

Infectious Ideas: U.S. Political Responses to the AIDS Crisis

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For *Oliver* and *Kathryn*

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Abbreviations and Acronyms

A A P H R	American Association of Physicians for Human Rights
ABIA	Associação Brasileira Interdisciplinar de AIDS (Brazilian Interdisciplinary AIDS Association)
ACT UP	AIDS Coalition to Unleash Power
AIDS	Acquired Immune Deficiency Syndrome
ARC	AIDS Related Complex
ARV	antiretroviral drug
ASO	AIDS service organization
AZT	azidothymidine
<i>BAR</i>	<i>Bay Area Reporter</i>
BWMT	Black and White Men Together
CCG	Community Constituency Group
CDC	Centers for Disease Control
COSATU	Congress of South African Trade Unions

CPFO	Centre de Promotion des Femmes Ouvrières (Center for the Promotion of Women Factory Workers)
DPC	Domestic Policy Council
EMPOWER	Education Means Empowerment of Women Engaged in Recreation
FDA	Food and Drug Administration
GAPA — Rio	Support Groups for the Prevention of AIDS, Rio de Janeiro
GAPA — São Paulo	Support Groups for the Prevention of AIDS, São Paulo
GATT	General Agreement on Tariffs and Trade
<i>G CN</i>	<i>Gay Community News</i>
GM HC	Gay Men's Health Crisis
GPA	Global Programme on AIDS
H HS	Health and Human Services
HIV	Human Immunodeficiency Virus
IMPACT	Implementing Agency for Cooperation and Training
INS	Immigration and Naturalization Service
K S	Kaposi's sarcoma
MAC	Majority Action Committee, ACT UP
NGO	nongovernmental organization
NGTF	National Gay Task Force
NIAID	National Institute of Allergies and Infectious Diseases
<i>NYN</i>	<i>New York Native</i>
OPL	White House Office of Public Liaison
PATH	Program for Appropriate Technology in Health
PDA	Population and Community Development Association
PHS	Public Health Service
POCC	People of Color Caucus, San Francisco AIDS Foundation
PWAC	People with AIDS Coalition
R and D	Research and Decisions Corporation
SFAF	San Francisco AIDS Foundation
SPA	Special Programme on AIDS
STD	sexually transmitted disease
SWAA	Society for Women and AIDS in Africa
TAC	Treatment Action Campaign
T&D	Treatment and Data Committee, ACT UP
TWAATF	Third World AIDS Advisory Task Force
USAID	U.S. Agency for International Development
WGHP	Working Group on Health Policy
WHO	World Health Organization

Prologue IT IS NOW AXIOMATIC that the AIDS epidemic was, and continues to be, political. We know less, however, about how that axiom came to be. *Infectious Ideas* argues that AIDS became political over the course of the 1980s, not only because more and more people were infected with what came to be known as Human Immunodeficiency Virus (HIV) as the state failed to respond adequately to the health problem created as more people became ill, but also because a wide range of actors articulated a multifaceted set of ideas in response to the AIDS epidemic. Those actions, which evolved over the course of the decade, existed in opposition to the state's initial intransigence and reframed AIDS in a larger political and economic context. [1](#) People reacting to the emergent AIDS epidemic in the early 1980s inserted sexuality into the public sphere at a moment when the state did everything it could to avoid the subject. AIDS workers — I use this term to identify people who were expressly committed to addressing the effects of AIDS — and people with AIDS insisted that AIDS required a return to, not a departure from, the explicitly political tenets of gay liberation. While they talked in graphic detail about sexual practices

and how those acts could be “safe,” deploying explicit sexual images in AIDS prevention posters, they also understood that sexuality had a political dimension. ² Part of that political ethos, won in battles for gay liberation in the 1970s, held that gays and lesbians had the power to create healthy communities. By the 1980s, an era when the state was in a process of political and cultural retrenchment manifested most dramatically by the dismantling of the welfare state and attempts to surveil the moral content of federal directives, AIDS workers used their historical vision and political commitments to carve out important spaces in which sexuality figured in new models of care. Over the course of the 1980s, however, this model of sexual politics became increasingly problematic. The definition of sexual politics inherited from the 1970s held an unspoken assumption about race. The very idea that an open discussion of sexuality was universally good ignored the historical context that linked people of color to hypersexuality. By the mid-1980s, a new group, including gay men of color as well as women and lesbians of color, began to expand, even in the face of significant opposition, the discussion about how best to prevent the spread of AIDS. Rather than promote “safe sex” exclusively, these AIDS workers connected AIDS to struggles around incarceration, immigration, and poverty. ³ By mid-decade, as the scope of AIDS politics in the United States slowly expanded to include more than a discussion of sexuality, AIDS approached pandemic proportions in the global South. Where most American observers looked on in despair, alongside multiple nation-states that delayed responding to the medical and political crisis, AIDS workers across the global South demonstrated that solutions existed. AIDS workers in Brazil and Thailand, in particular, responded by insisting that the only way to sustain AIDS prevention was to incorporate economic and social analysis into public health models. ⁴ By linking AIDS to larger issues of economic disempowerment, southern AIDS workers made it clear that treatment models that did not include attention to affordability and access were doomed to failure. In the face of what was constantly reported as an unstoppable and unending global crisis, they developed effective models for treatment and social change. The models they created subsequently influenced how AIDS workers in the United States thought about, and dealt with, the national epidemic. Despite evidence of people developing arguments about the political nature of AIDS throughout the 1980s and early 1990s, AIDS, and the response to it, have been all but left out of most political historical narratives of the 1980s. Instead, political historians of the postwar period detail the 1980s as a decade that witnessed the triumphant march of conservatism, embodied in the election of Ronald Reagan, the rise of the New Right/Moral Majority, the evisceration of the welfare state, the expansion of the Cold War with the Soviet Union, and the rise of neoliberalism. ⁵ More specifically, since the mid- to late 1980s, historians have pushed the periodization of the rise of conservatism back to the immediate aftermath of World War II. According to this narrative, locally based activists, grounded in postwar suburban expansion, began to organize in opposition to the post-New Deal state that seemed intent on implementing some kind of racial integration. ⁶ This nascent social movement picked up steam in the 1960s as people — from campus Republicans to Goldwater supporters in Orange County, California — began to react to the social movements of the 1960s and 1970s. By 1980, so this argument goes, the election of Ronald Reagan seemed all but inevitable. ⁷ Beyond the lengthening of conservatism’s historical trajectory, historical accounts have told how postwar conservatism continued to expand its power base through its ability to bring together people who had once been ideological adversaries — social and economic conservatives. Analysts of 1980s conservatism also have underscored that opposition to changes in sexual and gender relations in the postwar era — especially increasing numbers of women working outside the home, the expansion of gay and lesbian visibility and demands for rights, the legalization of abortion, and the incorporation of depictions of the sexual revolution into mainstream media and culture — fueled the consolidation of conservative social movements. ⁸ AIDS rarely, if ever, appears in this work, but when it does, AIDS exists either as a catalyst for coalescence among social and economic conservatives or as an example of the effects of a welfare state in retrenchment. ⁹ *Infectious Ideas* counters the narrative of coalescence by highlighting how AIDS produced different fissures in the conservative movement. Players ranging from the surgeon general to State Department officials resisted the welfare state retrenchment in their efforts to confront the AIDS pandemic head on, even if they did

not consistently succeed in having their demands met. Accounts of the devolution of the Left-liberal coalition of the 1960s exist alongside assessments of the rise of the Right in political narratives of the postwar period and also tend to elide the significance of AIDS work. There are two major interpretative strands in this body of literature. First, scholars such as Todd Gitlin and Walter Benn Michaels see the Left's obsession with the language of multiculturalism and diversity as the reason that a unified progressive movement was no longer possible in the United States in the late twentieth century. ¹⁰ Arguing that attention to identities of race, gender, and sexuality fractured the Left and made it unable to appeal to the wide range of people and groups that constituted the backbone of the original New Deal coalition, scholars suggest that progressives need to return to an analysis that centers on how class functions in the late twentieth century. In *The Trouble with Diversity*, Michaels argues that "we love race — we love identity — because we don't love class." ¹¹ Alternatively, in *Infectious Ideas* I argue that when AIDS workers acknowledged the racial implications of the AIDS epidemic, whether in the domestic or the international arena, they opened up a larger discussion of economic inequality and the role it played in the local and global spread of AIDS. Another cohort of scholars, who see themselves as fundamentally at odds with critiques of identity politics outlined above, argue that over the course of the 1980s the Left's problem was less a move toward identity politics and instead a descent into "neoliberalism." According to historian Lisa Duggan, "The New Deal consensus was dismantled in the creation of a new vision of national and world order, a vision of competition, inequality, market 'discipline,' public austerity, and 'law and order' known as *neoliberalism*." ¹² For Duggan, this neoliberal ideology problematically embraced "a stripped down, nonredistributive form of 'equality' designed for global consumption during the twenty-first century, and compatible with continued upward redistribution of resources." ¹³ While she sees AIDS activism as a model that resisted neoliberalism, in part because of her focus on the internal battles between "liberal" and "radical" factions, Duggan's account of AIDS activists is limited. By considering the evolution of AIDS work while paying particular attention to the AIDS workers who made arguments within a political economic framework, *Infectious Ideas* highlights the people who refused neoliberal models and became some of the first to insist that economic redistribution was the only way to make people healthy. While the political historiography of the 1980s fails to address AIDS, the interdisciplinary literature on AIDS itself is voluminous. Its expansive nature makes it almost impossible to characterize, but from the perspective of political history (as opposed to medical history), two critical issues emerge. ¹⁴ First, most narratives of AIDS draw a sharp distinction between "AIDS activism," defined as direct action targeted against the state and industry in hopes of producing dramatic change in AIDS policy, treatment, and prevention, and "AIDS service," defined as the entities that developed to provide the actual "services" people with AIDS needed as well as to produce the material necessary to prevent the further spread of AIDS. ¹⁵ By using the terms "AIDS work" and "AIDS workers," my intention is to deemphasize the distinction between these two categories — activism and service. Detailing the historical evolution of AIDS work gives me access to a wide range of people who worked to fundamentally change both the state's response to AIDS and the response to AIDS produced by white AIDS service providers. This holds true in both the United States and the global South. People working with the most disenfranchised, at the grass roots, whether in the United States or Nigeria, saw little purpose in distinguishing between service and activism. My desire to address another limit in the AIDS literature — the practice that treats the domestic AIDS epidemic as a phenomenon entirely separate and different from the experience of the disease in the global South — has also shaped the scope of this book. ¹⁶ When scholars do discuss the U.S. AIDS epidemic alongside the global pandemic, the movement of ideas and resources is often from North to South. That is, AIDS service and activism developed in the United States and Europe and was imported into the global South, where "developing countries" with recalcitrant state governments were unable and unwilling to address AIDS. Here, I question this model and look for moments when AIDS workers across the global South produced arguments about the link between physical health and economic health, and in effect spearheaded the focus on economic disenfranchisement and AIDS in the United States. *Infectious Ideas* treats the struggle to develop a response to AIDS over the course of

the 1980s and 1990s as a mirror on American political transformations in the post-1960s era. AIDS workers inspired structural and political changes in municipal, federal, and international governments that shaped institutional and political possibilities in health care, community development, and foreign policy priorities. I detail five distinct yet interrelated case studies of AIDS work, each of which combines gay history, medical history, and the history of sexuality, to suggest that AIDS belongs at the center of recent political history. The presence of a persistent debate among fledgling AIDS activists over the meanings and uses of sexual liberation provides one of the clearest cases of AIDS work functioning as a political response to conservatism. This is the subject of Chapter 1. Writing in the gay press in direct response to reports of the first cases of the disease that would soon be known as AIDS, gays and lesbians turned to lessons learned in the gay liberation movement, explicitly rejecting what they perceived as homophobic silence by the national media and political establishment. As early as 1982, they spoke and wrote about the ways same-sex desire and sex might need to change in the age of AIDS and what the relationship among love, sex, and power should look like in the late twentieth century. The press coverage was littered with disagreements over the practical meaning of gay liberation, however. I take the presence of such enthusiastic debate about gay liberation to revise the chronology of the ideology's supposed demise. As an idea and driving concept, gay liberation remained central to gay and lesbian life into the 1980s. This continued centrality forces a reconsideration of the dominant narrative of gay liberation's transformation from a radical social movement in the early 1970s to a more conformist civil rights movement by the 1980s. Chapter 2 shifts from what is largely a national story to the local level, where AIDS workers designed ways to mass-produce gay liberationist arguments in hopes of curbing the spread of AIDS. I detail what happened when the San Francisco AIDS Foundation (SFAF), the first and largest AIDS service organization (ASO) in San Francisco, embraced a particular strand of the gay liberation discussion to address AIDS. ¹⁷ By marketing the model of safe sex to gay men, SFAF advanced the argument that open and frank discussions of sex were necessary for effective AIDS prevention education. SFAF created partnerships with a wide range of commercial institutions — from gay bars and bathhouses to gay marketing firms that specialized in tapping into what was increasingly defined as a “gay market.” The outreach to community-based businesses gave SFAF access to many gay-identified men living in San Francisco. While this strategy had dramatic effects on “gay-identified men [who] tend to be disproportionately highly-educated, Caucasian, and upscale in occupation,” by marking that very specific group (white, gay-identified, wealthy) as its main target audience, SFAF effectively reified the equation between whiteness and gay identity. ¹⁸ This meant that the desires of “out” white gay men came to represent most gay men, regardless of race, while all non-gay-identified homosexual men, that is, men with same-sex attraction, were understood as either African American or Latino. Rather than seeing racial identity and sexual orientation as mutually productive of each other, this model ensured that the production of prevention material that targeted both gay men and communities of color existed at cross-purposes and made it difficult for SFAF to fully address either group's needs. ¹⁹ The Third World AIDS Advisory Task Force (TWAATF) was among the first groups on the West Coast to suggest an alternative model to the one employed by SFAF. When AIDS service providers of color from across San Francisco formed TWAATF in 1986, they intended for the organization to expand the nature of AIDS prevention. TWAATF argued that gay institutions alone would not effectively reach the wide range of people with same-sex desire, nor would it attend to the needs of heterosexuals of color, a group increasingly at risk for AIDS over the course of the 1980s. At the same time, TWAATF refused to desexualize AIDS prevention. While it expanded beyond sex to include discussions of prisons, immigration, and drug use, the volunteer-led organization recognized that discussions of sexual practices needed to be included to ensure that gay-identified people of color were recognized. The central arguments of the first two chapters — that AIDS provided an opportunity, sometimes realized, sometimes not, for AIDS workers to articulate an alternative communal and political vision to the Reagan administration's inaction — begs the question of how the Reagan administration actually responded to AIDS. ²⁰ Given that Reagan did not mention the term “AIDS” in public until 1987, I expected to find very little on AIDS in Reagan's official papers. I was

wrong. The Reagan archive was full of information on AIDS, an analysis of which forms the basis of Chapter 3. Contrary to standard historical narratives of conservatism that argue AIDS served as a rallying point for conservative activists, just as feminism and gay rights had, the evidence in Chapter 3 suggests that AIDS divided conservatives in three areas: questions of sexual morality and where it fit in education, the need for increased social services for people with AIDS, and Cold War foreign policy objectives. In the domestic sphere, political appointees battled over the federal response to AIDS. Gary Bauer — a political and social conservative who had worked his way up the administrative ladder over the course of the early 1980s to run the administration's AIDS effort — tried to enact a three-pronged strategy to deal with AIDS: a national testing program that would detail exactly how many people had AIDS and where they lived; an education policy that emphasized personal, moral responsibility as the best way to enforce necessary behavior changes; and policies based on local community control because of its ability to enforce moral standards more effectively than the federal government and therefore comport better with conservative ideology. The president's longtime conservative ally Surgeon General C. Everett Koop directly contradicted Bauer's ideas, arguing that widespread testing would do little to curb AIDS and that condoms and frank conversations about sexual practices were the best way to change people's behavior. Koop's position found support from the Presidential Commission on HIV/AIDS, established at Bauer's behest to rubber-stamp the administration's domestic AIDS policy. The commission refused to reiterate blindly the administration's position on drugs ("Just Say No") as a response to AIDS and proposed instead a dramatic expansion of the welfare state, most notably drug treatment, as the best way to address the U.S. AIDS epidemic. The disagreement among administration conservatives became even more visible as the Reagan administration entered the global AIDS arena in the late 1980s, the subject of the second half of the third chapter. Some conservative policymakers hoped to contain AIDS by testing for it at the U.S. border, but the U.S. State Department and the Central Intelligence Agency recommended against it, arguing that this policy of containment would anger elites in the developing world. Although a coalition of conservatives in the administration and Congress were successful in closing U.S. borders to people with AIDS, the State Department and its affiliate, the U.S. Agency for International Development (USAID), adopted AIDS as a centerpiece of its diplomatic strategy, making it possible not only for people with AIDS to seek asylum in the United States but also to encourage discussion of sexual practices and distribution of millions of condoms in the global South. U.S. State Department officials hoped that this policy would strengthen America's image in the eyes of the world. While the State Department launched some of the first U.S.-funded AIDS programs in the global South, the Ford Foundation, the focus of Chapter 4, explicitly looked to its feminist history when entering AIDS work. Ford, the largest private philanthropy in the world, awarded its first grants to organizations undertaking AIDS work in 1987. Defining its effort as a response to both the growing AIDS pandemic and the limited reach of federal action, the Ford Foundation was the first U.S.-based institution to implement a global AIDS program that not only dealt with the particular effects the epidemic had on women but, more specifically, saw AIDS work as integral to its programs in reproductive health and justice. With an explicitly feminist perspective on AIDS beginning in the late 1980s, the Ford Foundation funded dozens of locally based initiatives in countries ranging from Brazil to Thailand to Senegal, the majority of which worked in the area of reproductive health. This meant that the foundation supported AIDS workers who argued that the best way to initiate and sustain individual behavior change was to incorporate the struggle for women's empowerment and economic empowerment into its AIDS programs. Chapter 4 returns to the themes of the first two chapters, most notably that AIDS work became a central site for building an opposition to conservatism and conservative policies in the 1980s. Ford saw its AIDS work as a response to what it defined as the uneven policies of the conservative-controlled federal government. With an unequivocal focus on the ideas of feminists from the global South, Ford's work demonstrated that consistent and practical attention to the impact of gender and economic inequality on AIDS circulated in the global South at the same time that it did in the North. By assessing the state of feminist responses to AIDS in the global South before I narrate the rise and fall of what has come to be known as the first instance of radical AIDS activism

in the form of the AIDS Coalition to Unleash Power (ACT UP), I am able to situate the “coalition of activists united in their anger” in a larger historical context. In Chapter 5, I detail the proliferation of various contingents within ACT UP, some formed around identity (e.g., people of color and women), others formed around issues (e.g., treatment and housing). In the beginning, the contingents coexisted in ways that allowed for the execution of dramatic protests that changed the tenor of AIDS work and served as a political critique of the state in all its myriad forms. The coalition did not last long, however. Within five years, ACT UP members were no longer united around a common set of missions. One contingent wanted to see the group work on drug access (defined as the availability of new treatment protocols created through scientific advancements), while another faction insisted that availability of new treatments would not be sufficient to guarantee all people with AIDS access to drugs. For the latter, ACT UP’s mission needed to include a commitment to affordable treatment and universal health care, a point that proved prescient when set against the development of protease inhibitors in 1996 and the inability to distribute them. Paradoxically, the discovery of protease inhibitors produced the conditions for a major surge in AIDS activism outside the United States. The Epilogue shifts the focus of the book to South Africa, one of the global centers of AIDS activism in the twenty-first century. This allows me to end the book with an investigation of the combined efforts of South Africa’s Treatment Action Campaign (TAC), an activist organization formed to provide treatment for South Africans with AIDS, and the Congress of South African Trade Unions (COSATU), the largest federation of trade unions in the country. The South African coalition between AIDS activists and trade unionists developed a strategy that allowed it to combine arguments about treatment development, treatment distribution, and general economic security/stability. The class analysis at the heart of COSATU’s mission was critical to the success of this strategy and supported TAC’s development of systems for effective service delivery, particularly in the face of a state apparatus that was hostile to drug treatment for HIV/AIDS. *

Viewing contemporary history from the perspective of the AIDS crisis, Jennifer Brier provides rich, new understandings of the United States’ complex social and political trends in the post-1960s era. Brier describes how AIDS workers--in groups as disparate as the gay and lesbian press, AIDS service organizations, private philanthropies, and the State Department--influenced American politics, especially on issues such as gay and lesbian rights, reproductive health, racial justice, and health care policy, even in the face of the expansion of the New Right. *Infectious Ideas* places recent social, cultural, and political events in a new light, making an important contribution to our understanding of the United States at the end of the twentieth century.

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anticipated some of the thorny ethical and political. The idea of self-adjusting international markets, detached from. disease of this decade, and in the global response to HIV and AIDS. I find it Infectious Ideas - Google Books - Review details. Title: Jennifer Brier, Infectious Ideas: U.S. Political Responses to the AIDS Crisis; Description: Book review appearing in Social History of [MRVO]â€™™ Infectious Ideas: US Political Responses to the AIDS - Symposium: An Interdisciplinary History of the Struggle Against HIV/. Her book Infectious Ideas: U.S. Political Response to the AIDS Crisis Forum hiv 2019 - Finaeo - Join us at the STI & HIV 2019 World Congress held on July 14 - 17, 2019 in. conference Â«Pending issues IV Saint Petersburg Forum on HIV Infection with Apr diverse nature of the African region's HIV epidemic and the unique response to it.. 2016 Political Declaration on HIV and AIDS, the global community committed THE DEVELOPMENT OF A FEMINIST RESPONSE TO THE - Michael Callen, Essex Hemphill, and the Battlefield of AIDS Martin Duberman Jennifer Brier, Infectious Ideas: U.S. Political Responses to the AIDS Crisis of the Epidemic (Duke University Press, 1995); and my review of the Rotello book in Teaching - To some Republican Arizona lawmakers, the sex ed book It's Townsend, who did not respond to request for comment, claimed that the book The idea for the book, Emberley noted, emerged during the HIV crisis of the 80s and 90s. The introduction of It's Perfectly Normal to Arizona politics likely Ebola Pdf - Bill & Melinda Gates Foundation, Seattle, WA, United States of America. engaged more than 500 people around the world to bring new ideas to address a pandemic AIDS was the first infectious disease to which the response was driven by human rights The notion of â€œknow your epidemic, act on its politicsâ€• is crucial. Thinking politically about HIV: political analysis and action in - Clarke Forum for Contemporary Issues Infectious Ideas, U.S. Political Responses to the AIDS Crisis - U.S. Political Responses to the AIDS Crisis Jennifer Brier. that documented the medical and political effects AIDS had on women and detailed U.S.-based feminist responses 70 The book employed a broad definition of race, including essays Infectious Ideas, U.S. Political Responses to the AIDS Crisis - Infectious Ideas U S Political Responses To The Aids Crisis. Infectious Ideas Jennifer Brier Published by The University of North Carolina Press Brier, Jennifer. Infectious Ideas: Crisis" PDF file. Save Book Â» [PDF] Early Start Denver Model.

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