allergy and Infectious Diseases. “HIV/AIDS Statistics.” National Institute of Health. <https://aidsinfo.nih.gov/news/168/hiv-aids-statistics>.

Kaposi's sarcoma, among gay men who also had been previously healthy to the CDC. By September of this year, the first conference of medical professionals to deal with the "gay man's disease" was held, and by January of the next year, the Gay Man's Health Crisis (GMHC), the first community-based effort to help those afflicted by the disease, was founded. Following this development, 1982 was the year in which a definition of the disease was established. Named Gay-Related Immune Deficiency (GRID) in May, and shortly thereafter named Acquired Immune Deficiency Syndrome (AIDS) in September, the definition of what commonly constituted a case of AIDS was defined in the medical field during this year. The epicenters of infection, San Francisco and New York City, also became epicenters of research and treatment for the disease – along with Atlanta, where the CDC is based.

In these early years of the epidemic, where many medical efforts to identify what exactly was happening to these infected people and how the illness was spreading were rampant, Steven Epstein, a scholar on the topic, established the social impact on gay doctors during this time. This social aspect is important to mention here because it establishes that gay people, especially gay professionals, stood at the forefront of AIDS research and were expected to do so. Epstein emphasized just as much the simultaneous truth: that gay scientists, writers, and advocates of the time were simply most commonly drawn to commentary on and action in the epidemic. He discussed this quandary best when he presents this scenario:

On the one hand, [gay physicians] were called on to introduce their professional colleagues and epidemiological investigators to many scientific aspects of the "gay lifestyle," often running up against a judgmental reception within the biomedical establishment. On the other hand, they felt a sense of responsibility to warn their communities about suspected risk behaviors – but knew they would lose credibility if they were perceived to be "sex negative" or puritanical, given that gay liberation as a political movement was so closely tied to sexual liberation as a personal ethic.¹²

¹² Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley, CA: Univ. of California Press, 1996), 54.

The dynamics of relation between gay liberation and sexual liberation will be discussed more shortly, but this is still a helpful discussion of gay physicians as straddling the two groups and trying to be helpful to both of them. This action on their part, and the notable enclave of gay people that formed in response to the epidemic to help advocate for and discover a cure for the epidemic, perpetuated the framework of AIDS as a gay disease in the views of the general public, perhaps unintentionally on their part. This establishes that in the early years, where gay people were among the most infected individuals by far, gay professionals faced a large social pressure to assist both their community members and their professional colleagues.

At this time, the very beginning of the AIDS epidemic, the gay community at large was still riding the waves of the gay liberation movement, resulting in a variety of henceforth-called “promiscuous” behaviors. The bathhouses of San Francisco and the Fire Island parties near New York City have become famed, partly because of Randy Shilts’s portrayal of them in *And the Band Played On*, for the amount of unprotected and anonymous sex that occurred there. And when it comes to promiscuity, there was a multitude of early ideas on how best to change behaviors in order to lessen the risk of illness. This took up a large part of the early social discussion on the illness among gay community members, so it is important for a complete picture of the social pressures in the first few years of the epidemic. As early as 1982, pamphlets were being created to emphasize the need for safe sex. One early pamphlet, recorded by Jennifer Brier in her text *Infectious Ideas*, was created in San Francisco by two “sisters” from the Sisters of Perpetual Indulgence, a group of gay men advocating for sexual freedom – it urged their peers to “play fair!” when it came to having sex while already having the illness.¹³

¹³ Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill, NC: University of North Carolina Press, 2009), 26-7.

It was commonly believed that a decrease in the number of sexual partners and/or engaging in unsafe sexual practices would lower an individual's risk of contracting the illness; however, there was much debate on whether gay men were responsible for holding each other accountable to following these practices. Callen and Berkowitz, two young gay men from New York City who had previously been promiscuous and contracted AIDS, implored other young gay men in an article in the *New York Native* to be less promiscuous. They stated that promiscuity was what caused their AIDS and that gay men were essentially condemning themselves to death by continuing their risky sexual behaviors. This opinion caused much backlash among some members of the community. Tom Reeves fired back in an essay published in *Gay Community News*, quoted in Brier's *Infectious Ideas*: "the question should be why are we dying, not why are we killing ourselves."¹⁴ The essay accused the former piece of attacking gay men's lifestyles without cause: it points out that because of the link between gay liberation and increased promiscuity, for many men being promiscuous was an essential part of their experience of being gay. These two opposing sides would continue to argue in the public sphere until the viral cause of AIDS was discovered. Though they did not agree on these issues, the through line of wanting to help their community live, and live authentically, was present in all of the early activism in the AIDS epidemic.

As can be seen, the first two years of the epidemic were full of medical uncertainty about the spread of the epidemic, social pressures on gay professionals to contribute to relief efforts from both sides of their communities, and social pressures on young gay men themselves to change their promiscuous lifestyles in order to prevent the spread of the epidemic. These issues

¹⁴ Ibid., 33.

all become increasingly relevant as the years pass in the epidemic, as many of the different social dynamics and debates festered.

1983-1985

Fairly early on in the epidemic, in the beginning of 1983, scientists discovered several other at-risk groups and groups being affected by the epidemic besides gay men. Among them were hemophiliacs, Haitians, and even heterosexual women. As time passed it would become more and more evident that the disease did not discriminate, although it did disproportionately affect gay men, intravenous drug users, Haitians, and hemophiliacs during the early years. Concern over the spread of AIDS began to grow on a national scale, with the World Health Organization holding their first meeting dedicated to the global AIDS epidemic. Also in 1983, French scientists first discovered the retrovirus Lymphadenopathy Associated Virus (LAV), which they identified as a potential cause of the syndrome.

It would not be until 1984 that American scientists would identify a retrovirus of their own, HTLV-III, which they identified as the viral cause of AIDS. It is important to note here that this identification may have been scientifically premature; when scientists discovered that the virus may be the cause of AIDS, the HIV hypothesis was construed by scientists as the *only* possible hypothesis for the cause.¹⁵ Epstein discussed this issue and showed that reasoning for this might be that scientists faced immense social pressure from the communities to find a cause and a cure for the illness that had plagued thousands by this point. When considering the broad context, especially the early context given on the responsibility of gay doctors to straddle both sides, this idea makes sense. At this point many had voiced concerns that scientists were moving

¹⁵ Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley, CA: Univ. of California Press, 1996), 82-3.

too slowly and that not enough money had been allotted by the government to properly find a cure, especially from among those activists in the gay enclave.

In spite of this, by the beginning of 1985, the CDC changed the definition of AIDS to include mention of this retrovirus, and a test for detection of the virus in blood samples was developed. With this came the first testing of blood at blood banks for the disease, as well as the first exclusion of people with AIDS from a government group; new military recruits were screened for the disease starting in September, with the government reserving the right to reject new members who tested positive.

Additional to the medical advancements during these years, an important social aspect of this portion of the early years was the education efforts that took place among gay community members and in the community at large. Jennifer Brier also touched on these efforts in her major text, *Infectious Ideas*, detailing all of the advertising efforts from different activist groups. An early taste of this was seen in 1982 with the Sisters of Perpetual Indulgence and their safe sex advertising, but this represents only the beginning of the advertising and education efforts to come. The San Francisco AIDS Foundation, previously named the Kaposi's Sarcoma Foundation, was very active in producing AIDS prevention material and educational material both for the typical audience of gay men and the so-called general public.¹⁶ Their materials used similar strategies to those of Callen and Berkowitz (the young gay men who published an essay dissuading promiscuity), where they attempted to convince gay men to use condoms, and they also took care to try to include people of different racial identities in their advertising. Major advertising and spreading of targeted materials became even more popular under the guide of the Third World AIDS Advisory Task Force, also based in San Francisco, who produced

¹⁶ Ibid., 52.

information specifically targeted at local people of color in 1985.¹⁷ Brier specifically analyzed the advertising business that arose, especially around the sale of condoms; however, the important take-away point for this thesis is what the advertising on behalf of advocacy groups meant. These examples show how the advertisements about practicing safe sex display a commitment to the continued education of gay men and other at-risk groups alike about the disease, with a specific emphasis on people of color as well. These groups formed as a response to the deaths in the community and took action to try to protect as many as they could from contracting the disease through the spread of safety information.

Beyond these medical and social issues, these years included the first types of congressional interaction with the epidemic, starting in 1983. For all of these years, Congress debated over funding allotments to AIDS research and what kind of advocacy was within the scope of government. As early as 1983, Democratic congresspeople were calling for funding to be given to AIDS research, so to find the cure as efficiently and quickly as possible. However, Republican congresspeople generally viewed these increased debates about the issue out of the scope of government; since AIDS was a health issue, it should not be politicized in this way. Instead, they believed that a set of guidelines should be introduced to help combat the spread of the disease and the government should not have any further involvement. This debate was exemplified by a letter written by a group of conservative Republican senators, which was sent to the president in 1985; it said that the handling of the AIDS epidemic by their peers in Congress had become “too political.”¹⁸ These arguments resulted in a stalemate of sorts among Congress members about what type of action should be taken, and these debates as well as the lack of

¹⁷ Ibid., 59-61.

¹⁸ Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill, NC: University of North Carolina Press, 2009), 85.

focus placed upon the issue by the Executive Branch of the federal government resulted in a stalemate in the increase of funding towards AIDS research as well. The proportion of funding allotted to the AIDS epidemic by the national budget did not increase for three years after 1983.¹⁹

This section of the first seven years included perhaps the greatest medical discovery of the early years, as the viral cause of AIDS was found in HIV. However, the advancements were complicated by the fact that this viral cause was only a hypothesis when it was generally accepted by the public. The social dynamics of this period included large distribution of educational material to communities who may be at risk, and the political dynamics included a discussion about whose responsibility it was in the government to provide or not provide funding for AIDS research.

1986-1987

In 1986, the retrovirus which causes AIDS was named human immunodeficiency virus (HIV) by the International Committee on the Taxonomy of Viruses. Following this important distinction, Reagan's Surgeon General Everett C. Koop released the Surgeon General's Report on AIDS, one of the first important actions against the disease to come from Reagan's executive board. Many medical advancements occurred in 1987. The Food and Drug Administration (FDA) approved the very first antiretroviral medication designed to treat AIDS, zidovudine (AZT), in March, and in April a new and more specific blood test for detecting the virus was also approved. Also, the American Medical Association declared that despite the prejudice some might hold over people infected with AIDS, doctors have an ethical duty to care for people with

¹⁹ Ibid., 87.

the disease, even those that show no symptoms. This note is a fitting one to end a basic medical history on because it acknowledges the prejudices towards people infected with the disease, especially gay men, that are crucial to the narrative about AIDS that has been perpetuated in the history for years.

The most significant events that occurred in these last two years were governmental ones, specifically those of Reagan. Reagan's ability to respond to AIDS changed drastically after the death of his dear friend and fellow actor Rock Hudson in late 1985, and this change characterized much of his action in the following two years. Around the diagnosis of his friend in 1985 was the first time Reagan mentioned the epidemic publicly. It was clear that since a national icon had been affected, the illness became more known on a wider scale, and this helped spur Reagan into action. The action Reagan took was still not especially direct, however, and it was taken under the guidance of two of his advisors, Secretary of Education William Bennet and Undersecretary of Education Gary Bauer.²⁰ In her essay "Reagan and AIDS," Brier elaborated that these advisors had no more of a scientific understanding of the epidemic than Reagan himself did, but they shared his conservative views and helped to guide Reagan's judgments on how to handle the epidemic in those ways.

After the death of Hudson, Reagan put the responsibility to release a public statement on the epidemic on his appointed Surgeon General, C. Everett Koop. Koop was charged to issue a press release and statement of safety recommendations to the public, which he did in the beginning of 1986. Koop was recorded to have said that he was given no guidance from Reagan about what should be said and what views should be expressed in the document – and since his own personal beliefs about the AIDS epidemic differed from those of many other government

²⁰ Jennifer Brier, "Reagan and AIDS," in *A Companion to Ronald Reagan* (Hoboken: John Wiley & Sons, 2015), 230.

officials, such as Bennett and Bauer, this lack of guidance actually allowed him to create a statement that was counter to what many of the others would have agreed with.²¹ Koop suggested condoms and discussions about sexuality as early as childhood as a preventative measure. He was brought into the administration because of his pro-life views before the epidemic began, so no one had expected that he would take a more liberal stance than the rest of the administration. Those members of the Reagan administration who spoke publicly on the epidemic, notably Bauer, were opposed to these views of Koop's and had different ideas for the best way to address the epidemic.

Bauer and others called for new laws on mandatory testing for the illness as soon as an accurate test was developed, and Reagan appeared to concur with these opinions across his second term. The famous first speech that Reagan gave about the epidemic in 1987 included "full-throated support for a testing agenda," a feature "central to Bauer's vision."²² Reagan's future action on the global epidemic, which will be discussed shortly, also kept to this conservative view of controlling the epidemic. It would seem, then, that Reagan was slightly more active on the epidemic in his second term, but that he was heavily influenced by those trusted advisors close to him in his administration. The messages presented from Reagan's administration, as a result, were not consistent – Koop presented much different recommendations than Reagan did when Reagan did speak on the issue.

In these last two years of the early epidemic, then, the medical community was able to produce its first treatment for the illness. Even more importantly for our purposes, though, there

²¹ Ibid., 231.

²² Jennifer Brier, "Reagan and AIDS," in *A Companion to Ronald Reagan* (Hoboken: John Wiley & Sons, 2015), 233.

is an overwhelming amount of government action and debate during these last two years of the history timeline, which allows for commentary in the literature review section to follow.

Debates Among Scholars

This section of the chapter will complicate the history introduced above by relying on scholars who have previously commented on these issues. The medical discovery process through which HIV was identified and the first proposed cure for AIDS was developed is much more complicated than it initially seemed. The facts of the discovery are still concrete, but the complexities of the discovery process are important to understand if one is to understand the way the medical and social histories of the epidemic are intertwined. The scholar most credited with defining the complicated dynamics of the medical developments of AIDS is Steven Epstein. In his book *Impure Science*, Epstein stated plainly that “if, as some have sought to argue, the “purity” of science is guaranteed by its isolation from external pressures, then AIDS research is a clear-cut case of impure science.”²³ Epstein created a compelling argument to prove that the research to find a cause of and cure for AIDS always was affected by the social dynamics surrounding the epidemic. Through Epstein’s discussion of the epidemic, then, it is clear that the different social aspects of the epidemic were always intertwined with the medical aspects – the issues of finding a cure never existed in a political or social vacuum.

The ways in which the medical aspects of the epidemic were always influenced by the social aspect are numerous and multifaceted. They cannot all be discussed in the scope of this thesis, but two of the most important ones, as well as the ones that are most interesting for the current study, will be discussed to follow. In one of the beginning chapters of the text, Epstein

²³ Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley, CA: Univ. of California Press, 1996), 8.

asserted that “gay communities in the United States were both contributors to the “gay disease” frame and important critics of it.”²⁴ He elaborated on why this was true, emphasizing how gay people early on in the epidemic were vocal about the problems associated with referring to AIDS as the gay disease. The enclave empathy that formed between the actors who shared societally-deemed non-normal sexualities and the early victims of the AIDS epidemic is one reason why the science surrounding the epidemic could never truly be apolitical or without social dynamics.

The other important reason which explains why the medical dynamics were never without social influence is perhaps the main focus of *Impure Science*. Epstein discussed in explicit detail how scientists discovered the retrovirus theory and how it became the most likely hypothesis for the cause of AIDS. The immediate movement towards developing treatments for a retrovirus that followed exemplifies “impure science” perfectly – it came before scientific certainty that a retrovirus was indeed the cause of AIDS. As a result, potential cures for the illness, like AZT, were discovered earlier than they perhaps might have been, but this came at the cost of the many who experienced negative side effects of early drugs that were not fully and thoroughly tested.²⁵ Through Epstein’s discussion of both gay people’s dual involvement in the epidemic and the complexities around the discovery of HIV as the definite cause of the epidemic, he showed that the medical discussions and advancements in the early AIDS epidemic always had an implicit social and political aspect to them.

Michelle Cochrane is a critic whose text *When AIDS Began* focuses on the social dynamics of the epidemic; in this text, she brings an important point to Epstein’s discussion that

²⁴ Ibid., 53.

²⁵ This is beyond the scope of this thesis, which only considers the early years of the epidemic, but if the reader is interested in learning more about the immensely negative side effects of AZT they should consult Chapter 7 of Epstein’s *Impure Science*, cited Ibid. and in the Bibliography, which gives a great discussion of the different political interpretations of and discourse around the side effects of AZT.

is worth mentioning and discussing now in relation to his text. Cochrane claimed, at the end of her chapter on the matter: “the epidemic began, and to a large extent remains to this day, overwhelmingly (although not exclusively) concentrated among impoverished, politically disenfranchised, marginalized inner-city populations, a population that does not ipso facto exclude homosexual/bisexual men.”²⁶ This statement brings up many other factors which contribute to the increased likelihood of contracting AIDS beyond gayness, anywhere and in between poverty and living conditions. It is important to remember in this context that an intersection of any of these aforementioned identities and situations, including but not limited to sexuality, increased a person’s risk of contracting the illness and does increase that risk even today.

Cochrane also discussed the relevance of local government to the discussions of government action during the early years of the AIDS epidemic. She stated that “local knowledge produced in this one city [San Francisco] was both constitutive of, and reciprocally reinforced by, a national and a global consensus on the epidemiology and historiography of this disease.”²⁷ She essentially claimed that the events that occurred in San Francisco in the early years of epidemic were an example of those that happened in other cities, as well as that San Francisco helped set the stage for the reactions of other major cities. The elaborations made in Brier’s text that are discussed above, from the spreading of educational information to the debates among community members regarding what information should be spread, perfectly exemplify this point. San Francisco represented one example of the many gatherings of information that were occurring throughout the country at this time. In the context of this thesis,

²⁶ Michelle Cochrane, *When AIDS Began: San Francisco and the Making of an Epidemic* (New York, NY: Routledge, 2004), 57.

²⁷ *Ibid.*, xxiv-xxv.

this emphasizes the importance of local efforts and government, especially in the beginning of the epidemic. Because there was so little medical certainty about the cause of the epidemic for years after first cases had emerged, communities around the country had to locally organize and create change for themselves. Each large city with a significant population of gay people, from San Francisco to New York City, had similar levels of organization in order to create change when they could. When people thought help was not arriving quickly enough, they leaned on each other to create new organizations and to bring aid to their communities however they could. There organizations included, but were not limited to: the Gay Men's Health Crisis, the San Francisco AIDS Foundation, and the famous ACT UP.²⁸

Finally, Jennifer Brier is an author who has discussed many of the aspects of the epidemic, including Reagan's involvement in the epidemic. As she discussed in both of her scholarly works on the subject, many people, regardless of their political leaning, view Reagan himself as taking little action with respect to the AIDS epidemic. Randy Shilts's popular history in particular is singled out for minimizing Reagan's action in the epidemic. Brier pointed out that since Shilts's text was published in 1987, it essentially only covered the first Reagan administration's response to the epidemic and not the second; further, the prevalence of this text and its opinions on the inactivity of the Reagan administration towards AIDS, combined with the timing of its publication, created an opportunity for a lack of understanding about what actions the Reagan administration did take.²⁹ As previously discussed, Reagan himself did not speak publicly on AIDS until 1985 and that his first entire speech on the matter was not until May of 1987. But as Brier later argued in her text, even Reagan's inaction with regards to speaking on

²⁸ "A Timeline of HIV and AIDS," HIV.gov, March 2, 2020.

²⁹ Jennifer Brier, "Reagan and AIDS," in *A Companion to Ronald Reagan* (Hoboken: John Wiley & Sons, 2015), 224-5.

the disease, in combination with the other policies and initiatives he put forth during this time, irrevocably changed the course of the epidemic. A good example of this is his deregulation of the pharmaceutical industry. Brier suggested that his lack of governmental control over the pharmaceutical companies' actions through the FDA allowed experimental AIDS drugs to be tested and pushed through the circuit more quickly and easily.³⁰ According to Brier, though Reagan may not have intended to affect AIDS policy with this change, this policy still had an effect on the AIDS epidemic. This is true for his policies of federalism and individualism as well, and is true of the way the US would react to the AIDS epidemic on a global scale in a more direct way (which will be discussed later). Many other historians agree, though as Brier chronicles, they range between accusing Reagan of innocent or purposeful ignorance.

An important dynamic of the Reagan administration's response to the AIDS epidemic was policymaking in response to the global epidemic. This is important to address in some detail because, as Brier puts it, "paradoxically, the Reagan administration—if not the president himself—played a more active role in a nascent global response to AIDS than it did in the United States, where disagreement among policymakers hamstrung most action."³¹ In Brier's formulation, Reagan's response to the global AIDS epidemic was faster, more targeted, and created greater effects than any change he made to fight AIDS at home. This is also true of his administration in general.

Scholars disagree to some extent on whether Reagan's response to the global epidemic was as effective as it could have been. Greg Behrman's 2004 text *The Invisible People* discussed America's response to the global AIDS epidemic across decades and brings sharp charges against the country in general: "Throughout the pandemic's twenty-year flight, the United States

³⁰Ibid., 228.

³¹ Ibid., 233.

has shrunk from its strategic imperative and its moral obligation, failing at almost every turn to lead a comprehensive global response to the pandemic.”³² As authors previously indicated, the United States government did not handle the epidemic at home as well as they potentially could have, but Behrman saw this same inaction occurring in the response to AIDS on a global scale as well. The charges he brings against America get more specific as the text goes on. He discusses the severe understaffing on CDC efforts in other countries firstly. To follow were grossly overestimated averages of people infected in Africa at an early AIDS conference, which would taint the lens through which Americans viewed AIDS in Africa in a negative way for African people needing aid.³³ And further, Behrman claimed plainly that “the global dimension never registered on the administration’s agenda throughout Reagan’s tenure.”³⁴ However, charges are brought against Reagan and his administration specifically because of a 1986 action, where Reagan implemented the most effective of his AIDS policies. This policy and the ramifications of it are discussed in more detail by Howard Markel.

Markel’s major work in the field of history focuses on the relationships between immigrants and government when it comes to suspicion of illness. “Sadly, the relationship between many American doctors and immigrant patients continues to be characterized by this sense of uneasiness and, at times, outright avoidance,” says Markel, extrapolating from all of the relationships that he had observed himself.³⁵ In 1986, Ronald Reagan approved “an amendment to a bill that specifically banned HIV-positive immigrants or foreign visitors from entering the United States.”³⁶ This policy was very effective at what it was meant to do – it prevented many

³² Greg Behrman, *The Invisible People: How the U.S. Has Slept Through the Global AIDS Pandemic, the Greatest Humanitarian Catastrophe of Our Time* (New York, NY: Free Press, 2009), xiv.

³³ *Ibid.*, 15.

³⁴ *Ibid.*, 29.

³⁵ Howard Markel, *When Germs Travel: Six Major Epidemics That Have Invaded America and the Fears They Have Unleashed* (New York, NY: Pantheon, 2005), 10.

³⁶ *Ibid.*, 145.

immigrants, especially those from Haiti (as told by Markel), from entering the country and left them detained on Guantánamo Bay while their HIV tests were processed. From Markel's perspective, this represented an act of gatekeeping, but there are others who would defend this action on Reagan's behalf. Because of Reagan's focus on foreign policy, some may conclude that this action was consistent with border protection and limiting the immigration of infected individuals to reduce the spread of the virus. Historian and professor of ethics Ronald Bayer commented this on the subject of the quarantine of AIDS patients: "Not understood by those who opposed—under any circumstances—reliance on coercive mechanisms to control individuals who willfully placed others at risk was the role that carefully defined sanctions could play in the development of such a culture [of responsibility]."³⁷ It is arguable that there are merits to these actions, especially around establishing safety and preventing the spread of the illness to many. To many, however, within the larger context of the discussion of several authors on Reagan's sluggishness surrounding domestic AIDS policy, the intentions behind this global action may be questioned.

Lastly, mandatory testing will be discussed briefly, so to set the scene for the network analysis more thoroughly. Mandatory testing is a topic heavily focused on both in Congress and in the literature from this time; thus, a discussion of this debate will be presented in detail. In a 1987 book of essays, *Towards a National Policy on Drug and AIDS Testing*, many qualified professionals weighed in on different aspects of this issue so to encourage the government to take action on this issue. Dr. Norman E. Zinberg evaluated the pros and cons of mandatory AIDS testing by comparing it to mandatory drug testing – he came to the conclusion that for both, a greater emphasis should be put on education about the risks than should be put on a mandatory

³⁷ Ronald Bayer, *Private Acts, Social Consequences* (New York, NY: Free Press, 2010), 206.

testing regimen.³⁸ This view would align much more with the view of Koop, where education on what causes the epidemic should supersede any type of imposed testing. On the other hand, our resident professor of ethics Bayer attempted to capture the merits of such an argument for testing and stated that any plea for established mandatory testing “always involved implicit, if not explicit, efforts to balance the risks and benefits of screening, exclusion, and restrictions.”³⁹ He acknowledged the perceived need for such a program while also acknowledging the privacy violations that might arise from it. In both of these sources it becomes obvious that each side comes from a different but logical place – however, many perceived those advocates for mandatory testing as insensitive or fearful, while those advocates for young education were accused of exposing children too early to such things. Proponents on each side of the argument presented heated testimony influencing policy makers in the both the executive and legislative branches of government.

Historical and Scholarly Discussion

Now that a baseline history and a review of the scholarship on important topics is established, there must be a short discussion of the aspects of the above history that have formed this network analysis’s own questions, definitions, and research. Epstein, Cochrane, Brier, and others all made cases for the importance of complicating the narrative of Reagan’s silence being deadly in their work; they discussed in-group arguments between the gay enclave and government figures alike, and they complicated the notion that the finding of the HIV virus was done in a purely scientific manner. These inquiries will follow their example when it comes to

³⁸ Norman E. Zinberg, “Mandatory Testing for Drug Use and AIDS”, in *Towards a National Policy on Drug and AIDS Testing* (Washington, DC: The Brookings Institution, 1989), 77.

³⁹ Ronald Bayer, *Private Acts, Social Consequences* (New York, NY: Free Press, 2010), 167.

examining the documents that were collected, and their discussions will be complicated when necessary through the analysis to follow.

An aspect of my own research that was not explicitly discussed above but that is important for my purposes is a discussion of the news media sources and the differences between mainstream and enclave news. There was no mention of any major mainstream news source in the prior historical discussion, and for good reason: there was no discussion of the epidemic in any mainstream newspapers, with the exception of the *New York Times*, until 1984. More information about what the *New York Times* discussed during the first three years of the epidemic will be included in Chapter 2 with the network analysis. Instead of mainstream news coverage, what I have called the enclave, the in-group of gay people, and the news sources that provided to them were the groups who spoke on the issue in the very early years. These newspapers all printed articles about the epidemic and debates between members of the enclave for all of the early years, in contrast to the mainstream media papers. Jennifer Brier mentions a variety of these types of newspapers in the chapter of her book which addresses the debates about promiscuity that was broadcast on a national scale: *Gay Community News*, *New York Native*, *Bay Area Reporter*, *Gay Life*, and *The Advocate*. All of these newspapers, with the exception of *The Advocate*, are regional or local papers, but each of them contain a focus on LGBTQ news even today.

A very early study of *New York Times* articles surrounding the AIDS epidemic undertaken by Andrea J. Baker provided some speculation on why other major mainstream newspapers might not have commented on the epidemic until much later: "...individuals related the sluggish pattern of official action towards AIDS directly to the negatively perceived

attributes and habits of a majority of persons with AIDS.”⁴⁰ Baker suggests that perhaps both news coverage of and government action on the epidemic were slowed because of the attitudes towards the most commonly affected group, gay people. This represents one common narrative of the AIDS epidemic: that the efforts to end AIDS were unnecessarily slowed because of negative feelings towards the affected group.

With these points of inquiry in mind, the question that has risen with respect to the newspapers in this analysis is as follows: if the mainstream news media and the enclave news media have discussed the epidemic in entirely different ways and with differing amounts of frequency, what were the mainstream news articles saying in their minimal-in-comparison but not entirely absent coverage? The differentiation between mainstream and enclave news is an important one which has large implications for the interpretation of the data on mainstream news – the mainstream news data, then, will be inspected not only for whether it existed (which, by virtue of this analysis existing, it does), but for what it said in comparison to that which the enclave news sources said.

The question which has perhaps guided all of my inquiry to start with has been about Reagan and his silence on AIDS (or lack thereof), as discussed in the introduction of this thesis. As could be seen in the above history, Reagan was indeed silent for many years, but that his silence was not lasting. Further, through Brier’s analysis of Reagan and his administration’s responses to the epidemic, it becomes clear that Reagan’s actions and inactions during the epidemic did have a large effect on the way the significant events occurred.

A particularly poignant and impassioned account of Reagan and his administration’s actions comes from Donald Francis, who worked for the CDC during Reagan’s administration

⁴⁰ Andrea J. Baker, “The Portrayal of AIDS in the Media: An Analysis of Articles in the *New York Times*,” In *The Social Dimensions of AIDS: Methods and Theory* (New York, NY: Praeger Publishers, 1986), 190.

and helped draft a document of suggestions on how the administration should proceed with addressing the epidemic. This document was rejected by Reagan's administration in 1985, and after saying the response told the CDC to look pretty and do nothing, Francis reflected on the experience in an article with these biting words: "Looking back, I think we expected a dismal response from this group of 'leaders' who, since the beginning of AIDS, had repeatedly refused to allow [the] CDC to do what any reasonable executive should have required it to do."⁴¹

Francis goes on to posit that perhaps the Reagan administration willfully chose not to help because they simply did not know what was expected of a presidential administration in a health crisis as dire as this one was.⁴² This narrative of the events seems to fit better into both the historical records of the events and the criticism presented by Brier and others of Reagan's response.

From this history it has become clear to me that Reagan was just one actor in an entire government. Reagan did indeed act in ways that many question on a moral basis, but regardless of the moral implications of his actions, there were many other government members who also stood up and acted. Koop and the other Reagan administration officials represent just a few of these government officials, and there is an entire Congress of actors who are not included in this history section. Therefore, as this thesis moves into the discussion of network analysis, the question regarding this section is also about silence and action, but not on the behalf of Reagan; instead, the question is in what ways Congress members of the time discussed the epidemic and what types of action was taken on their part, regardless of a relatively inactive Commander in Chief.

⁴¹ Donald P. Francis, "Commentary: Deadly AIDS Policy Failure by the Highest Levels of the US Government: A Personal Look Back 30 Years Later for Lessons to Respond Better to Future Epidemics," *Journal of Public Health Policy* (33, no. 3, 2012), 297.

⁴² *Ibid.*, 299.

In both of these inquiries, what will be proven is the importance of acting individuals, not groups. The entire government is often blamed in the common narrative for the silence of Reagan in the first few years of the epidemic, but in fact, these lines of questioning will lead to a more complete narrative of individual speakers who have been active in the epidemic from very early on. The same can be said of writers in mainstream news and enclave news alike – through the network analysis, the differences in the way these sources discuss the epidemic will become evident. In undergoing this analysis, then, the actors who contributed in great ways to the early efforts to combat the AIDS crisis will be revealed.

Chapter 2: Network Analysis

Introduction and Methodology

The network analysis to follow in this chapter was a quantitative analysis allowing us to objectively evaluate the idea of biased media coverage of and government action on the AIDS epidemic in the early years. If the commonly told narrative has taught us that the Reagan administration did not do nearly enough to help combat the spread of the epidemic and that gay people and other commonly infected populations were discriminated against because of fear and/or bias, this analysis sought to discover the truth behind these commonly accepted beliefs. This analysis was especially concerned with the so-called “early years” of the epidemic, so to evaluate the claims against Reagan specifically. As the end of Chapter 1 suggested, the focus of this analysis will not focus so much on disproving the common narrative but instead on the situations which complicate the narrative that have been discussed. This analysis will answer the questions raised at the end of the last section by investigating into the mainstream news article content in comparison to the enclave news article content and by looking at the ways in which Congress members acted to create change early in the epidemic (even when Reagan did not). This chapter must first begin, however, with a brief methodological section to discuss how the time cutoffs were chosen, how articles and congressional record documents were narrowed down and selected, and what kind of analysis these documents underwent.

The “early years” of the AIDS epidemic were defined for the purpose of this analysis as 1981-1987. 1981 was obviously selected as the first year because it was the first year that newspapers produced any types of articles on the topic and the first year many scientists began to connect the dots between the different commonly experienced illnesses with AIDS (Kaposi’s Sarcoma and *Pneumocystis carinii* pneumonia). 1987 was selected as the ending date partly

because it was the year that Ronald Reagan delivered his first full-length speech regarding the AIDS epidemic, as the introduction showed. As discussed previously, the budget in the years between 1983 and 1985 allotted about the same amount of money proportionally to AIDS research, and 1986 and 1987 were the years when proportional allotments of funding from the executive branch of government began to increase instead of staying stagnant.⁴³ Additionally, in 1987 the FDA approved AZT as a potential treatment to be tested for AIDs, as discussed in the last chapter. This represents the first true potential treatment for the symptoms of AIDS that was released to the public. Therefore, for the purposes of this analysis, 1981-1987 was selected as the range used to define the early years of the AIDS epidemic: it begins with when the infection was first identified as an issue and ends with when the first potential treatment was introduced, and it also ends at the year where Ronald Reagan gave his first full-length speech on the topic.

The *NewsBank* online database contains news articles from sixty-four different mainstream newspapers from these beginning years of the AIDS epidemic. The 64 papers were narrowed down to six newspapers based on location and popularity level: *USA Today* (the most widely circulated US newspaper as determined by Cision Media Research⁴⁴), *Chicago Metro News* and *Chicago Sun-Times* (a hub of research and conversation about AIDS), *Daily News of Los Angeles* and *San Francisco Chronicle* (California cities with large gay sub-cultures), and the *Atlanta Journal-Constitution* (home of the Center for Disease Control). Out of these six newspapers, the oldest article concerning the AIDS epidemic was published in 1984, limiting the date range to 1984-1987 for these papers. These results were found using the search terms “acquired immunodeficiency syndrome,” “human immunodeficiency virus,” the abbreviated

⁴³ Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill, NC: University of North Carolina Press, 2009), 87.

⁴⁴ “Top 10 U.S. Daily Newspapers.” Cision. Accessed March 11, 2020. <https://www.cision.com/us/2019/01/top-ten-us-daily-newspapers/>.

name of each of these illnesses, and “Kaposi’s sarcoma,” which represents the skin cancer that was disproportionately common among men afflicted with AIDS and initially tipped researchers off to the possibility of a connection between the cases. This yielded over 400 results, from which 20 were selected via a simple random sample.

The *New York Times* website also has an online database of articles dating back to the early 1900s, including the desired years (1981-7), and these articles were incorporated as well. The first stage of this network focuses on all of the *New York Times* articles published from 1981-3 surrounding AIDS (n=21), since this paper was the only one of those sampled that included any discussion of the disease during these first four years. These were found using the same search terms listed above. The *New York Times* is the only and obvious exception to the lack of mainstream news coverage on the epidemic in the early years, as discussed in the previous chapter, which is why all of the 21 articles will be taken into account. From the 450+ articles remaining in the *New York Times* database in the 1984-7 range, five were selected via a simple random sample to add to the above 20 selected. This yields a network for analysis of 25 randomly selected newspaper articles for analysis from the 1984-7 year range.

The *ProQuest Congressional* online database contains records of congressional hearings, CRS reports, House and Senate documents/reports, bills and laws, and congressional records dating back to the early 1900s. The database was searched for mentions of the AIDS epidemic in the same year range listed above, with the same search terms listed, and over 1200 results were yielded. The search was narrowed to congressional record documents, the largest proportion of these results, and this also yielded over 1200 results. The first mention in these results of AIDS itself took place in April of 1983, so the results were narrowed from this date to 1987, yielding

over 600 results. 25 of these congressional records were selected via a sample random sample for analysis.

Consideration was taken for the multiple different forms in which the AIDS epidemic might have appeared through the usage of several different types of terms that were used throughout the years, as one can see via the usage of HIV, AIDS, and Kaposi's sarcoma in the search terms for each of the databases. One term that might be of note but was not aforementioned is gay-related immunodeficiency, or GRID. One might think that the usage of this term was the catalyst of the media action against gay people during the epidemic; however, in all of the searches where this term was included, only two articles could be found that included this term at all, which is notable. Both of these instances were in the *New York Times* in the very beginning of the reporting on the epidemic, but both of them also accompanied the term GRID with the term AIDS or an early version of this term (AID). This is why the search term GRID was left out of the listed terms above; however, when the results section discusses the different ways that gay men were referred to in the epidemic, this term will become relevant again.

The newspaper articles were all read in full to examine the connections between them. The congressional record documents were read only in the places where the keywords searched were flagged. These groups were then sorted into a coherent network based on concepts to analyze and word usage. The concepts that were tracked throughout the documents were as follows: mention of AIDS as a gay disease or of infected gay people, mention of medical discussion and/or research efforts, mention of fear or panic about the spread of the disease or the people who had contracted it, mentions of other at-risk groups besides gay people or a more relatable "average American" story about someone with AIDS, a mention of government action

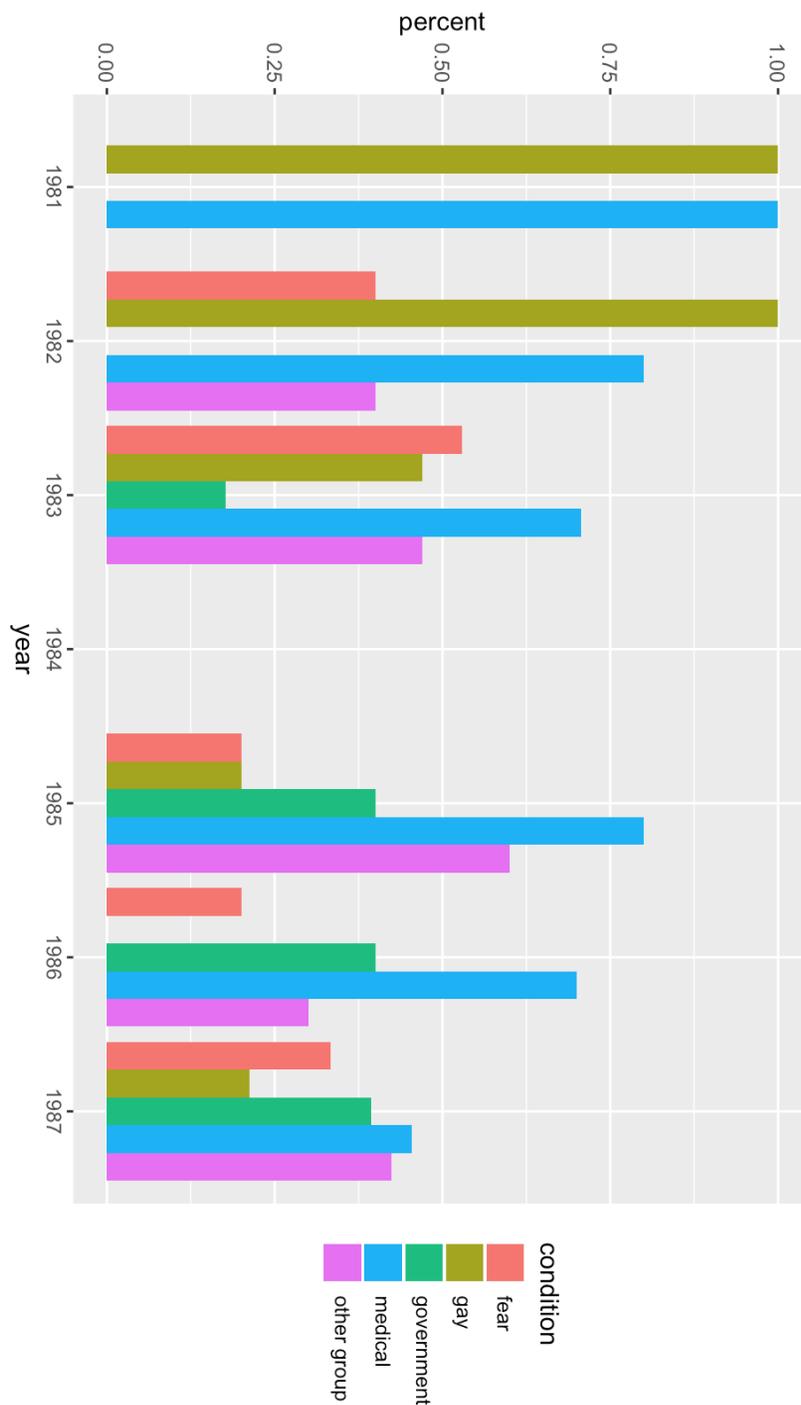
on the disease (for the newspaper articles), and a mention of government funding (for the congressional record documents). These concepts were chosen for tracking because of their relevance to the main hypothesis: that the government, especially Reagan and his administration, had failed to discuss and bring sufficient funding to the AIDS epidemic, and that in the media gay people were discriminated against based on their association with the disease. Medical information is the only category that does not directly relate to this hypothesis, and it was chosen for tracking because of the sheer number of articles that mentioned this topic (a very vast amount, as will be seen in the results section to follow). This category is also important to the variable of developing a cure, which also occurred in 1987 and is one of the main reasons for choosing this year as the cutoff. Articles could be grouped into just one or many of the groups, depending on how many of the different categories were mentioned. There was only one data point that did not fall into any of the six groups – this was a congressional record document that announced a national vigil for victims of AIDS.⁴⁵

The three groups were analyzed in one complete network (n=71), with each type of article labelled differently to designate its type, and this is the network replicated in Appendix A. Those who are interested in seeing the entire network reproduced should refer to this figure, which was produced using the igraph package in R Studio. For the convenience and understandability of the reader, this network was also reproduced into a bar graph using percentages of articles that mentioned each of the topics that were tracked (Figure 1, also created in R Studio). These bar graphs were created using the percentages of articles and documents a year that named each of the above categories. The by-year article counts are as follows: 1981 n=1, 1982 n=5, 1983 n=17, 1985 n=5, 1986 n=10, and 1987 n=33. No articles or congressional

⁴⁵ U.S. Congress. Congressional Record. 99th Cong., 1st sess., 1985. Vol. 131, No. 70, Pg. E2456.

record documents from the year 1984 were selected through this process of simple random sampling, and the limitations of this sampling result will be discussed further in the conclusion of this thesis. From the collected data the trends of public discussion across time are still quite evident, and this is what the results and discussion section to come will do.

Figure 1. Percentage of articles per year that mentioned each condition.



Note: conditions included fear of contagion, mention of AIDS as afflicting gay people, government action,⁴⁶ discussion of medical advancements, and mention of other risk groups besides gay men.

⁴⁶ For the purposes of this figure, government action was classified as: mentions of government action for newspaper articles and discussions of increased funding for congressional record documents.

Results and Discussion

Figure 1 (reproduced above) is the graph which will be referred to for the rest of this section. This section will function as a hybrid results and discussion section – it will review each of the categories that were tracked, present the data associated with them, and use examples from the collection of sources in order to further illuminate the observations that have been made throughout this project. Each of these discussions will address the larger hypothesis in some fashion, creating a narrative of what did actually occur in mainstream news articles and congressional records during these early years of the AIDS epidemic. The discussions will focus on the questions that arose at the end of the review of history and literature.

This section will begin with immediate visual observations of Figure 1 across the years. 1981, the first year, had only one article from a mainstream newspaper, the *New York Times*, that was published about the AIDS epidemic. This article talked of the shared bizarre illness in “40 homosexuals” that were previously helpful and of the plans of doctors to attempt to figure out what could be causing it.⁴⁷ 1982 was only slightly better, with five articles being published in the mainstream news, and this is where the first occurrences of fear language and potential risk groups were observed. 1983 includes the first congressional record documents that were flagged. It also includes the first mention of government action, but this mention occurs in the newspaper articles and not in the congressional record documents. 1985 contains a very high rate of medical articles as well as the highest rate of articles mentioning other groups. 1986 is the first and only year with no mention of gay people as the carriers of AIDS in mainstream news or congressional documents; potential reasons for this will be discussed later in this section. Finally, 1987 seems

⁴⁷ Lawrence K. Altman. “RARE CANCER SEEN IN 41 HOMOSEXUALS.” *New York Times*, July 3, 1981. <https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html>.

to have the most even distribution of different types of articles – the gay category has returned at a lower rate, but both other group mentions and government action mentions increased to top the frequency of mentions of gay people as carrier. Medical information remains the highest percentage across all the years.

Gay People and AIDS as the Gay Disease

To begin this discussion, here is a brief timeline of all the types of language around gay people that appeared often in mainstream news and across congressional record documents. Obviously, the first three articles in the *New York Times* group did discuss GRID and AID, painting AIDS as a purely homosexual disease. However, just after this third article was published (June 1982), articles began to consider the disease only mostly among gay people. Again, just based on the statistics of who was first infected, this designation was not scientifically unfounded. An article as early as December of 1982 referred to AIDS as a disease that “principally affected homosexuals.”⁴⁸ By the beginning of 1983, in February, the language around gay people with the disease became even narrower; this marks the first observation made of gay people being infected, “particularly those that were promiscuous.”⁴⁹ There are indeed multiple nuances to the discussion of the effects of promiscuity, as we saw in Chapter 1 in the enclave of gay newspapers when they argued on this issue, but speaking from a medical standpoint, scientists had already discovered that an increase in the number of sexual partners or increased risky sexual behavior was associated with an increased chance of developing AIDS.

⁴⁸ Harold M. Schmeck. “INFANT WHO RECEIVED TRANSFUSION DIES OF IMMUNE DEFICIENCY ILLNESS.” *New York Times*, December 10, 1982. <https://www.nytimes.com/1982/12/10/us/infant-who-received-transfusion-dies-of-immune-deficiency-illness.html>.

⁴⁹ Robin Marantz Henig. “AIDS: A NEW DISEASE’S DEADLY ODYSSEY.” *New York Times*, February 6, 1983. <https://www.nytimes.com/1983/02/06/magazine/aids-a-new-disease-s-deadly-odyssey.html>.

Even more surprisingly, from May 1983 on, there was not a single mention of gay people contracting AIDS that was not accompanied by the mention of at least one other risk group.⁵⁰ These articles did continue to mention gay people as connected with the epidemic through 1987; however, the spread of information did not demonize gay people or present a medically unfair view of the facts. From this data, it can be seen that journalists did do their best to keep their articles as medically accurate as possible, and at the beginning of the epidemic this did mean that gay people were mentioned specifically at times. This is a vital realization because it combats the common narrative that had arisen of gay people being the targets of discrimination in the news during this period and paves the way for a discussion of the topics that were actually covered.

It is important to briefly consider, in order to further the above discussion, the usage of the terms GRID or the gay disease/plague in this context. Many consider these terms to be very discriminatory, as was discussed previously in Chapter 1. However, in the context in which these terms were used in the early articles where they even appeared at all, it does not seem that they are being used in a discriminatory context at all. Only two of the 21 early *New York Times* articles mention the term GRID, both in the first half of 1982, and in both cases the articles accompanied the term GRID with an early version of the term AIDS, acquired immunodeficiency or AID.⁵¹ It seems that GRID was simply one of the agreed-upon medical terms for AIDS for this part of its history, which, while not very sensitive to the issue at hand or inclusive of all those who were infected, does not seem statistically wrong when considering just how many homosexual men were infected (as was discussed in Chapter 1's statistics section). In the case of gay disease/plague, only two incidences of this language occur in any of the

⁵⁰ Ronald Sullivan. "PRISON'S FOOD SHUNNED AFTER AIDS VICTIM'S DEATH." *New York Times*, May 13, 1983. <https://www.nytimes.com/1983/05/13/nyregion/prison-s-food-shunned-after-aids-victim-s-death.html>.

⁵¹ Lawrence K. Altman. "CLUE FOUND ON HOMOSEXUALS' PRECANCER SYNDROME." *New York Times*, June 18, 1982. <https://www.nytimes.com/1982/06/18/us/clue-found-on-homosexuals-precancer-syndrome.html>.

documents, both in the 1981-1983 category in the *New York Times*, and both of these instances presented the language “gay plague” without using it to describe the epidemic itself. One writer used the language in a quotation from a patient of AIDS who said they had several partners with the gay plague,⁵² and the other used it as an example of what bigots would call the epidemic.⁵³ In both of these cases, it is not that mainstream news writers themselves were using hateful and discriminatory language – instead, they were parroting language that others used. From the history section in Chapter 1, we can see that the language of gay plague and gay disease clearly existed in society more broadly and that it did spread fear and panic around gay people, especially in the first few years. This data shows that this type of language did not seem to exist in the mainstream news, as it was believed to in the common narrative.

It is important to note a caveat when discussing the lack of discrimination that was found in these documents when it comes to gay people. Though discrimination may not have been present, an implicit association between gay people and AIDS was prevalent across many of the documents. An article was published in 1987 in the *New York Times* entitled “A Homosexual Is Considered For AIDS Panel”; this article simply contained information regarding the AIDS panel Reagan began to assemble in 1987.⁵⁴ It is true that homosexual is an accurate and clinical term to describe gay people, and that there is no implicit bias and discrimination in place just from using this word. In the context of this article and the selection of a member of Reagan’s medical panel, this discussion of gay people in an otherwise purely clinical article reveals that gay people were always associated with and involved in the debate on AIDS (even six years after

⁵² Robin Marantz Henig. “AIDS: A NEW DISEASE’S DEADLY ODYSSEY.” *New York Times*, February 6, 1983.

⁵³ William Beauchamp. “A 2D AIDS EPIDEMIC.” *New York Times*, August 7, 1983.
<https://www.nytimes.com/1983/08/07/opinion/a-2d-aids-epidemic.html>.

⁵⁴ Robert Pear. “A HOMOSEXUAL IS CONSIDERED FOR AIDS PANEL.” *New York Times*, July 20, 1987.
<https://www.nytimes.com/1987/07/20/us/a-homosexual-is-considered-for-aids-panel.html?searchResultPosition=237>.

the epidemic began and after the disease had spread to a multitude of other groups). This point is furthered by the fact that whether a gay person was included in the panel was a subject of debate during its creation, as is chronicled in this article: evidently, in the minds of the panel creators, gayness was already irrevocably woven with the AIDS epidemic. This confirms the discussions which began in Chapter 1 about the AIDS epidemic being connected firmly to gay people. Even in this case, where there does not seem to be any explicit discrimination, as is true of the other articles, gay people are still connected to the epidemic and expected to be invested in the epidemic.

In an exception to the rule of mainstream newspaper writers doing a fairly unbiased job of presenting gay people and their connection to the epidemic, given their factual and historical associations with it, it is important to note the one *New York Times* article which addresses the discrimination against gay people that occurred in the early years of the epidemic. This article was written by William Beauchamp, a self-identified “tenured, respected, mature” faculty member at Southern Methodist University who called himself “openly homosexual”; Beauchamp spoke out against the prejudice that had been spewed on SMU’s campus towards gay people and that he had experienced firsthand, calling for an end to this type of hatred. He specifically cites an event where recognition of a gay and lesbian student organization had been denied: “...cheers erupted from the gallery, and a familiar SMU chant was heard: ‘Steers and Queers - Only in Austin.’ A young man shouted, ‘Now we can shoot you.’”⁵⁵ This article, published in the *New York Times* in 1983, stands in stark contrast to the articles of this year that do not mention such things – the fact that the piece is an op-ed, written by just one man about his one set of local experiences, helps to explain this disconnect. Based on Beauchamp’s narrative, it seems that gay

⁵⁵ William Beauchamp. “A 2D AIDS EPIDEMIC.” *New York Times*, August 7, 1983.

people were indeed discriminated against during this time. This discrimination seemed to occur on a more local level, perhaps on a level that this thesis's analyses do not access.

The discrimination that many gay people faced is not only a part of the common narrative, as told by both Larry Kramer and Randy Shilts, but it is also empirically based. It is important to note briefly that even today there is a large stigma associated with contracting the virus. The United Nations has a committee formed just around the topic of HIV/AIDS, and they have released educational material about the stigma surrounding the illness. They begin one such educational pamphlet with this forward:

From the start of the AIDS epidemic, stigma and discrimination have fueled the transmission of HIV and have greatly increased the negative impact associated with the epidemic. HIV-related stigma and discrimination continue to be manifest in every country and region of the world, creating major barriers to preventing further infection, alleviating impact and providing adequate care, support and treatment.⁵⁶

From this it is clear that all throughout the world there is a stigma that people with AIDS face, and the United States is no exception to this rule. With this information, the Beauchamp piece can be interpreted in a new way. The main point to be grasped from this exception is that though gay people clearly did experience discrimination, as is recorded here, the mainstream news articles were just not the typical carrier of these stories.

From all of the evidence present surrounding gay people, one thing is for sure: the discrimination against gay people which has been the subject of the common narrative does not appear in the vast majority of these documents. Instead, the extent to which gay people were discussed specifically seems to be correlated with the large proportion of gay people that made up the initially infected group, and the ways in which these articles discussed gay people did not

⁵⁶ UNAIDS. "HIV-related stigma, discrimination, and human rights violations : case studies of successful programmes." *Joint United Nations Programme on HIV/AIDS*, Geneva, Switzerland. April 2005. http://data.unaids.org/publications/irc-pub06/jc999-humrightsviol_en.pdf.

appear discriminatory in any way. This leads to one of the questions which was posed at the end of Chapter 1: what was the prevalent discourse occurring in the mainstream news about, especially if it was not discriminatory towards gay people?

Panic, Fear, and Anxiety

Before moving on to the medical aspects of the epidemic, this section will dwell on the fear and panic part of the coverage, so to address that part of the expectations. In the beginning of the project it was expected that in correlation with the discrimination against gay people, there would be a panic around them as a group and around their actions; this was in line with both the common narrative of discrimination against gay people and with the theoretical frameworks that guided the beginning of this project. However, this is not what occurred. That does not mean that mentions of fear and panic were not prevalent – in Figure 1, it can be observed that there were many instances of language about fear, panic, and anxiety. These instances were instead a panic over the sheer number of deaths and over a contraction of the illness. From the very second article that was written about the epidemic in the *New York Times*, which was titled “New Homosexual Disorder Worries Health Officials,” there was always a strong worry and anxiety over the looming new illness and identifying it for what it was so that it could be cured.⁵⁷ People were certainly afraid of contracting the illness. This did not manifest in a discriminatory fashion against gay people, as seen above; instead, there was simply a fear of the illness and a fear of death.

⁵⁷ Lawrence K. Altman. “NEW HOMOSEXUAL DISORDER WORRIES HEALTH OFFICIALS.” *New York Times*, May 11, 1982. <https://www.nytimes.com/1982/05/11/science/new-homosexual-disorder-worries-health-officials.html>.

In another early *New York Times* article, “Facing the Emotional Anguish of AIDS,” the specific types of fears that were commonly held were illuminated; the article mentions an AIDS patient who has to cope with the emotions around coming out all over again, as well as the doctors who had to face the unknown without much government guidance on how to proceed.⁵⁸ For patients of the epidemic, then, it seems that the fear they held was against the stigma they would face. For the doctors and more general public, there was a fear of the unknown and of the affliction that had already taken so many lives. This new hypothesis is once again supported in the evidence, where mentions of fear, panic, or anxiety level out in comparison to the other article types in 1987 (as seen in Figure 1). This is the year where Reagan finally spoke on the issue publicly and where much funding was being funneled into research, as well as a few years after the retroviral cause of AIDS was discovered.

With all this in mind, then, it seems that instead of the expected focus on homophobic panic around gay people as a result of the epidemic, there was a fear of contracting the illness and the suffering that would come from it, as well as of the stigma one might face if they would contract the illness. These both point to the idea that fear around the illness was prevalent, perhaps more so in the gay community because of their increased risk, and that that fear did not manifest in a discriminatory way, as was shown in the previous section as well. Both of these sections of inquiry have shown that the common narrative about how mainstream media spread news on AIDS in the early years was not substantiated by the analysis – instead, there is an advanced discussion of panic that is about what would happen should one contract the illness, as well as a discussion which will be outlined in the next section.

⁵⁸ Glenn Collins. “FACING THE EMOTIONAL ANGUISH OF AIDS.” *New York Times*, May 30, 1983. <https://www.nytimes.com/1983/05/30/style/facing-the-emotional-anguish-of-aids.html>.

Medical Aspects of the Epidemic

The medical aspects of the epidemic were certainly the most discussed among all the articles sampled. This seems intuitive because an epidemic is indeed an incidence of widespread illness, and because it required much attention from medical personal in order to figure out what mysterious illness was afflicting the patients. This type of medical reporting was certainly present, along with another, less intuitive type of medical discussion, and both types will be presented in the following paragraphs.

Clearly, much of the discussion that occurred in the early years of the epidemic was about the research that was being completed at the time to work towards a cure; in Figure 1 we see that five out of the six first AIDS articles (in the years 1981 and 1982) discuss scientists puzzling over what could be causing the epidemic, trying to create unified diagnostic criteria, and lastly, trying to figure out how the disease spreads. As was discussed in the general history presented in Chapter 1, there were a great many medical advancements in the first years of the epidemic, and this was the full focus of many of the articles presented. These articles seemed to holistically tie worries and fears in with the medical facts a vast majority of the time. In the case of the congressional record documents, which will be addressed in a later section of this paper in more detail, it is important to note that every source from this category (with the exception of the document that fell into no categories at all) discussed medical advances and/or allotting funding almost exclusively.

The discussion of medical aspects of the epidemic that is not as intuitive is the discussion about what exactly the research focuses should be – funding was indeed being allotted, and scientists were indeed researching, but many argued about what exactly these efforts should focus on. The article that best encompasses this debate is one from the *Chicago Sun-Times* that

was published in December of 1987. It is a collection of letters written and submitted by readers in response to a piece of writing by Patrick Buchanan that criticized people who blamed Reagan for the severity of the AIDS epidemic. One letter writer gave a discussion of an important dynamic Buchanan had not acknowledged: that though Reagan had begun to funnel more money into AIDS research at this time, the research was concerning accurate tests to detect HIV and not a cure to AIDS symptoms.⁵⁹ Clearly, the letter writer was angered that Reagan had focused his funding towards a perceived-as less useful research effort. In the context of the mandatory testing debates that had arisen around this time as well, as well as while remembering Reagan's ban on HIV-positive people entering the US, these letters display the funding arguments in a way that illuminates the historical background that has already been presented.

Both of these historical contexts illuminate the debate about what kind of job Reagan did when it came to providing funding for medical endeavors; a more effective test for detecting HIV would allow both of these types of policies to be implemented much more easily. This article is one example of the second type of medical discussion that occurred throughout the documents in the analysis. There was debate among people, perhaps even on a local level, about what could and should be done with the funding allotted to AIDS research. There is an obvious ideological split on this issue, which seems to be the cause of this debate, but that split will be discussed more in the section to follow about government.

In summary, medical research was indeed the single most commonly discussed topic in the documents analyzed. This medical discussion was either very based in fact, well-balanced,

⁵⁹ Associated Press. "Buchanan piece on AIDS wrong in fact and logic." *Chicago Sun-Times*, December 16, 1987. https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Aid/infoweb.newsbank.com&svc_dat=WORLDNEWS&req_dat=0D1A2AB84F2D3D40&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F0EB36D9E2BE2D170.

and concerning the research, or it was concerning debates over what type of medical research should be the top priority. Both these types of discussion speak towards the idea that news reporters did their best to report on the facts of the epidemic, contrary to the common narrative that was expected. Instead of the discriminatory language the common narrative predicted, there was an increase in discussion on the simple medical parts of the epidemic.

Government Action and Funding

The discussions of government action (in newspaper articles) and government allotted funding (in congressional record documents) are perhaps some of the most interesting results in the current study. From the above discussion of Buchanan's pro-Reagan piece as well as the Jennifer Brier's discussions of the complexity of Reagan's involvement with the epidemic, it is evident that the issue of government involvement (or lack thereof) is much more complicated than it might have initially appeared. From Figure 1, we know that government involvement in any form was not present at all in either set of documents until 1983, two years after the epidemic began. This was both the first year that AIDS was mentioned in a congressional record document at all and the first time government action was mentioned in a mainstream newspaper article. After this year, however, every year that was recorded contained more and more mentions proportionally of these variables. As the chairman of the national panel on AIDS so aptly put it in interview, "the White House was slow...but he added "it's never too late" to start fighting the deadly disease."⁶⁰ The criticisms that many have levied against the government for

⁶⁰ Daily News Wire Services. "STATE: BRIEFLY – PRESIDENT'S AIDS UNIT GETS OFF TO LATE START." *Daily News of Los Angeles*, September 3, 1987.
https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Asid/infoweb.newsbank.com&svc_dat=WORLDNEWS&req_dat=0D1A2AB84F2D3D40&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F0EF515900C2FDC E5.

being slow are clearly historically valid, but it does appear that there was a valiant effort on the part of some government officials to bring the disease to the forefront as soon as possible. There are two different points in this coverage of government discussion that will be covered in detail before moving on to the fifth and final section.

In the mainstream newspaper coverage that discusses governmental action, one variable stands out in many above the rest: mentions of local government doing good and helpful work in particular. I had initially only expected to see discussion of national government; this was the type of government that had received the most critical feedback in general. This could perhaps be a result of the usage of regional mainstream newspapers, but it is still a worthwhile phenomenon to examine, especially considering the historical analyses by Michelle Cochrane of San Francisco as a replica of and model for understanding other large cities with AIDS patients. Because Cochrane chose San Francisco as her example, so too will it serve as a good example here, and the newspaper articles that discuss local government do happen to discuss San Francisco specifically. One article pulled from the *San Francisco Chronicle*, called “S.F. Pupils Get Mixed Marks In AIDS Survey,” discusses a study that was given to schoolchildren in the city about how AIDS spreads and who it affects – city officials designed and implemented this survey in order to understand what the current education system had taught children about the disease, coming away from US Surgeon General Koop’s recommendations to start distributing safety education early.⁶¹ This initiative shows a strong hand from the San Francisco government when it comes to trying to handle the AIDS crisis within their own city, and it seems that these

⁶¹ Charles Petit. “S.F. Pupils Get Mixed Marks In AIDS Survey.” *San Francisco Chronicle*, January 2, 1987. https://infoweb.newsbank.com/apps/news/openurl?ctx_ver=z39.88-2004&rft_id=info%3Asid/infoweb.newsbank.com&svc_dat=WORLDNEWS&req_dat=0D1A2AB84F2D3D40&rft_val_format=info%3Aofi/fmt%3Akev%3Amtx%3Actx&rft_dat=document_id%3Anews%252F0EB4EEE20B1AA325.

local government efforts were perceived as effective, at least by some. Another article written in the *New York Times* about San Francisco's local efforts claims that "spokesmen for homosexual groups say they are generally pleased at the way the city has responded to the epidemic."⁶² In these ways, the articles that appear in mainstream news do seem to stress the importance of as well as appreciate local government efforts to stop the spread of the disease. This has large implications for the idea that local discrimination against gay people might have been missed in mainstream media – perhaps local government reactions are sometimes forgotten in the common AIDS narrative today, or perhaps local government was not able to make up for the silence that national government had in this narrative.

In the congressional record documents, an important topic to discuss related to government action is funding for the epidemic and how this funding was distributed. Funding for research on the epidemic, its causes, and its cures was allotted as soon as 1983. As we know from Chapter 1's governmental history, the amount of funding that was allotted to AIDS was stagnant from this year all the way to 1985. However, that definitely did not mean that there was no discussion on the matters in Congress. Many congresspeople, especially those who were liberal leaning or sympathetic to the sick, still advocated for increased funding during this time, while others, as we also saw in the previous history, criticized these people for being too political in an issue that should be handled purely as a health issue. As time went on, talks of funding became even more common. Congress, all the while, even when Reagan was silent on the issue, attempted to budget money for AIDS research, and this did not end when Reagan became more vocal on the issue. In fact, the funding only increased, and new amendments to bills were commonly created to allot more money to different aspects of research. One of these

⁶² Special to the New York Times. "SAN FRANCISCO SEEKS TO COMBAT FEAR OF AIDS." *New York Times*, May 22, 1983. <https://www.nytimes.com/1983/05/22/us/san-francisco-seeks-to-combat-fear-of-aids.html>.

amendments was “AMENDMENT NO. 782,” whose purpose was “to provide additional appropriations to the Food and Drug Administration for activities related to acquired immune deficiency syndrome (AIDS).”⁶³ This amendment was part of the national budget for 1986, and it gave funds to the FDA for research on and clinical trials for the drug AZT, which was released to the public the next year. All in all, the congressional record documents studied revealed that all the while Congress had discussions over allocating funds to AIDS research, even when Reagan was silent, and when Reagan became more vocal about the issue, Congress was able to give more and more money to different government organizations to fund research. As we saw before with the Buchanan piece and its rebuttal, there were debates over what the money should be used on and who this money should benefit, and this will be discussed further in the fifth and final part of this analysis.

Given the data regarding the extent of the congressional discussions, the point that the US government was not as silent as many believed on the epidemic was supported. Many different efforts came on all levels of government to fight the epidemic, although Reagan himself and even his administration might have not provided the attention those supporting the common narrative believed was just. The common narrative, then, does not pay enough attention to these governmental efforts that were clearly occurring from around 1983 on, as evidenced by the increased discussions in Congress on these issues. The actors who each participated in important projects acted in the ways that they could in order to bring relief to the people suffering from the disease.

⁶³ U.S. Congress. Congressional Record. 99th Cong., 1st sess., 1985. Vol. 131, No. 137, Pg. S13331.

Other Identified At-Risk Groups

Perhaps one of the most surprising parts of the analysis for my hypothesis was the mentions of other risk groups – it was expected that discriminatory language towards gay people would be present, and instead of finding this an increase of discussion about other risk groups besides gay people was found. It was indeed expected to find discussion of the other medically relevant risk groups that had been discussed in Chapter 1. Intravenous drug users, hemophiliacs, and Haitians were all identified over and over again as other groups with increased risk for contraction of the disease. As mentioned in the results section regarding language around gay people, from almost the very beginning of mainstream news coverage about the epidemic there was discussion of these other risk groups along with the discussion of gay men contracting the disease. This excerpt was taken from a 1982 *New York Times* article:

Dr. David J. Sencer, New York City's Health Commissioner, has termed the immune deficiency syndrome "a major health problem." He emphasized that groups other than homosexual men were involved. Groups afflicted with the syndrome include more than 60 heterosexual men and women who were drug abusers and used intravenous needles; 30 male and female immigrants from Haiti, all heterosexual, and some hemophiliacs who use blood products to combat their illness.⁶⁴

Clearly, doctors and health officials were always concerned with other risk groups being impacted more frequently by the disease. Further, the mentions that occurred always seemed to be done, like the one above and the ones concerning gay men, using quite polite and matter of fact language. These medically at-risk groups were being discussed as was expected from reading the history, so these findings were in line with expectations.

In addition, three other groups were found to be discussed throughout the congressional record documents, specifically with mention of allotment of funds to protect them. The first of

⁶⁴ Robin Herman. "A DISEASE'S SPREAD PROVOKES ANXIETY." *New York Times*, August 8, 1982. <https://www.nytimes.com/1982/08/08/nyregion/a-disease-s-spread-provokes-anxiety.html>.

these groups is veterans. Though this is not an intuitive group to be specifically mentioned in the context of AIDS given the typically named high risk groups, veterans were mentioned specifically in more than one of the randomly selected congressional record articles. One particularly poignant mention of veterans in the documents came from an Alaskan senator. A conservative republican, Murkowski lobbied in one of the documents for support for veterans with AIDS through the VA; he gave an impassioned speech, confirming that AIDS was “public health enemy #1” as Reagan had said earlier and advocating to help homeless veterans, especially those suffering from AIDS.⁶⁵ Veterans are well-respected by many for their service to our country; therefore, it is easy to see how express concern might be taken to make sure they are taken care of. But in the case of the AIDS epidemic in particular, it is a quite unexpected phenomenon that veterans received very specific attention in the documentation. Veterans are indeed thought of highly by many in the country, and therefore it is understandable why some may be specifically concerned with their needs during an epidemic; however, this is surely not an intuitive phenomenon because of the lack of increased risk for veterans when compared to other groups.

The second group has an intersection with the debate about mandatory HIV testing. One of the only groups from whom mandatory testing was actually implemented were couples about to be married. In order to obtain a marriage license in some states at this time, couples were obligated to take an HIV test. This presumed need for compulsory premarital testing came out of concern for disclosure of illness as well as concern that AIDS was not simply contained to the few commonly stated high risk groups. The Institute of Medicine from the National Academy of Sciences released directions for public health surrounding AIDS and suggested compulsory

⁶⁵ U.S. Congress. Congressional Record. 100th Cong., 1st sess., 1987. Vol. 133, No. 59, Pg. S4919.

measures of HIV testing before marriage – the congressperson who presented this set of directions in a record cited the need to protect the children who will be born from the illness.⁶⁶ The fact that a national organization suggested this compulsory testing is significant. This policy certainly might have made it harder for people to obtain marriage licenses if they did not want to consent to this mandatory testing, but it seems that for this organization this potential effect is worth the potential extra protection for people this policy would give. The compulsory testing of married couples before they get married being such a popular topic in the documents is unexpected. It is not immediately intuitive that married couples would need increased protection from the disease, but this focus on married people is not random. It leads to the next group of people who were focused on; the fact that the children need to be protected is a common concept throughout history in general, and it is applied in this scenario in a variety of ways.

Results of the analysis of the main steam and congressional documents indicate that children are the most commonly discussed group in need of protection from the illness. The dynamic of protecting children is also where discussing the intersections of AIDS with class and race comes into play in these documents. One congressman attended a conference about race and the psychological health of children, and he shared a document from this conference when he reported back that told the following story:

...the highly publicized experience of those three little Ray children in Florida who, after they were identified being HIV positive, were subjected to terrible trauma in their attempts to return to school. Finally, the family was forced to leave town after their house was burned to the ground. I would suggest that people in other communities not feel to smug because the same thing could happen in any community, particularly if community residents have not been properly educated regarding the disease and clearly defined and generally understood policies regarding school attendance have not been developed.⁶⁷

⁶⁶ U.S. Congress. Congressional Record. 100th Cong., 1st sess., 1987. Vol. 133, No. 83, Pg. S6943.

⁶⁷ U.S. Congress. Congressional Record. 100th Cong., 1st sess., 1987. Vol. 133, No. 171, Pg. E4237.

This story serves as a harrowing cautionary tale on several levels—it shows how local community can be discriminatory towards those who have the disease, even those who are not members of the at risk groups, and it calls sympathy to these innocent children who were infected. The innocence of the children always seems to take the forefront in these stories, the fact that they had contracted HIV in a way not related to their action. Many infected children were born infected because of their parents, for example, and some were infected through blood transfusions. This is in contrast to the typical gay man AIDS patient, who could potentially be blamed for his sickness because of the promiscuous sexual actions that led to it. Even more, this story brings the aspects of class and race into play and enforces the importance of education about the disease. The concern about children in the epidemic was clear in several other places in the documents as well, such as when an amendment was introduced to create pediatric AIDS resource centers.⁶⁸ Children do not make up a very substantial part of the proportion of people who had contracted AIDS, nor are they typically part of one of the most at risk groups, so it is unexpected that so much of the funding for and discussion of AIDS was directed towards children. It makes sense when considering children as the innocent victim of the illness, however, as compared to the typical at-risk victim who contracted the virus through their own actions.

The inclusion of protection for veterans and mandatory testing for individuals seeking a marriage license, as well as discussion regarding children, make up the three groups that are not intuitively thought to be part of the AIDS epidemic discussions but that are a large part of it nonetheless. These results were surprising but do support the main argument of this article – the government was far more active than the common narrative typically gives them credit for, and

⁶⁸ U.S. Congress. Congressional Record. 100th Cong., 1st sess., 1987. Vol. 133, No. 184, Pg. S16381.

specific individuals within the government advocated for the people who they believed needed special protection during the epidemic.

Conclusion: Why Should We Care?

This results and discussion section will end by discussing a few of the reasons that people convinced others to care about the epidemic that did not involve any of the commonly at risk groups. It is clear at this point that gay people were not the commonly discussed alone in correlation with the AIDS epidemic and that even with the other at risk groups, there are other unrelated groups that entered the discussion. With this in mind, there seem to have been other strategies that people used so to convince others to care about the epidemic and want to do something about it. In one article, a writer discussed protecting the carriers of the disease from bias because it was in the self-interest of everyone in the country to stop the spread of the disease.⁶⁹ This appeal does not address being compassionate towards patients with AIDS because they deserve compassion, but instead because it would help each and every individual to stop AIDS from spreading.

Another appeal comes from a conservative senator, Newt Gingrich, who sought to limit the spread of promiscuity; he said, “insofar as we are seeking a penicillin for AIDS, will it become a license to again test the limits of human intermingling? If so, the toll next time may be even more severe.”⁷⁰ Gingrich lobbies here for a medicine to help treat AIDS but does not let anyone forget the importance of limiting promiscuity; he wants to protect the children, as stated above, as well as his constituents from this disease and the actions that might lead to it. He does

⁶⁹ A.M. Rosenthal. “ON MY MIND; AIDS and Self-Interest.” *New York Times*, September 22, 1987. <https://www.nytimes.com/1987/09/22/opinion/on-my-mind-aids-and-self-interest.html?searchResultPosition=301>.

⁷⁰ Newt Gingrich, speaking on June 9, 1987, 100th Cong., 1st sess., Congressional Record. Vol. 133, pt. 11.

state his support of the search for a cure at this point, but he also remains true to his morals about how promiscuity should and should not occur. And again, we see a concern for the children as a general category, though in a different way than before.

In both of these examples, the reason for caring about situations in the epidemic were self-serving or ideologically serving. In the case of Rosenthal's article, there is a self-serving nature to the way an argument for anti-discrimination discusses the way it would help everyone, and in the case of Gingrich's statement, Gingrich supports the search for an AIDS cure while not backing down from the ideological ideals he held when he was elected. This connects back to the other groups of veterans, married couples, and children needing protection, all of which being essential members of society. For some of the people who could not lobby for AIDS in a political way and treated it just as a health crisis, the way that they could create feeling for themselves about the epidemic was thinking about these at risk groups and these self-serving or ideologically serving interests. This is no different than the motivation that any actor in this epidemic had to do anything, however. Even the most vocal AIDS activists, like Larry Kramer and Randy Shilts, might have had self-serving interests that they were pursuing. This is perhaps both the strength and the weakness of the actor with the power to affect change.

The ways that each of these actors, in the mainstream news and in Congress, convinced others to care about the epidemic were different than the ways actors among the gay enclave would have done so. However, it would be incorrect to take the common narrative of government and mainstream media silence at face value, since this analysis has shown the ways in which each of these groups have spoken. Mainstream news media results differed from both the common narrative expectation that these articles would be discriminatory or incomplete and the enclave media articles in terms of content; regardless, they did create narratives where

medical information was spread in a very matter-of-fact way and where fear over contracting the illness did exist. With respect to the congressional record documents and government records in general, the presence of actors within Congress who lobbied for their interests with respect to the AIDS epidemic reveal the government action that did take place during these early years of the epidemic.

Conclusion

After over a year of planning and completing this network analysis, in some ways I am left with more questions than I am answers. My hypothesis in the beginning of this project was that mainstream news media and congressional record documents would show a discrimination towards and panic about gay people, and further, that these documents would confirm the common narrative we are taught about the AIDS epidemic: that the Reagan administration failed in almost every way possible to bring a fast and effective response to the people who were suffering. Clearly from the analysis I have undergone, this was entirely not the case. The analysis only showed that the dynamics of discussion within the different groups are much more complicated and nuanced than normally meets the eye.

My interest in theory, especially mimetic theory and moral panic theory, that led the analysis here left a hypothesis that was centered around the way groups moved. It assumed that groups would turn against each other and that the masses would scapegoat the few for being sick. It assumed that fear was a force that dictated, without fail, how human beings would react to such a disaster. On the whole, this is not what I observed. While fear is clearly a motivating factor for people on an individual level, and some cases exemplary of scapegoating and discrimination do exist in this analysis, it does not seem from this analysis to be enough to motivate mass panic at all. This is what convinced me to look at the issues on a more individual level.

Instead of these group driven effects of scapegoating against gay people at the hands of a government aligned with a new wave of conservatism, which would have been consistent with the common narrative laid out in the introduction, there is an effect on an individual level among actors, people who hold the power to speak on these issues. These actors are the ones who have

changed the course of the AIDS epidemic through which issues they chose to present. In the case of the mainstream media, writers focused on presenting the medical aspects of the epidemic, not on social debates within the gay community as the enclave did. Perhaps this lack of much discussion of gay people in conjunction with the AIDS epidemic, besides in a medical way, is what caused many gay activists of the early 1980s to perceive the news reporting that did exist as a silence. In the case of government records and congressional record documents, there was again a definite lack of silence among individuals within the government system. Congress members fought for the interests that they deemed important, and therefore, AIDS was discussed in Congress from early on in a multitude of different ways.

There are obviously some limitations to the network analysis approach, some of which have already come up in the body of the text. The glaring limitation is the lack of inclusion of the year 1984 in the sample used for analysis. This occurred because of the usage of simple random sampling and the fact that much more discussion occurred from the end of 1985 on (after the death of Rock Hudson and the discovery of the HIV virus). In a longer version of this project, another sample should be run using simple random sampling within clusters, where each cluster represents one year, so to make sure that an even distribution of data across time is collected. Regardless of this limitation, I do believe that the data I collected has an impact and that trends are very visible from the years there are sampled documents for.

Another large limitation that I came across the more historical texts I read was the inclusion of only mainstream newspaper articles in the analysis. I observed and showed from multiple histories that the enclave of gay newspapers was the group discussing the epidemic most clearly and most often in the first few years; again, had this project had no time constraints,

this is certainly a variable that deserves just as much attention as the mainstream news articles do. Another group of people that deserve a more detailed focus and discussion in future analyses are people of color – though many historians have discussed the intersections of socioeconomic status, race, and illness already, these dynamics should be focus of future analyses if we are to create a wholistic and well-rounded picture. Lastly, as I have mentioned passingly at several points in the body of the thesis, it is impossible in these two different types of documents to account for all of the spoken words that must have spread throughout the epidemic. TV recordings, speeches given by officials, and simple word of mouth narration clearly would also have an effect on each of the variables that were tracked, and I was unable to account for any of these types of sources. Future research should take all of these limitations into account, and future iterations should evaluate as many of these other source types as possible.

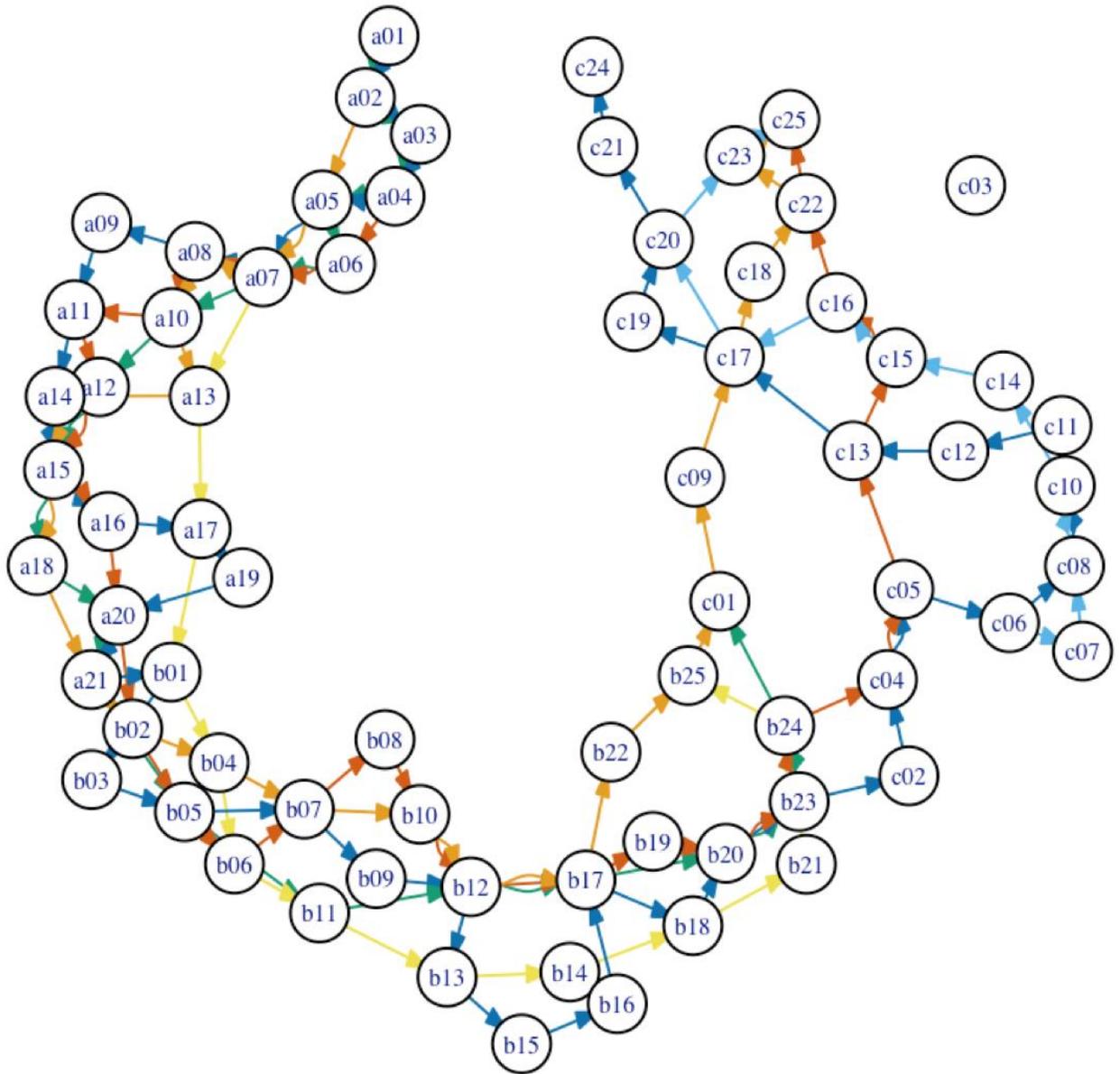
In spite of these limitations, this research has only encouraged me to look towards the future. I have now found that the actors in the epidemic are responsible for the discourse that is spread, and that the more power a person has, the easier it is for them to be this kind of actor. This is an interesting concept in the modern age, where the advent of social media has allowed for so many more people to create and maintain a platform. What does this mean for the concept of actors, and can we all act in a way we could not in the past? I would love to explore this through an evaluation of another medical phenomenon that is more current in the future. For now, it is satisfying to know that the question I began this project with, what really happened during the AIDS epidemic and who was to blame, is closer to being answered in my mind than it was before. Though the events of the early AIDS epidemic have become more clear in my mind, I have so many questions about the theory that I have discovered through this project. My broader curiosities have only grown through undergoing this process, as is evident above.

However, I believe from the information presented in this thesis that in the case of the AIDS epidemic, actors have helped to sculpt a history that we remember as discriminatory.

Donald Francis hypothesized in his essay on the Reagan administration handling of the epidemic that Reagan simply did not know what a big responsibility his administration had to organize well and quickly. Even if this is true, Reagan was still only one man out of an entire administration, an entire three branched government system. However, undoubtedly, this one man had a large impact on the mind of the public when it comes to this epidemic; this is true to such an extent that even today he is infamous in some circles for his actions. The reason for this? The fact that he had power. Reagan was an actor in the AIDS epidemic, and because he had the power he had the ability, as just one man, to make a significant impact.

And he's not the only one. Government figures like Bauer and Gingrich, who held conservative beliefs and whose beliefs influenced their ability and willingness to bring aid to those who needed it; other government figures like Koop and Francis, whose reflections on the epidemic from a more recent lens view the governmental handling that took place at the time as problematic or limited; mainstream journalists who presented the medical information about the disease in as unbiased a way as possible; other authors like Epstein, Brier, and Cochrane, who did their very best to complicate the baseline historical narratives about the epidemic. All of these figures were actors in the construction of what the AIDS epidemic is in the minds of the public. Each of them had an impact, bigger or smaller, that affected the way the epidemic was handled at the time and that affected the way we remember it even today.

Appendix A: Full Network Produced in Analysis



Each node represents an article or congressional record document, with “a” being early NYT articles, “b” later news articles, and “c” congressional documents. Arrow color significance: red = mention of other risk groups besides gay men, green = mentions of gay men as the carriers, dark blue = medical aspects of the epidemic, orange = mention of fear or panic, yellow = mention of government action or funding (for groups a and b), light blue = mention of giving funding (for group c).

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