

Evolution of an Outbreak:  
Charting the Mainstream Print Media's Formation of Epidemiological, Social, and Political  
AIDS Discourse in the Absence and Reassertion of State Biopower  
by  
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## Abstract

Epidemic discourse is shaped as much by what is known for certain as by what is yet unclear. In journalism, each outbreak of a new epidemic requires a disease-specific discourse which is tailored to discuss and account for the unique social, political, and epidemiological characteristics of a pathogen and its patterned spread through a population. Thus, for journalists in the 1980s, the establishment of an “AIDS discourse” was a particularly tumultuous and haphazard undertaking, one which was defined by researchers’ inabilities to explain its speed, deadliness, and seeming selectivity of its victims, and shaped by an unprecedented lack of initial government urgency and cohesion in response to its appearance. The transformative impact of circumstance and confusion on the language of mainstream print reporting would materialize in the media’s descriptions of patients and disease transmission, the formation of story and source angles, the interpretation of the fractured medical and epidemiological information present at different stages of the outbreak, and the enforcement of the many binaries between the “public” and those who were (or had the strongest “potential” to be) victims, among others.

The Introduction provides context for the emergence and progression of the epidemic. The pathogenic characteristics of the human immunodeficiency virus are explained, and the impacts and effects of its unique virology are explained, both on the ways in which it slowly made itself known to researchers and reporters, and how its methods of transmission fostered the manifestation of the four seemingly unrelated “risk groups” statistically identified by the CDC. The interplay between the biopower of the state’s knowledge/power dynamic and the mainstream media is explored, as well as the consequences of its disruption on the press.

Chapter One discusses the period of time between the identification of the first few U.S. AIDS cases, initially discovered in Los Angeles, and the death of actor Rock Hudson. *New York Times* Science Desk reporter Lawrence K. Altman’s first AIDS-related piece is used to demonstrate the early press entrenchment in the normative/non-normative binaries of sickness, health, risk, and safety, as well as the conflation of the medical, social, and behavioral implications of the controversially-termed “risk groups.” The results of institutional incoordination are demonstrated in the coverage of the two most commonly covered AIDS issues at the time: the possibility of the disease’s explosive spread into the “general public,” and the idea that homosexuality as a sexual orientation brought with in an inherent predisposition toward contracting the disease.

Chapter Two examines the months between actor Rock Hudson’s public disclosure of his AIDS diagnosis and the release of the Surgeon General’s AIDS Report. The association of a famous face with AIDS, and to a lesser degree, homosexuality, was a turning point in journalistic AIDS discourse, as it removed a sense of morbid objectification from patient interviews which was replaced by more personal interactions. This began to break down some of the stark patient/public binaries entrenched during previous years, while also leading to a period of intense introspection and self-consciousness in the reporting field. The continued lack of cues from the continued absence of biopower would foster an AIDS discourse that was largely media-generated, the characteristics of which would linger on even after the publishing of the report.

Chapter Three describes the release of Surgeon General C. Everett Koop’s AIDS report, which was largely hailed as an answer to many of the most pressing questions of the epidemic. However, the report’s medicalization of AIDS rhetoric would neglect to provide a precedent for the media regarding increasingly pressing political and social issues, leading the press to handle them with little state influence on their methods. The utilization of these media cues represented a partial co-option of epidemic journalism into recently-reasserted state biopower, though some of the unique discourse generated before its return would linger on in future AIDS reporting.

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## Preface

During my time at the University of Michigan, I had the immense privilege of working on the staff of its student newspaper, the *Michigan Daily*. I joined the paper with no journalism experience – bringing with me only the writing skills I had collected up until that point – and went on to spend two and a half years filling various posts as an Arts Writer, Columnist, and Editor. The experience of jumping into the field of college journalism while having only previously engaged my writing abilities in the classroom was eye-opening; learning to write for a newspaper and a professor at the same time meant developing what felt like two entirely separate sets of skills. Journalism requires that you, above all, be prepared with the linguistic speed and accuracy necessary to work a story as soon as it breaks. The possibility of bias requires strict rhetorical self-policing (sometimes down to the word), weekly or even daily turnaround means working in the constant shadow of a deadline for its importance or relevance, and the sheer ongoing volume of material prepared for any given day means that newswriting has a special air of transience about it – it doesn't take long for today's news to become old news. Conversely, writing within an academic or departmental setting, such as an English major requires, often demands that its writer seek out information that in fact supports a personal argument, involves a greater sense of holistic author accountability, and encourages a sustained, in-depth examination of a single topic which is secondary to a timeframe in which to argue it.

When it comes to asking a field to examine its own past body of written work, this division becomes more clear; journalism's nature as a traditionally forward-facing apparatus makes it ill-suited for retrospective self-evaluation. It may not function as a traditional language and literature-based writing "outlet" in that it lacks a central intellectual framework upon which it draws for theoretical support and ideological interpretation, but it does have the potential to

benefit from literary interpretation despite, or maybe because of, the differences between the two. Journalism is, at its foundation, the expression of ever-changing discourses, ones which are often issue or event-centered and evolve much more rapidly than their academic counterparts. These collections of signifiers, symbols, conveyances, rhetorical devices, and vocabularies must change to account for story developments while navigating the underlying social and political tensions present in every human issue – all of which make journalism ideal for examination in the context of retroactive literary critique using the tools and techniques of the English field. Perhaps such a critique is never more necessary than when news coverage itself is considered, either during or after an event, to be controversial by those within, around, or outside of a story.

My interest in the content and context of early AIDS reporting came from its very public struggle to engage in so many highly multifaceted and contentious factors at once; AIDS was never just a social, political, or medical issue, though it was portrayed singularly as each of these at some point or another. As an English and Political Science major, as a journalist, and as a sister to brother who is gay, it strikes me as a period of time in which the all-important element of journalistic precedence was cripplingly underdeveloped and underprepared for tackling an epidemic that mixed the divisions and stigmas of sexuality and sex with the panic of the unknown, and in which, for a long time, the loudest voices willing to associate themselves with AIDS came from outside of the government. To look at journalism through a historical lens is not enough, as was proven by the recent death of one of the epidemic's most iconic speakers.

On February 25, 2013, former Surgeon General C. Everett Koop died at the age of 96. Extolled as the man who “started the government’s public discussion of AIDS during the Reagan administration,” nearly every article printed in the mainstream media about his death reads exactly the same in regards to his life: how his iconic military dress, beard and bow ties gave him

an air of authority, how his tough talk about the dangers of smoking and unprotected sex in the age of AIDS drew ire and applause from the public, how he surprised both liberals and conservatives with commitment to educating the public.<sup>1</sup> But public discussions about AIDS had been happening for years – most prominently in the media – even without the presence of a centralized government AIDS response, most especially in the media. The sense of discursive transformation upon the release of his “Surgeon General’s Report on AIDS,” as well as the landscape of coverage which had previously slowly built and festered in its absence, is lost in these more recent glances back at a history – a history which was very much defined and guided by the actions of the media itself. The recent thirty-year anniversary of the discovery of the first AIDS cases brought with it only a few articles by contributing writers who reminisced about the fear that was a constant companion to news about AIDS. Lawrence Altman, the *New York Times* medical correspondent during the epidemic, mused in 2011 about how “a new generation has grown up with little if any knowledge of those dark early days,” yet mentions nothing of the overwhelming influence his field, and even his newspaper, had on the very progression of AIDS in the public’s mind beyond an underwhelming assertion that “communications to the public often lacked clarity.”<sup>2</sup> The contribution and faults of the media during this time deserve far more attention and scrutiny than this.

The progress of AIDS reporting was more than a question of a journalistic timeline or the statistics of article volume per month. The gap between the reports of the first AIDS cases and Koop’s eventual mailing of pamphlet versions of his report to all U.S. households in 1988 demanded a new media formation and alteration of language and schemas to convey information – and sometimes opinion – about patients, risk groups, and symptoms, all while attempting to

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<sup>1</sup> David Brown, “C. Everett Koop, Former Surgeon General, Dies at 96,” *Washington Post*, February 25, 2013.

<sup>2</sup> Lawrence Altman, “30 Years In, We Are Still Learning From AIDS,” *New York Times*, May 30, 2011.

balance an intrusion of an epidemic mindset on the emotional, political, and social lives of all Americans. Journalism has many freedoms that other fields lack, but it also has its limits; thus, it is through the use of literary tools and criticism that an understanding can emerge of how and why discourses evolve and cope in the midst of the loss of informational, medical, and government organization – and the potential to gain them back – that epidemics represent.

## Introduction

### *Contextualizing the Voices of an Epidemic*

At the close of 2011, it was estimated by the World Health Organization that there were 34 million people worldwide living with HIV (human immunodeficiency virus), the infectious agent that is the cause of AIDS (acquired immunodeficiency syndrome).<sup>3</sup> Roughly speaking, this is equivalent to the entire population of Canada, or about 4 million people shy of California's last census count.<sup>4</sup>

For many in the United States, the modern HIV/AIDS pandemic is framed in an international context as a disease found primarily in disadvantaged regions of the world, a focus only reinforced by a breakdown of available global statistics. Approximately 23 million cases, or about 68 percent of total infections, are found in Africa, a staggering 5.6 million of which can be found in South Africa alone – the U.S., by comparison, is home to 1.3 million people living amid varying stages of the disease's progression.<sup>5</sup> The association of the disease with non-industrialized countries is further compounded by the advanced healthcare networks, well-funded research institutions, integrated education and prevention programs, and relative accessibility of antiretroviral drugs in places such as the United States, all of which help limit the impact of HIV/AIDS on wealthy populations while highlighting the conditions which exacerbate its spread among the poor. Even charities and humanitarian organizations play a crucial role in projecting the public's modern memory of AIDS onto Africa; the (PRODUCT)<sup>RED</sup> campaign, one of the most recognizable concept brands in the world, uses everything from red iPods to red

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<sup>3</sup> "Global Summary of the AIDS Epidemic 2011," World Health Organization, accessed February 12, 2013.; AIDS is referred to interchangeably in the scientific community as "acquired immune deficiency syndrome."

<sup>4</sup> "Google Public Population Data: Canada," World Bank, accessed January 18, 2013.; "Google Public Population Data: California," U.S. Census Bureau, accessed January 18, 2013.

<sup>5</sup> "Global Health Observatory Data Repository," World Health Organization, accessed January 20, 2013.

Nike shoelaces laid out in the shape of the subcontinent to sell an image of the region as the central battleground for the world's fight against the virus.<sup>6</sup>

But the more modern emphasis on the HIV/AIDS pandemic as an external concern firmly rooted in foreign soil has come with a price: the erosion of American social memory surrounding the initial public emergence of AIDS during the 1980s in none other than the United States. The distinctly native materialization of the epidemic was tracked by the government, the press, and the American people from its existence as a handful of unexplainable cases of rare cancers and infections into a full-blown contagion, complete with thousands of fearful and frustrated victims and a mortality rate that, as far as anyone could tell, sat at no less than an unprecedented 100 percent. As the disease raged on in the U.S., neighboring countries – which were only just beginning to identify cases of their own – associated the disease with its initial explosive outbreak and subsequent visibility in the States: a place where a mixture of social, political, and economic pressures would intertwine to characterize and stigmatize the disease in a way that other nations saw as uniquely American. Even France, a country which would later race the United States in an effort to isolate and name the then-postulated virus, viewed both the disease and the American public's response which followed in its wake to be particular to their trans-Atlantic partners, fostering a situation where “AIDS, in its early incarnation in France, was an American disease, inextricably linked with beliefs about the sexual excesses of American gays and the emphasis on profit in American business that the French still considered socially suspect.”<sup>7</sup>

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<sup>6</sup> PRODUCT(RE)D, "Lace Up. Save Lives," accessed March 11, 2013.

<sup>7</sup> Michael J. Bosia, "Written in Blood: AIDS Prevention and the Politics of Failure in France," *Perspectives on Politics* 4, no. 4 (December 2006): 647-53, Cambridge Journals.

America's place as an epicenter for the virus's emergence onto the world stage would become pivotal in the way the disease would be discussed by its people and those of other countries for years to come, forming an image whose influence can be seen even today despite the movement's shifted regional focus. Far from acting as a passive setting for the manifestation of AIDS in the global public's eye, the United States left an irreversible imprint on the way the virus, its transmission, its victims, and its impact were perceived during its role as reluctant host for the appearance of the disease as it permeated media, medicine, politics, and public opinion.

But AIDS would also be marked by the multitude of unprecedented challenges it would pose to those who studied, recorded, and followed it; the unusual and initially indecipherable patterns that dictated which people it infected instigated a panic in the scientific community to isolate the pathogen. This fear was trumped only by the public's struggle to understand who was truly "at risk" for a disease rumored to be transmitted by everything from toilet seats to mosquito bites, entangling a series of circumstances which rendered much of the discourse used to address previous epidemics inadequate.<sup>8</sup> As a result, the disease would spark the genesis and gradual transformation of an AIDS-specific discourse which would strive to keep up with scientific developments while attempting to do justice to both the epidemic's facts and tensions as they surfaced. The formulation of this discourse, however, was neither well-organized nor unbiased, especially as it became clear that poor communication both within and between the various institutions tackling the epidemic's spread would become the very bane of progress toward fighting AIDS, as well as an unintentional contributor to the stigma which was soon attached to it. As the United States slowly woke to the virus in its midst, those tasked with keeping the

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<sup>8</sup> James Kinsella, *Covering the Plague: AIDS and the American Media* (New Brunswick: Rutgers University Press, 1989), 7, 22.

public informed – the editors, reporters, and executives of the mainstream media – fought an uphill battle through their own silence, preconceptions, and tendencies to seek the perceived “safety” of ambiguity.

The result was a painful, decade-long struggle for words in the absence of a comparable rhetorical precedent – one which, in the first years of the U.S. AIDS epidemic of the 1980s, failed to untangle the mess of medical and non-medical factors that complicated an uncoordinated attempt to address the outbreak. Lacking the balanced and lucid coverage it deserved, the epidemic raged on in a cloud of uncertainty, while the slow formation of a journalistic AIDS-specific discourse would incite a storm of retrospective criticism of the media, both for its early rhetoric and its initial silence.

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### **HIV/AIDS Logistics: The What and the How**

The various microscopic attributes and idiosyncrasies inherent in the human immunodeficiency virus contributed greatly to the macroscopic fear and confusion it caused as the pathogen – and the fear left in its wake – were transmitted across the United States. Understanding the difference between HIV and AIDS, as well as the ways in which the virus itself infects and kills its host, is crucial in order to explain some of the tensions between the researchers who struggled to understand a disease which evaded modern explanation on one hand, and a public that demanded concrete answers which didn’t yet exist on the other. Caught between the two were the reporters expected to communicate the facts of AIDS. The mainstream media at this time was overwhelmingly accustomed to covering small-scale “mystery outbreaks” with characteristics in the same veins as the recent Toxic Shock Syndrome or Legionnaire’s

disease scares: victims within their newspapers' target demographics, short durations, few casualties, rapidly contained disease sources, highly visible government involvement, a general unity in scientific speculation between sources, and simple pathologies which required little scientific know-how on the part of a reporter.

As for the virus itself, much of the early confusion surrounding its abilities and deadliness stemmed from its sheer uniqueness. HIV is a retrovirus, a type of virus whose first human variant was discovered in 1980 by a team of researchers including Dr. Robert Gallo (who would later become famous for his work on AIDS) – only months before the first group of young men would be diagnosed with a host of rare diseases later linked to AIDS.<sup>9</sup> World Health Organization guidelines define HIV as being transmitted “through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding”; upon infecting a human host, HIV progressively weakens the body in stages, the last and most severe of which is termed acquired immunodeficiency syndrome, or AIDS.<sup>10</sup> It is tiny even when measured against other viruses – bacteria, in comparison, are almost always many times larger than any of their viral counterparts – and its size, compounded with its relative fragility, made any attempts to study it a nightmare for researchers in the 1980s; very few labs possessed equipment advanced enough to attempt to isolate and replicate the virus for study, let alone to do it safely.<sup>11</sup> The virus itself weakens its hosts by attacking their immune systems, first incorporating elements of the host cell's membranes into its outer envelope, thereby making it nearly indistinguishable from

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<sup>9</sup> Eric K. Lerner and Mary E. Hombs, *AIDS Crisis In America: A Reference Handbook* (2nd ed, Santa Barbara: ABC-CLIO, 1998), 40.

<sup>10</sup> "World Health Organization Health Topics: HIV/AIDS," World Health Organization, accessed February 13, 2013.; "World Health Organization Health Topics: HIV/AIDS."

<sup>11</sup> "Virus or Bacterium?" American Society for Microbiology, accessed February 11, 2013.

normal cells to a human immune system.<sup>12</sup> By subsequently killing T-helper cells, which are a necessary part of the body's immune system, the virus leaves its host exposed to a number of "opportunistic infections" – diseases which a person with a healthy immune system would otherwise be able to fight off, such as *pneumocystis carinii* pneumonia or Kaposi's sarcoma.<sup>13</sup> In this way, AIDS is not a name for the virus in question, but rather a condition resulting from the virus' suppression of the body's immune system to the point that they are unable to ward off other diseases, eventually dying from one of many opportunistic infections which would have otherwise been prevented by their T-helper cells.<sup>14</sup>

The virus is more than simply a master of disguise. Its deadliness lies both in its proficiency at ravaging its host's immune defenses and its ability to refrain from doing so immediately – at least to a degree severe enough to alert its host. One of its most impressive and terrifying evolutionary characteristics is its ability to carry on a very slow pathogenesis, meaning its host could spend years unaware that they were infected; it could take anywhere from 10 to 15 years for an HIV-infected individual to develop AIDS, though some can develop it many years earlier.<sup>15</sup> During this time, it is possible for a host to display no symptoms at all, and apart from an initial one-to-two week period of flu-like symptoms (in which the immune system first reacts to the virus), an individual could live symptom-free for years, unaware that they are an infected carrier. This extreme lag between infection and manifestation means that the virus is much more likely to be passed to other potential hosts before killing its own, differentiating it from viruses

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<sup>12</sup> Lerner and Hombs, *Crisis*, 6.

<sup>13</sup> "Basic Information About HIV and AIDS," Centers for Disease Control, accessed December 23, 2012.

<sup>14</sup> Before this distinction was made clear in the late 1980s, "AIDS" was used interchangeably in newspapers as a name for the virus and the later stages of the condition which resulted from it.

<sup>15</sup> Jonathan Engel, *The Epidemic: A Global History of AIDS* (New York: Smithsonian Books, 2006), 60.; "Basic Information About HIV and AIDS."

such as Ebola, which strike and kill its host quickly with very visible symptoms (a factor which helped lead to its rapid containment after the 1976 outbreak).<sup>16</sup>

It was this factor which also contributed a great deal to the element of fear which pervaded the epidemic's atmosphere: By the time the scattered cases of rare infectious diseases had been connected together, a common culprit hypothesized, and the first incidence reports passed along to the press, the virus had already infected thousands of people. The result was that even as the sudden surge of cases in the early 1980s revealed the widespread nature of the unfolding epidemic to the press, researchers were still struggling to understand its transmission and isolate the virus, let alone develop a blood test or cure. Conversely, this left victims, family members, and early AIDS activists – who could only watch from the sidelines as the mortality rate climbed ever-closer to the dreaded 100 percent – frustrated at what they saw as an apathy within the scientific community over the outbreak, since the slow crawl of progress and lack of official communication between researchers and the public resulted in a seemingly callous silence from the outside. The combination of an exponentially increasing caseload with no end in sight with research standards that started out miles behind the capabilities of HIV meant that many were left asking themselves if and when the virus could even be stopped.

### **Mapping HIV/AIDS: The When and The Where**

The virus may have first grabbed the world's attention with its terrifying debut on the American stage, but by the time the first few U.S. cases had surfaced HIV had actually been working, albeit quietly, behind the scenes in Africa for around 50 years. Scientists have retrospectively traced the AIDS virus to a small RNA mutation in a primate virus, probably

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<sup>16</sup> Engel, *Epidemic*, 3.

occurring sometime in the early 1930s.<sup>17</sup> Species jumps are rare for retroviruses, but the pathogen managed to make the transition by infecting only a handful of relatively isolated individuals for decades before jumping multiple times through foreign workers to Haiti – from here, most agree, the virus was carried mainly by gay American men vacationing in the Caribbean back home to places like San Francisco, New York, and Los Angeles.<sup>18</sup> These would later be the cities hit hardest by the epidemic.

The first hints of the disease's existence were brought to light on June 5, 1981, when the U.S. Centers for Disease Control reported that five sexually active gay men in Los Angeles were being treated for a rare form of pneumonia, *Pneumocystis carinii* (PCP).<sup>19</sup> Only two months later, a second CDC report would emerge tracking more than 100 gay men who had developed either *Pneumocystis* or Kaposi's sarcoma (KS), a cancer which manifests as dark red or purple lesions on the skin, since the beginning of 1980.<sup>20</sup> Many aspects of the release were troubling – these were diseases which usually targeted the immune-compromised (PCP) or the elderly (KS), not young and previously healthy males – but most disturbing of all were its implications for its victims: By the time the second report was published, the mortality rate for those identified was 50 percent and relentlessly climbing.<sup>21</sup> The CDC also observed a disturbing domino effect which resulted from this initial June report: suddenly, doctors from around the country were calling in with similar cases of strange pneumonias and unusually aggressive cancers whose causes they'd

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<sup>17</sup> Engel, *Epidemic*, 1.

<sup>18</sup> Engel, *Epidemic*, 211.

<sup>19</sup> "Pneumocystis Pneumonia -- Los Angeles," *Morbidity and Mortality Weekly Report* 30, no. 21 (June 5, 1981): 1-3, accessed October 23, 2012.

<sup>20</sup> Engel, *Epidemic*, 5.

<sup>21</sup> *Ibid.*

been unable to explain using standard diagnoses.<sup>22</sup> Realizing that these patients were somehow connected with a larger phenomenon of disease, the CDC began officially tallying the cases and grouping them together under the heading “Kaposi’s Sarcoma and Opportunistic Infections”; the total identified cases of immune suppression by the end of 1981, just six months after the issue was first brought to light, came to 270, 121 of whom were dead – already nearly four times the total number of fatalities from the 1976 Legionnaire’s outbreak.<sup>23</sup>

From here, the disease would continue to proliferate in cities on both coasts, eventually making headway into Middle America through places like Chicago, Dallas, and St. Louis. Small towns would stay relatively sequestered from the disease, though they would be no less fearful of its effects; closely-knit places such as these would usually only make AIDS news when a community was either rallying around or attempting to drive out AIDS patients whose conditions had been made known, purposefully or unintentionally, to their neighbors. The epidemic soon reached both France and Great Britain, both of whom would gage their responses to the outbreak against those of the United States. France especially would become a high-profile country in the epidemic’s history, and not just because of their victim count. They were home to the world-renowned Pasteur Institute, a research center made famous for its early experimental AIDS treatments and its tendency to attract wealthy and anxious American patients. Notoriety also stemmed from its well-publicized and bitter feud with Dr. Robert Gallo over the discovery, isolation, and naming of the virus itself, which would win its French scientists a Nobel Prize in

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<sup>22</sup> “A Timeline of AIDS,” U.S. Department of Health and Human Services, June 5, 1981, accessed September 6, 2012.

<sup>23</sup> “A Timeline of AIDS.”; Kinsella, *Plague*, 13.

Physiology or Medicine in 2008 for their work on HIV.<sup>24</sup> By 1986, the epidemic had made its presence known in every U.S. state and territory – even as far away as Guam.<sup>25</sup>

But context of the epidemic cannot be fully understood without examining events that occurred both before and parallel to the epidemic's outbreak. Two factors would intersect to magnify the disease's transmission in ways which were unthinkable only decades before: the sexual revolution and gay rights movements of the 1970s following the Stonewall Riots, which led to a congregation of sexually active gay communities in San Francisco, New York, and other big cities, as well fluctuations in the drug culture of the 1980s. Both circumstances would help explain a question which initially left the public deeply confused by the reports passed to them through their newspapers: How could the four seemingly unconnected groups considered "at highest risk" for AIDS possibly be targeted by the same disease?

### **"Risk Groups" and Their Circumstances: The Who and The Why**

The Stonewall Riot of 1969 is considered to be the iconic start of the Gay Pride Movement, in which a crowd of men and women ejected by police from the Stonewall Inn, a popular gathering spot for gay men and lesbians in New York City, fought back against their routine harassment by city law enforcement.<sup>26</sup> This act of visible self-assertion touched off the massive, simultaneous upheavals of gay American communities that culminated in the rights movements that would dominate the 1970s. The first gay pride parades began making their way down the streets of America's largest cities at the beginning of the decade, while gay rights groups such as the Gay Liberation Front and the Gay Activists Alliance began to emerge and

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<sup>24</sup> Engel, *Epidemic*, 55-57.

<sup>25</sup> "AIDS Weekly Surveillance Report: December 29, 1986," Centers for Disease Control, accessed February 1, 2013.

<sup>26</sup> Engel, *Epidemic*, 11.

demand equal rights along with the declassification of homosexuality as a mental illness – a goal which would come to fruition in 1973.<sup>27</sup> Young gay men began to uproot and move into the gay neighborhoods that blossomed within large cities, such as Castro Street and the Tenderloin in San Francisco and Greenwich Village in New York City, finding themselves in communities which both welcomed and accepted them as never before while encouraging them to celebrate all aspects of their newly-embraced sexuality.<sup>28</sup>

The growing number of businesses which catered to their gay clientele included a large number of clubs, bars, and bathhouses (an industry alone worth \$100 million), all of which fostered a unique inner-city sexual culture – one that was about more than simply “having promiscuous sex,” as some outside the movement viewed it.<sup>29</sup> Instead, it was such that,

For many gays, promiscuous sex was more than fun, and more than simply an effort at human bonding: it was the defining act of community building, ‘a force binding atoms into new polymers of affinity’ ... Gays began to see frequent anonymous sex as the bedrock of gay liberation – an emblematic endorsement of the great liberation they had won at Stonewall, as well as a vehicle with which to solidify communal bonds.<sup>30</sup>

The presence of these highly active and enclosed sexual communities in large cities meant the inevitable proliferation of sexually transmitted diseases as a side-effect of sexual culture – the *New Yorker* famously printed a profile of the Castro District in 1986 which mentioned that “two-thirds of the gay men they [researchers] interviewed had had a venereal disease at least

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<sup>27</sup> Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New York: Basic Books, 1981), 3.

<sup>28</sup> Engel, *Epidemic*, 12.

<sup>29</sup> Randy Shilts, *And The Band Played On: Politics, People, and the AIDS Epidemic* (2nd ed. New York: St. Martin's Press, 1988), 19.

<sup>30</sup> Engel, *Epidemic*, 13.

once, and ... homosexuals accounted for between fifty and fifty-five percent of all syphilis and gonorrhea cases across the country."<sup>31</sup> The prevalence of these diseases within the most active gay neighborhoods – diseases which were often easily treated with antibiotics – offered not only a subtle demonstration of the potential for a future deadly STD to spread through the community, but also highlighted the presence of the “magic bullet” mindset which left many confident in the abilities of modern medicine in the event that a new disease should find a future home in their midst.<sup>32</sup> Gay men would ultimately be hit hardest by the disease; in 1985, halfway through the first decade of the epidemic, gay and bisexual men still accounted for 73 percent of reported AIDS cases, and even today, men who have sex with men (MSM) represent 61 percent of new AIDS infections in the United States.<sup>33</sup>

Gay culture was not the only movement on the rise during the 1980s – the drug culture of the previous decade was still in full swing when the first few heterosexual AIDS cases surfaced. Almost chronologically parallel to the initial cases of gay Los Angeles men with inexplicable diseases, five heterosexual AIDS cases were diagnosed in 1980.<sup>34</sup> Needle-sharing between intravenous drug users passed blood-borne diseases from person to person, and much like gonorrhea and syphilis were litmus tests for the potential prevalence of AIDS in gay communities, hepatitis was rampant in the IV community; approximately 240,000 new cases of hepatitis C were diagnosed every year in the 1980s.<sup>35</sup> As with AIDS, hepatitis can be transmitted through used needles as well as through sex with an already infected partner; drug users would

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<sup>31</sup> Frances FitzGerald, "A Reporter at Large: The Castro – 1," *New Yorker*, July 21, 1986, 64, The New Yorker Digital Edition, accessed February 26, 2013.

<sup>32</sup> Shilts, *Band*, 18-19.

<sup>33</sup> "AIDS Weekly Surveillance Report: December 29, 1986," Centers for Disease Control, accessed February 1, 2013.; "HIV Among Gay and Bisexual Men," Centers for Disease Control, accessed November 20, 2012.

<sup>34</sup> "The HIV-Drug Use Epidemic in New York City: Entering the Fourth Decade," *Center for Drug Use and HIV Research News*, 2, no. 2 (1999): 1.

<sup>35</sup> "Viral Hepatitis and Injection Drug Users," Centers for Disease Control, accessed January 9, 2013.

later transmit AIDS to their lovers, some of whom were the women who would give birth to the HIV-positive children that the press would come to call “AIDS babies.” The transmission of AIDS by drug users was further exacerbated by the influx of crack cocaine during the 1980s from South America to the U.S.; though it was not injected as heroin was, its use was associated with high-risk sexual activity, ultimately further promoting the transmission of HIV heterosexually.<sup>36</sup> As a risk group, those who used drugs, as well as their partners to a slightly lesser degree, constituted a much smaller percentage of overall AIDS cases, though they remained a significant group at risk for being infected with HIV: In 1985, intravenous drug users would account for 17 percent of total cases.<sup>37</sup>

The final two risk groups identified by the CDC were hemophiliacs, and a more controversially designated group labeled only as “Haitians.” The risks posed to hemophiliacs by the disease were generally easier to ascertain; people suffering from hemophilia, a bleeding disorder that affects the blood’s ability to clot, often require many blood transfusions over the course of their lives. Donors who were unaware of their HIV-positive status had long been giving blood and unwittingly introducing the virus into the blood supply, which would then infect recipients – hemophiliacs utilized transfusions at a much higher rate than the average person, and were simply more statistically likely to receive an HIV-infected donation. Though they accounted for a very small number of total cases – only 1 percent by 1985 – the devastating impact of the disease on U.S. hemophiliacs cannot be overlooked: By 1985, approximately 90 percent of people with severe hemophilia were infected with HIV.<sup>38</sup> The final risk group, “Haitians,” was short-lived (the CDC eliminated it from its reports in 1985), but by far remained

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<sup>36</sup> “The HIV-Drug Use Epidemic in New York City: Entering the Fourth Decade.”

<sup>37</sup> “AIDS Weekly Surveillance Report: December 30, 1985.”

<sup>38</sup> “AIDS Weekly Surveillance Report: December 30, 1985.”; “Background: Improvements in Blood Safety,” National Heart, Lung, and Blood Institute, accessed January 18, 2013.

the most confusing and least understood of the four when the press began to use the designation. Though Haitians made up the third largest risk category early on, accounting for three percent of infections by the final months of 1984, their presence was initially deeply perplexing for scientists, who could not rationalize how an infectious blood-borne disease could seemingly discern and target a single people based on what seemed like nationality alone.<sup>39</sup> The reality of what appeared to be an anomaly was that the disease had simply spread endemically but quietly across the island nation after making a transatlantic jump from Africa, but before making its way to the United States. At the time, however, it was postulated by U.S. researchers that either some “genetic vulnerability” must exist within Haitian immigrants and natives, or that some sort of widespread cultural practice, such as blood-sharing voodoo rituals or the consumption of undercooked pig meat infected with a similar virus, was to blame for its prevalence within a single country’s population.<sup>40</sup>

The identification of Haitians, IV drug users, hemophiliacs, and gay men as those at highest risk for being infected with HIV would later become an iconic and controversial part of the attempt by the press to convey and interpret – sometimes incorrectly – the facts and hypotheses of the disease to their readers. The concept of “risk groups” may have simply represented the results of statistics gathered by the CDC in the early years of the epidemic, but the meanings and discursive insinuations of “risk” would soon proliferate and fester in the nation’s imagination. Before the discovery, confirmation, and publication of HIV’s official status as an STD as well as a blood-borne disease, the questions surrounding the unusual demographics of AIDS victims would prove to be continuously problematic; this would hold true both for early

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<sup>39</sup> Engel, *Epidemic*, 49.

<sup>40</sup> Ibid.; Merrill Singer, “The Politics of AIDS,” *Social Science & Medicine* 38, no. 10 (May 1994): 1321, accessed December 3, 2012.

scientists who attempted to quell ill-founded rumors attempting to explain the diversity of the “risk groups” to which the disease was overwhelmingly confined, as well as members of the media who attempted to rationalize for their readers how a single virus could seemingly target people by sexual orientation, medical predisposition, addiction habits, and country of origin. Because the government’s health agencies tended to be much quieter than the speculation which so easily fueled the public’s fear, and because the looming question of its possible spread into the “general population” seemed to be both a constant and unanswerable anxiety, the concept of “risk groups” would be one of the most important issues that reporters would attempt to address for their readers.

### **The Informational Vehicle: Mainstream Print Media and its Epidemic Intersection**

Epidemiological circumstances may have been in many ways ripe for another sexually transmitted, blood-borne, hepatitis-like disease to spread through certain communities in the United States, but the political, economic, and social atmosphere of the decade was equally hostile to dealing with a disease that required both money and attention for victims often seen as “undesirable.” Ronald Reagan ascended to the Oval Office only months before the emergence of the initial Los Angeles cases, bringing with him a set of political aims and values that would not only keep money extremely tight for many AIDS researchers, but would often choke attempts at frank public discussions regarding AIDS victims, transmission, and prevention.<sup>41</sup> AIDS would be a challenge that many historians and social scientists writing retrospectively about the epidemic’s early years would assert that Americans failed to meet, either out of willful ignorance of the true scale and urgency of its spread, or through a conscious aversion toward tackling it due to its

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<sup>41</sup> Kinsella, *Plague*, 3.

high-profile association with the gay community.<sup>42</sup> Most writers who comment on the performance of the media during the early years of AIDS, such as scholars James Kinsella and Rodger Streimatter, and reporter Randy Shilts, identify rampant homophobia as the largest single factor which shaped the mainstream press's handling of coverage. Often pointing to the testimonies of reporters who tried and failed to have certain articles pertaining to AIDS printed, as well as statistical measurements of article volume at different points in the epidemic, they suggest that a media aversion to homosexuality – which newspapers would have assumed were shared by their readers – was the most overwhelmingly important force at play in explaining how press stories emerged during this time. They, as well as others such as Jonathan Engel, tend to focus on a small selection of extreme, notorious, and sensationalized AIDS-centered pieces which are used to define the medium without being representative of the body of journalistic discourse which was forming at the time – for better or worse – and ultimately being presented to readers on a much more consistent basis. This attitude is somewhat perfunctory, in that it neither takes into account the dynamic that occurred between AIDS knowledge – correct or incorrect – and the power that came with controlling, conveying, and demanding such knowledge, nor the discursive and rhetorical nuances of AIDS-specific issues which evolved rapidly over the span of a few short years.

The reality of the disease's first decade in U.S. focus is much more complicated. To be certain, a degree of homophobia contributed to reluctance on the part of Washington and the media to openly and aggressively bring the disease to the forefront of American consciousness, resulting in a long initial period of painfully scarce media coverage. But its effect was compounded by the surprisingly fractured U.S. response to the disease – the overwhelming

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<sup>42</sup> Kinsella, *Plague*, 2-3; Shilts, *Band*, xxii; Lerner and Hombs, *Crisis*, 15.

majority of problems facing AIDS victims, researchers, and activists in fact stemmed from a crippling lack of coordination and communication between and within the institutions designed to confront it. Observing and critiquing these was the media, which attempted to bridge the gaps between government researchers, politicians, activists, victims, and its readers – the latter usually belonging to none of these groups. Ultimately, it would become the institution most prone to being affected by the rifts between these groups, all-too-often blurring the lines between fact, fiction, and ambiguity.

Part of this could be attributed to the lack of previous knowledge in the reporting community about medical and biological processes. Barely a handful of staff reporters across the country, such as the *New York Times*'s Lawrence Altman, had some sort of background as doctors or researchers-turned-writers.<sup>43</sup> Only the largest newspapers had so-called “health desks,” and even those routinely devoted themselves to simple articles on personal health, such as tips for backache relief or the dangers of vitamin C deficiencies.<sup>44</sup> Other very recent “mystery outbreaks,” such as Legionnaire’s disease (1976) and Toxic Shock Syndrome (1978), had signs and circumstances which were comparatively simple to understand – neither was transmissible from person to person, both had generally consistent and familiar symptoms such as fever and muscle aches, and both were easily treated with antibiotics even before the sources of both diseases were discovered.<sup>45</sup> These diseases required very little know-how on the parts of reporters, as the constant media pressure exerted on researchers meant that findings were handed over quickly as a means of satisfying demanding press callers. Aided by the relatively short

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<sup>43</sup> Kinsella, *Plague*, 61.

<sup>44</sup> Don Colburn, “Oh, My Aching Back: No One Ever Said Standing on Two Legs Would Be Easy,” *Washington Post*, March 27, 1985.; Jane E. Brody, “Personal Health,” *New York Times*, January 20, 1982.

<sup>45</sup> “Toxic Shock Syndrome,” U.S. National Library of Medicine, accessed February 1, 2013.; “Legionnaire’s Disease,” U.S. National Library of Medicine, accessed February 1, 2013.

lifespan of both epidemics, reporters were prevented from being significantly drawn in either by the rumors of speculative science or by the apathy generated from a prolonged and seemingly endless swell of disease. But in much the same way that the presence of homophobia was just one facet of the U.S.'s subdued response in the early years of AIDS, a dearth of reporters with prior knowledge of epidemiology is hardly a full explanation as to why the media made the coverage choices which would leave future observers questioning their intentions and ethics. Rather, the ways in which the media responded to the AIDS epidemic can be pinned to two main concepts, each of which amplified the impact of the other when combined under the overarching mantle of AIDS: the lack of discursive cues from an incomplete state biopower resulting from the presence of a fractured power/knowledge relationship between state health and political institutions as well as between the state and the media, and the lack of media precedence regarding coverage of an epidemic which combined sexual, social, and political elements, slowing their attempts at building an effective discourse specific to a new and unique epidemic.

### **Biopower and AIDS Discourse: Media at the Center of the Power/Knowledge Dynamic**

Michel Foucault's theories regarding sexuality, discourse, and the control of bodies all make an appearance in the fabric of the AIDS epidemic and the slow transformation of the media's disease coverage, the irony of which is painfully apparent – the philosopher not only died of AIDS-related complications in 1984, but he also chose to never have his HIV positive status disclosed during his lifetime.<sup>46</sup> Nevertheless, the concept of biopower and the influence of its presence on the media's reevaluation of epidemic language would become central to the way many editors and reporters would shape their coverage of the AIDS outbreak. Foucault defined the term “biopower” as a “supervision” of the “mechanics of life” and “biological processes,”

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<sup>46</sup> "Michel Foucault," A+E Biography, accessed January 7, 2013.

such as “propagation, births and mortality, the level of health, life expectancy and longevity, [and] all the conditions that can cause these to vary,” “through an entire series of interventions and regulatory controls” – these ultimately “achiev[e] the subjugation of bodies and the control of populations.”<sup>47</sup> This presence of regulatory force is by no means implied to be monolithic; rather, it relies on “institutions of power” as “instruments of the state,” institutions which strive for “the maintenance of production relations” between “techniques of power present at every level of the social body,” all of which are “utilized by very diverse institutions” such as schools, law enforcement, and – most importantly for an epidemic scenario – health systems.<sup>48</sup> The real-life equivalent of a concept of medical biopower would be public health, which would manifest itself in the state-controlled Public Health Service (PHS) nestled within the Department of Health and Human Services (DHHS); the PHS includes the Food and Drug Administration (FDA), the Centers for Disease Control (CDC), the National Institutes of Health (NIH), and many more.<sup>49</sup> These are the institutions which engage in the “calculated management of life” that builds the disciplinary knowledge surrounding the human body even as it counts, optimizes, and subjugates it.<sup>50</sup> In the case of the early AIDS epidemic, this knowledge was largely ineffective as power because these institutions, who did not have an apparatus for conveying it directly to the public, failed to interact with the media in a way that was comprehensive enough to allow it to be an effective mediator for that knowledge.

But Foucault’s concept of the interventions into the population that are inherent in the emergence of biopower from the institutional organization of knowledge (and power) becomes

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<sup>47</sup> Michel Foucault. *The History of Sexuality* (Vintage Books ed. New York: Vintage Books, 1990), 139-140.

<sup>48</sup> Ibid.

<sup>49</sup> “HSS Operating and Staff Divisions,” U.S. Department of Health and Human Services, accessed October 30, 2012.

<sup>50</sup> Foucault, *Sexuality*, 140.

tricky to define under non-normative circumstances such as an epidemic, especially since such interventions, according to Foucault, are not meant to incite an excessive amount of resistance within the population against them and ultimately “make them more difficult to govern.”<sup>51</sup> This is especially important when considering that epidemics represent a loss of control over bodies, especially when the pathogen in question can be transmitted from person to person and the mortality rate is high. The transmission of disease between bodies is a phenomena that undermines biopower if the power/knowledge dynamic of the state is lost in confusion or incoordination, as are the deaths that follow them – all of which became realities in the wake of AIDS. For some critics, such as Linda Singer, epidemics and biopower intersect at a control of pleasure, resulting in the use of epidemic as an excuse for the commodification and regulation of sex specifically; others, such as David Halperin, focus more on biopower in terms of AIDS activist groups in that they “challenge[d] traditional modes of empowering knowledge as well as traditional modes of authorizing and legitimizing power.”<sup>52</sup> This project will instead focus on the changes in media discourse – not just visibility – which accompanied not only a presence but an absence of biopower at varying times throughout the decade.

Epidemics temporarily divert institutional biopower’s focus away from disciplining and optimizing healthy bodies to protecting the uninfected and preventing the deaths of the infected; regulation of information and bodies during the 1980s shifted awkwardly and dramatically on a scale never before attempted by the PHS, making the changeover appear achingly slow to those waiting for them to engage with the new demands of the disease. Biopower during this era would be expected to operate in new ways which were untested on the scale necessary to gain the upper hand on the spread of AIDS. As Alex Preda argues,

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<sup>51</sup> Foucault, *Sexuality*, 141.

<sup>52</sup> Halperin, *Saint*, 28.

The reaction to this challenge ... [required] measures for preventing, screening, coping with, controlling, or minimizing risks. This implies, among other things, increasing the knowledge of various social groups about AIDS risk; inducing overall behavioral changes supposed to be risk-reductive; increasing the knowledge of public health institutions about individual and collective risks; systematically monitoring these risks in one form or another; preparing healthcare institutions to meet future challenges, according to knowledge about risk; and modifying other policies (concerning insurance or immigration, for example) according to the same knowledge.<sup>53</sup>

However, in the 1980s, before the PHS's relatively young disease-centered institutions were fully developed, new epidemics also fractured the coordination usually present between the various state institutions dealing with public health, causing them to focus much of their energies in an inward scramble toward research and budgetary concerns and pull away from both their communication with other institutions and their public visibility. As an unprecedented struggle unfolded in which money and manpower were often scarce, their inability to communicate effectively to the public – or to give the media the prompts necessary to do an adequate job for them – would define their decade-long struggle to exert regulatory power through the circulation of AIDS-related information, as well as to ensure that people received the information necessary to understand the facts and fictions of AIDS, regardless of their risk for actually getting the disease.

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<sup>53</sup> Alex Preda, *AIDS, Rhetoric, and Medical Knowledge* (Cambridge: Cambridge University Press, 2005), 3.

It is here that the media makes its appearance, a presence whose experience with epidemics was until then limited to coverage preceded by the cues and outright actions of the government, whether it be the rare CDC press conference initiated during the outbreak of Legionnaire's disease, or the apparent pressure President Ford forced upon Congress to create a bill allocating budgetary funds for the research and inoculation program hurriedly designed to quell a 1976 outbreak of swine flu.<sup>54</sup> As an informal extension of institutional biopower's control over information regarding diseases, the media suffered greatly both from the disruptions between state services and from a lack of pre-existing discourse necessary for handling the epidemic oddity that was AIDS. Conflicts emerged between state institutions due to a lack of communication – such as the National Cancer Institute's focus on an AIDS test for the blood supply at the same time that the FDA was denying that AIDS could even be a threat in donated blood – while the media struggled to reconcile the social, political, economic, and personal aspects which fought to control how the disease was presented to media consumers.<sup>55</sup> Never before had a disease required such a balancing act from reporters, who could not rely on the rhetoric of the past to capture the tensions and nuances of the challenges facing victims struggling to shed the stigma of their disease and cope with the certainty of their deaths, politicians grasping for funds or imposing personal prejudices, doctors treating a swelling number of baffling cases that strained their skills and hospital wards, and researchers racing against a rising death toll and diminishing funding to find answers to even the simplest epidemic questions. Last but not least were the people who were yet physically unaffected by the disease and yet ensnared in the epidemic of fear – one generated by a potent combination of rampant rumors, government silence, and media guesswork.

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<sup>54</sup> Kinsella, *Plague*, 13-14.

<sup>55</sup> Kinsella, *Plague*, 22.

Dogging the media's efforts to inform the public would be the little precedent it did have in engaging coverage for an epidemic which combined the sensitive topics of sexually transmitted diseases, homosexuality, drug use, as well as the mindset of repressive sexuality which prevented it from communicating the most important aspects of the disease to its readers when they finally became clear to scientists. My thesis will follow the discursive transformation of mainstream media coverage from four of the largest U.S. newspapers at the time: the *New York Times*, the *Washington Post*, the *Los Angeles Times*, and the *Chicago Tribune*. These not only represented a diverse regional spread of mainstream AIDS reporting, but were large and visible enough that though they may have served as models for smaller newspapers across the country, they did not often need to take cues from each other. I chose to examine print media, as opposed to broadcast or radio media, both because they were not limited by air time and because newspapers such as these were the basis for much of the news that made it onto the airwaves. Though I read a majority of all articles published by these four newspapers between 1981 and 1988 that addressed any aspect of the epidemic or its repercussions in either the political, social, or medical spheres, articles were chosen to be highlighted in-depth if they exemplified discursive trends or patterns in reporting which were representative of the time they were originally published. In my thesis, I will seek out AIDS discourse within print media in regards to the ways in which relationships of knowledge and power, social practices, the constitution of information, subjectivity and objectivity, and the creation and destruction of normative epidemic binaries constitute the discourse addressing the minds, bodies, emotions, or mentalities of the people living within the power of this discourse. These people are, namely, a mainstream newspaper's targeted demographic: middle and upper-middle class, white, all-American adults who likely fit into none of the CDC's proposed risk groups.

The discourses themselves include things like the rhetoric used to describe the people whom the disease impacted physically or mentally to varying degrees, the emotions – everything from complacency and hope to fear and anxiety – invoked by articles and their language, the manipulation of information and the degree to which ambiguity was framed to inspire either reassurance or panic, and the ways in which news articles were used to shape the public’s opinions about emerging, existing, and future events. The articles in which they are found will be broken down into three chronological sections, each of which represent a specific stage in the transformation of AIDS discourse and the relative state of institutional biopower at the time they were written. The first chapter will cover the early years of the epidemic from the first widely-covered AIDS-related story – that of five Los Angeles men with inexplicably rare diseases – up until the day before actor Rock Hudson’s announcement regarding his status as an AIDS victim. The second chapter details the stretch of time between his public disclosure and the upswell of general AIDS coverage in its wake and the government’s first major public initiative regarding AIDS. The third chapter will include coverage during and after Surgeon General C. Everett Koop’s report on AIDS is released, up until the first AIDS informational pamphlets are mailed to the public nearly eight years after the disease has been identified. Ultimately, government knowledge and biopower would face media-generated discourse in a fluctuating and increasingly strained relationship during this time. While the government was unable to convey knowledge cohesively to the media to enable them to build on state cues for AIDS-specific issues, the media-generated discourse that newspapers fostered during the gap that ended upon the release of the Surgeon General’s AIDS report would evolve its own unique characteristics – as well as a degree of self-criticism as the epidemic wore on with no end in sight. The press would eventually experience a degree of co-optation into the state biopower upon seizing on this report, its cues,

and the “corrections” issued by C. Everett Koop during his multitude of follow-up communications with the press – an epidemic first.

The AIDS epidemic of the 1980s would be remembered as a staggering test of precedent and character, both by those in the midst of the fray and those who watched it unfold from the sidelines. For the majority of Americans, it would be the media – not the various institutions of the Public Health System – that they would first and foremost turn to for answers, putting reporters and editors in a position that both afforded them a vast amount of power over the public’s fear and trust, and exposed their vulnerabilities and weaknesses as no other epidemic throughout history would do. The members of the media covering the outbreak of AIDS would find themselves following, shaping, and breaking their own rules regarding epidemic coverage as the disease coursed its way through the decade, taking with it more than 160,000 lives by the end of 1990.<sup>56</sup>

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<sup>56</sup> “AIDS Year-End Surveillance Report: December 1990,” Centers for Disease Control, accessed January 16, 2013.

## Chapter 1

*June 5, 1981 – July 24, 1985: AIDS Journalism's*

### *Early Years and Early Fears*

The true “beginning” of AIDS reporting is difficult to pinpoint, since even identifying the first real American AIDS case is still a subject of fierce debate.<sup>57</sup> Should the category include speculative reports of people with inexplicably-suppressed immune systems before the turn of the decade? Should it only include articles covering cases after September of 1982, when the CDC first officiated the use of the name “acquired immune deficiency syndrome” to replace the multitude of misnomers popularized by both scientists and the media?<sup>58</sup> A disciplinary-wide consensus may never be reached, but for the sake of this argument there does in fact exist a single piece of early writing that could be considered an excellent “starting point” for examining the evolution of AIDS coverage – or, in the case of the epidemic’s first four years, the inability to evolve.

Lawrence K. Altman, a reporter who was the *New York Times*’s Science Desk editor at the time of the epidemic’s emergence, is a Harvard-educated former Centers for Disease Control worker and one of the few medically licensed doctors to turn to journalism – Altman was even one of the previous editors of the CDC’s *Morbidity and Mortality Weekly Report*, the weekly standard journal mailed to doctors and reporters nationwide which breaks down statistics on new and ongoing disease outbreaks.<sup>59</sup> As a reporter for the *Times* throughout the epidemic, Altman

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<sup>57</sup> Eric K. Lerner and Mary E. Hombs, *AIDS Crisis In America: A Reference Handbook* (2nd ed, Santa Barbara: ABC-CLIO, 1998), 39.

<sup>58</sup> “Current Trends Update on Acquired Immune Deficiency Syndrome (AIDS) -- United States,” *Morbidity and Mortality Weekly Report* 31, no. 37 (September 24, 1982): 507-14, accessed December 28, 2012.

<sup>59</sup> “Science Alumni: Dr. Lawrence K. Altman,” Tufts University, September 24, 1982, accessed

carried an extraordinary amount of journalistic heft when it came to forming the tone for the decade's AIDS coverage – the *New York Times* was easily the most powerful agenda-setter of the 1980s in regards to national news, and was used as a template for what was “fit to print” by both their print competitors as well as many broadcast outlets.<sup>61</sup> Though Altman had previously penned the *New York Times*'s first article on the AIDS outbreak – at the time unknowingly, as it was still only considered an unexplained rise in instances of Kaposi's sarcoma – it wasn't until May of 1982 that he would write what would become a framework for the majority of AIDS coverage printed in the U.S. over the next two years.<sup>62</sup> The article itself, “New Homosexual Disorder Worries Health Officials,” is a sizeable feature by journalistic standards – 1,702 words – but unlike Altman's initial 1981 piece which made the newspaper's first section, his crucial 1982 update is instead pushed back to Section C with the rest of the Science Desk content, suggesting to their readership that the update falls more under a category of scientific abnormality than a situation of immediate danger. Over all, the article encapsulates the ways in which a new and untested discourse was pulled together to present the information and the people integral to the structure of the unfolding epidemic, as well as to elicit specific emotions from its readers which were not only contradictory, but often unintentionally damaging and stigmatizing in the long run.

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January 23, 2013.

<sup>60</sup> James Kinsella, *Covering the Plague: AIDS and the American Media* (New Brunswick: Rutgers University Press, 1989), 9.

<sup>61</sup> Kinsella, *Plague*, 3.

<sup>62</sup> Lawrence K. Altman, “Rare Cancer Seen in 41 Homosexuals,” *New York Times*, July 3, 1981.

### **Gathering AIDS Information: Facts, Fiction, and the Dreaded ‘Unknown’**

The primary intention of any news article is to inform, and Altman’s presentation of information is both wide-ranging and overtly scientific, allowing the numerous references to various sources to flag the article as having an academic and medical legitimacy inherent in a “power by numbers” strategy. Once all was said and done, the reader would, in theory, be left with an idea of their own relative “AIDS risk” after digesting what the medical community did and didn’t yet know about AIDS – but in reality, after reading Altman’s piece, the average reader would be understandably confused.

For reporters covering long-term science-based events – especially those with no experience in the field themselves – sources are key, meaning traditionally that “the identification by the press of the experts who speak for the scientific community plays a decisive role in communications with the public.”<sup>63</sup> Altman incorporates no less than 16 different sources with varying degrees of specificity, encompassing the ideas and opinions of “scientists,” “researchers,” and “epidemiologists” – most of whose sponsoring institutions are never named – as well as “articles in medical journals and interviews with experts,” four separate doctors from the National Cancer Institute associated with three completely different aspects of the epidemic, a local New York City doctor whose only contribution is a single quote chastising “gay people” who engage in “anonymous sexual encounters” who now “have some serious rethinking to do,” as well as many more chaotically grouped-together theories. The sheer number and diversity of opinions on the state of AIDS at the time, each of which comments independently of the others, reveals a troubling field-wide uncertainty while offering the illusion that a government consensus

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<sup>63</sup> Sandra Panem, *The AIDS Bureaucracy* (Cambridge: Harvard University Press, 1988), 129.

is simply being presented in parts.<sup>64</sup> This inevitably leads to a situation in which many points of the article – and even sources themselves – subtly and indirectly contradict one another, shaping the way readers were influenced to think about what AIDS did and who it affected by implying temporary safety, a threat from afar, and an eventual intrusion of the “AIDS world” into the “general population,” with no one in agreement as to how long that would take.

This theme of acceptable contradiction begins in the title itself, “New Homosexual Disorder Worries Officials,” which is doubly problematic. Altman’s first assertion – that the epidemic is “new” – immediately frames the outbreak as a matter of subdued concern when he reveals that the disease “has been known to doctors for less than a year.”<sup>65</sup> Later revealing this stretch of time to be about 11 months, the assessment puts the epidemic’s developments on a monthly or yearly development scale, setting the lukewarm expectations for response and attention that would prove challenging for activists and aid-seeking politicians for years to come. Altman not only optimistically states that doctors have a “knowledge” of the disease, implying a degree of surveillance and control with which they were still very much struggling, but also cues readers into the idea that the disease did not – and still does not – demand the same near-instantaneous concentration of attention and resources to ensure its eradication that Swine Flu and Legionnaire’s once incited, both of which were events that were still in recent memory.<sup>66</sup> Even more troublesome is the disease’s titular designation as a “homosexual disorder,” claiming an exclusivity contradicted almost immediately when Altman reveals in the second paragraph that it “has developed among some heterosexual women and bisexual and heterosexual men.”<sup>67</sup> Though it would be proven almost immediately that the disease could biologically infect men

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<sup>64</sup> Lawrence K. Altman, “New Homosexual Disorder Worries Health Officials,” *New York Times*, May 11, 1982.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

and women of any sexual orientation with equal lethality, it would be decades before it could shake this designation as a “gay disease” – unsurprising for an epidemic doomed to be pigeonholed from the start after being dubbed the “gay plague.”<sup>68</sup>

Moving into the heart of the article, the reader is assaulted with bits and pieces of information from every ongoing speculation in the field, creating a motley whole that is much smaller than the sum of its parts. While Dr. Bruce A. Chabner claims that “the growing problem was now ‘of concern to all Americans,’ ” “epidemiologists” are shown to simultaneously insist that “the general public need not fear an epidemic,” a designation that would continually dog reporters as people demanded to know how they could both be in danger while also not falling into any of the “risk groups” proposed by the CDC.<sup>69</sup> Without medical knowledge themselves, readers are not encouraged to regard a single source with more weight than any other, yet a trial by Drs. Hurtenbach and Shearer in which mice sperm is injected into the veins of male mice is given a paragraph of its own – an experiment that is neither proven applicable to human subjects, nor utilized as anything other than a prematurely speculative connection that furthers an inherent association of the disease with homosexuality. As a whole, the reader is told that the disease affects heterosexuals and homosexuals alike, but that the general social and medical focus on the disease nevertheless identifies it as a primarily “homosexual” problem; that “Kaposi's sarcoma has been found common in Africa, mainly among young people” and “has not been linked to homosexuals in Africa,” but that “the reasons for its high frequency there are unknown” with no insinuation that this phenomenon is likely to repeat itself in – or is even related to – the U.S.; that the disease has been progressing for nearly a year, but that this should not be a cause for deep concern in

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<sup>68</sup> Randy Shilts, *And The Band Played On: Politics, People, and the AIDS Epidemic* (2nd ed. New York: St. Martin's Press, 1988), 97.

<sup>69</sup> Ibid.

proportion to that of previous diseases; and that the disease should be thought of as a “concern” to all, but that people who are heterosexual should not worry about contracting the disease. Even readers looking to simply protect themselves are told that sexual contact might spread the disease, but that it is not a disease “spread person to person” as the flu can, and that “nitrites,” “homosexual sex,” “an accumulation of risk factors,” “cryptosporidiosis,” “viruses,” or “an organism acting together with another factor or factors” are all possible candidates for the cause of AIDS.<sup>70</sup> As a presentation of facts, the article ends up raising far more questions than answers.

This technique would become heavily associated with the early years of epidemic reporting, as the lack of direct government communication – so welcomed in the years of Legionnaire’s and TSS – would leave reporters scrambling to gather pieces of information from separate sources instead of a comprehensive explanation of the disease, nearly nonexistent at the time, from a single source such as the CDC. The plurality of statements resulting from both a failure of inter- and intra-governmental communication would reveal just some of the fractures between not only institutions of biopower, but the scientists and researchers that comprise their function – for example, in the case of the four utilized NCI doctors, in which an institute spokesperson should have instead been prepared to make a more holistic statement to reporters on behalf of all of them. To have one NCI representative asserting a “concern to all” take on AIDS, while another guesses at an “accumulation of risk factors,” including “a drug” that would not thusly make it a concern to non-drug users, while still two are others perform the “mice sperm” experiment are framed as chasing down a strictly “homosexual” explanation for the disease’s spread, demonstrates a massive intra-departmental lack of direction, communication,

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<sup>70</sup> Ibid.

and consensus to a reporter seeking scientific clarification.<sup>71</sup> The overuse and misuse of sources, dependable or dubious, would from the outset prime readers to conceptualize the use of “expert knowledge” in new and sometimes ineffective ways; in a complex field such as epidemiology, it is probable that “only another expert [could] tell whether facts presented to support a position are true,” leading to a situation in which “a layperson may assume that any physician’s opinion is as expert as another’s.”<sup>72</sup> While the media’s institutional precedent dictated that they “refer to expert knowledge not only as a source of authority and legitimation but also as the epistemic condition for ‘AIDS risk,’ ” this hardly prepared them for the possibility of discerning which of these “knowledges” was most accurate or agreed upon within the scientific community.<sup>73</sup> Institutions of public health had previously represented a reader-friendly way to discursively signpost medical knowledge in the midst of journalistic framing, and reporters faced with the prospect of presenting a clear picture of AIDS compensated for the confusion within the medical community by simply including all or most claims as part of a holistic body of knowledge, not as fractured disagreements which pitted hypotheses against pure guesswork.

This confusion would be compounded once the government began implementing new types of interventions, such as the Public Health Service decision to fund an AIDS blood test that could be used to verify the integrity of blood products. Once it was established that blood-to-blood contact through transfusions was a means by which AIDS could spread, the disease took on a new tone: Much like the prospect of consuming cyanide-laced Tylenol in 1982, the fear which came with the possibility of the disease’s random appearance in what was being referred to as the “general population” was more overwhelming to readers than any single development

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<sup>71</sup> Ibid.

<sup>72</sup> Panem, *Bureaucracy*, 130.

<sup>73</sup> Alex Preda, *AIDS, Rhetoric, and Medical Knowledge* (Cambridge: Cambridge University Press, 2005), 4.

before it that affected so-called “risk groups.” Suddenly, what was once, in the words of Altman’s article, “a problem [which is] certainly not going away,” a scientific opportunity “because of what it may teach about determining the causes of more common types of cancer,” and a “concern” which was “not ill-founded,” was reframed as something far more sinister, since it now appeared to be a potentially direct concern for their readership – none of which was seen as typically falling into a “risk group,” as they were viewed as being inside of the scope of the disease’s “general public.”<sup>74</sup> The possibility of infusion-based infection became an “alarming discovery” connected to a “disturbing” and “bizarre” disease, an “insidious” and “killer” phenomena that, above all was “mysterious” – possibly the media’s favorite adjective to describe AIDS in its early years, even as scientific discoveries began rendering some of its obscurity null.<sup>75</sup>

When it came to the necessity of the test itself, government agencies sent out mixed and sometimes directly conflicting signals regarding the importance of screening the nation’s entire blood supply; even as the National Cancer Institute was affirming the importance of developing a test to some reporters, the Food and Drug Administration was assuring others that AIDS was a nonexistent threat to blood banks and transfusion patients.<sup>76</sup> This confusion as to whether or not an average transfusion recipient was at significant risk for contracting AIDS through a donor’s blood would also inspire a disproportionately large amount of news coverage in relation to the risk involved – and had the public been more educated about the statistics themselves, a panic

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<sup>74</sup> Altman, “Rare Cancer.”; Altman, “Homosexual Disorder.”; Robin Herman, “A Disease’s Spread Provokes Anxiety,” *New York Times*, August 8, 1982.

<sup>75</sup> Christine Russell, “Immune Disease Linked to Blood in Transfusion,” *Washington Post*, December 10, 1982.; Ann Marie Lipinski, “AIDS: Victims Mount and Mystery Grows in an Epidemic Without A Cure,” *Chicago Tribune*, January 2, 1983.; Ronald Kotulak, “AIDS: Medical Science Grapples with a Killer,” *Chicago Tribune*, May 29, 1983.

<sup>76</sup> Kinsella, *Plague*, 22.

could have been avoided. By the early months of 1985, there were only 106 traceable AIDS cases stemming from the reception of transfusion blood products, compared to the overall transfusion of around 60 million units of blood during that time.<sup>77</sup> Nevertheless, articles regarding the possibility of transfusion-acquired infection would dominate much of the journalistic coverage of AIDS in 1984 and 1985, inspiring major newspapers to report on – and subsequently perpetuate – the public’s unfounded fears about contracting AIDS after surgery or childbirth in which donor blood was needed. Some would feature people and groups who, despite being informed that there was a negligible risk for contracting AIDS through transfusions, still insisted on donating their own blood in advance for procedures. This would result in detailed descriptions regarding how “some fearful surgery patients are going to incredible lengths to ensure that the blood they are given is clean, uninfected by AIDS” – and by default alluding to the idea of receiving “dirty blood” should the reader not undergo the same measures.<sup>78</sup> In the same vein, multiple instances of groups setting up their own private blood banks – against the wishes of health officials, who feared an administrative breakdown if too many donations were reserved for specific cases – were highlighted, citing instances in which members “wanted to keep their blood for their own people,” fearing that their well-being was secretly “being jeopardized by the inflexibility” of banks which did not allow directed donations.”<sup>79</sup><sup>80</sup> One woman even went so far as to pen an angry letter-to-the-editor directed at Altman after following his updates on the matter; she pointed out that he had written one week about “the possibility that ‘120,000 people could receive the AIDS virus as a result of transfusion,’ ” and yet told readers the week after who were seeking more information that

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<sup>77</sup> Engel, *Epidemic*, 28.

<sup>78</sup> Maria L. LaGanga, “Patients Fearing AIDS Balk at Using Blood Banks,” *Los Angeles Times*, August 28, 1983.

<sup>79</sup> Michael Winerip, “Groups Setting Up Own Blood Banks,” *New York Times*, June 26, 1983.

<sup>80</sup> Harriet H. Harris, “The Importance of Donated Blood,” *New York Times*, December 9, 1984.

directing and reserving blood donations could “disrupt their [the blood banks’] system” in his next Science Desk installment.<sup>81</sup>

Still others would latch onto a number of rumors and fears regarding the status of blood-transfusion infections in much the same way that fear would be fetishized in almost every other aspect of the epidemic. Whether they were claiming that “ARC [American Red Cross] hematologists are not convinced that an AIDS infectious agent even exists, much less than it can be transmitted through blood transfusions” – a speculation offered at a time when nearly all evidence pointed to the contrary – or that “large numbers of high-risk donors [would] flock to centers to donate blood in order to learn test results” so that the “safety of the blood supply would be decreased” should banks be given antibody tests, there were very few needless fears that reporters were willing to pass by without bringing them to the public’s attention, continually heightening their readers’ senses of anxiety. Instances of retrospectively poor epidemic journalistic judgment when it came to content – regardless of their previous medical knowledge – were also real and problematic when it came to deciding if and how a story was to be presented. The idea of “rogue donors” were sometimes popularized by members of the mainstream media – AIDS victims who intentionally or unintentionally donated large amounts of contaminated blood products – despite the fact that these were almost always exaggerated or fabricated in order to demonize the individuals in question. The *New York Times* printed one memorable AP article regarding a man who had donated blood to twelve people before discovering he had AIDS, only failing to mention until later that though “nine of the 12 recipients had died ... their deaths were unrelated to the transfusions”; the article would run only

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<sup>81</sup> Ibid.

eight pages from the front, making it unusually visible for an AIDS-piece.<sup>82</sup> Even poorly chosen titles could disrupt the framing of a well-written article; when the *Los Angeles Times* ran an informative and relatively balanced piece about the American Red Cross's choice to cancel a lesbian blood drive due to a possibility of "public [concern] that [they] might be collecting blood from gay men" which was, in the reporter's words, "not true," the editor in charge of laying out the page nevertheless assigned the story a title which claimed that a "Fear of AIDS Leads Red Cross to Cancel Lesbian Blood Drive."<sup>83</sup> The article ran on the front page, and despite the author's clarification that lesbians were in fact "a group considered to be at least risk of contracting or spreading the disease," its title nevertheless implied that the medical agency's decision to cancel the drive was based on a legitimate fear of receiving a high quantity of AIDS-tainted blood at an event drawing mainly lesbian donors.

The early years of the epidemic were especially tumultuous and confusing, both for readers who attempted to glean dependable information from the tangle of fact, fiction, and ambiguity that defined early AIDS journalism, and for journalists themselves who were desperate for centralized governmental cues to guide their coverage of the epidemic; beyond their release of occasional *Morbidity and Mortality Weekly Report* follow-up articles, James Kinsella notes that "neither the CDC nor its parent agency, the Public Health Service, nor even the Department of Health and Human Services did much to try to interest the media or to educate Americans directly."<sup>84</sup> This was partially due to an institutional precedent, since at the time the "short memory of the press ... [meant] that writers [had] little incentive to assume responsibility for accuracy or consistency" when it came to long-term, complex stories such as the one that

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<sup>82</sup> AP, "Coast AIDS Victim Gave Blood 13 Times," *New York Times*, April 14, 1984.

<sup>83</sup> Kristina Lindgren, "Fear of AIDS Leads Red Cross to Cancel Lesbian Blood Drive," *Los Angeles Times*, January 9, 1985.

<sup>84</sup> Kinsella, *Plague*, 11.

AIDS was slowly proving to be.<sup>85</sup> The degree to which the epidemic caught members of the media unawares was painful proof that there was no substitute for centralized government communication to the media (and, by default, indirectly to the public), since “journalists weren’t efficient scientists, or even bureaucrats, who identified a problem and then focused on how to solve it.”<sup>86</sup> By the middle of 1985, the media’s approach to epidemic coverage had some in the science community wondering if “the very nature of the press precludes its use as a vehicle for providing continuous, complete, and accurate information,” instead calling for a more direct state intervention in the form of a “federal communications office to come into play” – one which would bypass the media entirely.<sup>87</sup> It would take many more years – and joint efforts by both the government and the journalists that looked to them – for AIDS coverage to develop into the comprehensive and accurate network of information that the public needed.

### **The People of AIDS: Victims, “Risk” Discourse, and the Elusive “General Public”**

Due in part to the nature of how the disease was handled by the government and the media, the outbreak of AIDS would engender a level of anxiety among the public that would prove as difficult to control as the AIDS outbreak itself. A great deal of this fear would stem from the poor journalistic translation of the idea of “risk groups” from a medical standpoint to a social one, as well as the discursive construct of a “general public” that appeared to be simultaneously safe from AIDS and menaced by it. The divisions between those who had contracted AIDS, those whose physical characteristics or social behaviors made it more “likely” they would contract AIDS, and those who were demographically or geographically “unlikely” to come in contact with the virus would deepen, sometimes viciously, once it became clear that the

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<sup>85</sup> Panem, *Bureaucracy*, 130.

<sup>86</sup> Kinsella, *Plague*, 15.

<sup>87</sup> Panem, *Bureaucracy*, 130.

concept of a “risk group” carried with it the inherent framework possible for discriminatory policies – policies for which there existed a thin line between necessary safety measures and civil rights violations.

Returning to Altman’s article, it becomes apparent that these divisions were established early on in AIDS-related reporting, though not before their future impact could have been lessened. Though he mentions that the disease “has developed among some heterosexual women and bisexual men,” he spends almost the entirety of the rest of the article building the reader’s association of the disease exclusively with the gay community.<sup>88</sup> The word “homosexual” appears 13 times, a stylistic usage that was a standard at the *New York Times* and elsewhere (the *New York Times* would continue to rely on the usage of the more clinical term “homosexual” – reminiscent of when being gay was still considered a disease itself – as opposed to the more socially-conscious term “gay,” in 1987, long after many large newspapers with similar circulation sizes had made the switch).<sup>89</sup> These appear mainly around the article’s studies which tie a rise in cases of AIDS to gay men who have a high number of sexual partners, failing to establish a difference between the gay men polled in the CDC study (“the median number of lifetime male sexual partners for affected homosexual men was 1,160, compared to 524 for male homosexual men who did not have the syndrome”) and gay men as a whole.<sup>90</sup> Only the most sexually active gay men in any urban area polled this high, and the myth of gay men in the 1980s as consistently averaging thousands of sexual partners would be a popular one, especially when tied into the presence of a sexual epidemic. The formation of this misleading psychological association for readers between shocking promiscuity and the entirety of the U.S. gay male

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<sup>88</sup> Altman, “Homosexual Disorder.”

<sup>89</sup> Bill Lucey, “The New York Times, A Chronology: 1851-2010,” New York State Library, accessed March 10, 2013.

<sup>90</sup> Altman, “Homosexual Disorder.”

population is negatively furthered twice more: once when Altman superfluously adds that these partners are “often anonymous partners whose identity remains unknown,” and once when a single sound bite is included from a local-level New York City physician who says that “gay people whose life style consists of anonymous sexual encounters are going to have some serious rethinking to do.”<sup>91</sup> This would be one of the first – and certainly not one of the last – times that the ideas of promiscuity and “lifestyle” would be used to tie members of the gay community closer to an association with the seemingly unusual and “unnatural” nature of the outbreak of AIDS.

But it is Altman’s terminology choice when referring to the disease itself which is most indicative of the way in which journalists, and consequently their readers, would confuse the discursively medical – terms, categories, divisions, and descriptions created by the state-run scientific community which were not meant to be conflated with non-medical meanings – with the social. He presents the reader with two of the many names circulating for the disease (acquired immune deficiency syndrome would not be officially proposed until two months later), and though he states that “researchers call it A.I.D., for acquired immunodeficiency disease, or GRID, for gay-related immunodeficiency,” he himself would choose to utilize the acronym “GRID” for the remainder of his piece.<sup>92</sup> The term “gay-related” is highly problematic – not only does it further tie a single sexual orientation to AIDS at a time when its body count already included heterosexual, homosexual, and bisexual victims who were falling victim to it, but the phrase “acquired” more accurately captured the transmissible nature of the disease, as opposed to something that was medically fundamental in being a male attracted to the same sex. Though this repetitive association of the inherency of AIDS with homosexuality would be augmented

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<sup>91</sup> Ibid.

<sup>92</sup> Altman, “Homosexual Disorder.”

somewhat upon the introduction of a general collection of “risk groups,” it would continue to remain in readers’ minds long after as their first and primary association with the disease. In the final subhead of his article, Altman primes his audience with a riddle, musing that “given the fact that homosexuality is not new, the most puzzling question is why the outbreak is occurring now, and not sometime in the past.”<sup>93</sup> By then, both as a doctor and journalist, he should have been able to recognize the erroneous divisions in the foundation of his query – rather, he should have been asking why, given that *the disease* was new, the outbreak was prevalent in, yet not exclusive to, communities of sexually active gay men.

The “risk groups” for AIDS first used informally by the CDC in 1982 included “homosexual and bisexual males,” “Haitians residing in the U.S.,” “intravenous drug abusers,” and “persons with hemophilia A,” categories which were eagerly snapped up by the print media. Never before had a disease been recorded consistently in such topically different demographic categories – combined with the air of general “mystery” which the press often attached to AIDS, they were both used and abused by the reporters who attempted to interpret the extent of their meaning to their readers. The concept and limits of “risk groups” proved to be a difficult notion to convey to readers without falling into a binary which differentiated between, according to Alex Preda, who focuses on AIDS rhetoric within medical journals and the scientific community, “geographically, socially, and culturally defined groups who were susceptible to the risk of infection, and on the other hand, the rest, who were regarded as being safe.”<sup>94</sup> Though Preda studies AIDS rhetoric within the medical and scientific community, including between researchers and journal publishers, these divisions hold true for the media as well. The concept of “risk,” then, became a powerful discursive device which “classifie[d] and reclassifie[d]

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<sup>93</sup> Ibid.

<sup>94</sup> Preda, *Rhetoric*, 22.

diseases as seen/unseen, usual/unusual” by “ascribing different meanings to these diseases according to the social categories to which they were assigned.”<sup>95</sup> These risk groups were by no means immutable, and it would be potential and real-life changes in these groups – as well as the ever-present possibility of their intrusion into the “general public,” the “safe” space inherently created on the other side of the “risk” binary – which would raise the most anxiety in the press. By becoming both a defining and classifying device, “risk” for journalists was wielded as a discursive means of “defin[ing] the domain of the possible, trac[ing] its limits, and shap[ing] a pattern of knowledge,” including to whom this knowledge did and did not appear to be an immediate anxiety.<sup>96</sup> But while this was a handy shortcut for scientists tracking the swell of AIDS cases relative to one another, it was the perceived importance or insignificance of this risk to the CDC’s final category, heterosexuals who were neither Haitian immigrants, drug users, or hemophiliacs and fit into none of these categories, what was being referred to at the time as the “general public,” which would generate the greatest amount of press coverage and speculation during this time. At this time, the power/knowledge dynamic between the government and the public was largely restricted to the hurried collection of knowledge pertaining to AIDS in an effort to later translate this into power once a cause, cure, or even consistent precautions had been found. However, in the absence of the biopower which would otherwise provide cues as to what was strictly scientific and what could be interpreted on the basis of a larger issue-based scope, the discourse of AIDS remained mired in the state’s inability to say just how its scientific designations should be conveyed by the media to its readers in a medical (designations as statistical categories) or social (categories as indicative of an inherent behavioral or genetic predisposition to AIDS) context.

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<sup>95</sup> Preda, *Rhetoric*, 13.

<sup>96</sup> Preda, *Rhetoric*, 12.

One of the most difficult facts of the epidemic for writers and their readers to understand objectively was that the largest victim group at the time consisted of gay males, many of whom were sexually active in urban communities within San Francisco, New York, and Los Angeles. At the time, AIDS was seen as spreading much like hepatitis had impacted the gay community in the 1970s, and the nature of the closed sexual communities for gay males in these areas meant that the disease naturally stayed within the borders of sexual interaction between those who carried it and those who did not, only rarely spreading to female partners of bisexual males or heterosexual drug users through shared needles.<sup>97</sup> Though the percentage of victims who were gay males would begin to shrink in proportion to other risk groups, especially once gay activist groups began AIDS education programs of their own, much of the damage of “GRID” and other early press associations with homosexuality had been done. For the press, and their readers by default, “the natural tendency is to select information that supports preconceived notions – and it is a tendency that is difficult to counter,” making the medical association between a virus blind to sexual orientation and the social connection between the disease and the perceived “promiscuity” of the “homosexual lifestyles” thought to be enjoyed by all gay men that much more difficult to dissociate from one another later on.<sup>98</sup> This would imprint permanently on AIDS discourse, lingering on even after the reassertion of the state knowledge/power binary – in the form of the surgeon general’s report – would emphasize in its rhetoric that sexual orientation had nothing inherently to do with contracting AIDS; rather, it was how you had sex, and with whom, which mattered most.

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<sup>97</sup> Shilts, *Band*, 106.

<sup>98</sup> Panem, *Bureaucracy*, 133.

This mindset led to a two-sided discourse that, on the one hand, fixated on and even morbidly fueled the fear and stigma which came with the disease, while on the other hand furthered the idea of a “problematic homosexual lifestyle” – as well as a solution inherent in an effort to “change” it. When it came to an epidemic which sat at the center of a multitude of intersecting normative tensions, it was ultimately unsurprising, if retrospectively disappointing, that “the capacity of AIDS to politicize those who suffer from the disease and their potential advocates [was] perhaps enhanced by the way that AIDS has been fetishized and stigmatized by a variety of social forces” such as the mainstream press.<sup>99</sup> Few openly gay AIDS victims were interviewed by the media at this time, due mainly to the homophobic reluctance of news networks or their insistence that coverage of a disease that did not appear to directly affect those within their target demographic, but those that did were also shown to be victims of an “epidemic of fear” – a favorite media phrase. Grotesque descriptions of situations in which AIDS victims were shunned abounded; one reporter described how ambulance drivers “balked at touching” an AIDS patient with a 105 degree fever, and how “no one would clean up after him” when he vomited in his isolated room, ticking through a long list of such cases and finally finishing with a description of a weeping man who was afraid that “they’re not even going to bury me.”<sup>100</sup> The same author would weakly counter the emotional fears of both AIDS patients and those who scorned them with dry medical reassurances, reminding readers that “such fears are unwarranted” and that there’s “no reason to believe it can be spread by casual contact” – all before ending with even more quotes about “minor daily cruelties” and an anecdote about being

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<sup>99</sup> Linda Singer, “Erotic Welfare: Sexual Theory and Politics in the Age of Epidemic” (edited by Judith Butler and Maureen MacGrogan, New York: Routledge, 1993), 106.

<sup>100</sup> Barton Gellman, “Public's Fears Over Mysterious Disease Also Victimize AIDS Patients,” *Washington Post*, July 11, 1983.

avoided on the street by close friends who “literally ran away.”<sup>101</sup> Accompanying story photos were chosen to mirror this discourse of disgust, emphasizing “the ‘strange’ nature of AIDS” by showing only those who were “horribly emaciated” or had “disfiguring sarcomas.”<sup>102</sup>

Comparisons to the disgust and stigma of leprosy were present as well, either with the disease itself or with the ways in which victims were treated because of it.<sup>103</sup> Many instances in which the cruelty of public AIDS fears were given coverage more for the extremity of the lengths to which people would go to avoid catching the disease, such as when “a TV crew walked off the set at a Manhattan studio ... rather than tape an interview with two victims of AIDS” or when, during a trial for an AIDS victim, a defendant “wore a mask, and a clerk covered her nose and mouth with a yellow legal pad in an apparent attempt to prevent contracting AIDS,” than for the actual value of informing their readers of the event itself.<sup>104</sup> The “unnaturalness” of people’s reactions to the disease only added to the perceived “unnaturalness” of the disease itself, melding an association of perversion through aversion into AIDS reporting discourse.

For those reporters who saw an explanation for the spread of AIDS within the inherent “overactive homosexual lifestyles” of gay men, it was easy to frame the idea of a social temperance within the gay community as a response for the “mistakes” of sexual liberty. Some commented on the disease’s power to instigate a “redefinition of contemporary homosexual life,” as the “ability to deny is not there anymore for the majority of gays,” again conflating the sexual preferences and habits of all gay men, and ultimately posing the question of promiscuity as a

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<sup>101</sup> Ibid.

<sup>102</sup> Matthew P. McAllister and Uriel Kitron, “Differences in Early Print Media Coverage of AIDS and Lyme Disease,” In *Media-Mediated AIDS* (edited by Linda K. Fuller, Cresskill, NJ: Hampton Press, Inc., 2003), 56.

<sup>103</sup> Ellen Goodman, “‘Leper,’ ” *Washington Post*, July 12, 1983.; Sandra G. Boodman, “AIDS Patients fight Pain and Misconceptions,” *Washington Post*, December 2, 1984.

<sup>104</sup> Frank J. Prial, “TV Crew Leaves Set of AIDS Victims Interview,” *New York Times*, March 28, 1985.; Philip Shenon, “Court Officers Wear Masks and Gloves at Trial of Defendant with AIDS,” *New York Times*, October 24, 1984.

situation in which “[gays] have to choose between life and style.”<sup>105</sup> The idea of the perceived dangers of “homosexual sex” would thus be viewed as the results of careless risks that resulted from a “fast-lane” mentality, a situation which was seen as requiring gay men to give up their expression of sexuality in order to protect their physical well-being. Others focused on the nature of gay activist fundraisers and support groups as acts to “help themselves against AIDS,” implying that the “problem” of AIDS emerged from within the gay community much like a “solution” was then being formed.<sup>106</sup> This press image of gay men as a singular community which longed for the sexual excesses of the past but had come to terms with it alongside a disease targeting homosexuality was frustrating for those victims; many found themselves battling misconceptions about the disease as much as they battled the disease itself. Some of the few openly gay AIDS patients to find themselves contacted for press interviews even took advantage of the opportunity to protest the media’s own idea that a disease could actively target a specific sexual orientation. One man, who “describe[d] himself as ‘promiscuous’ prior to his illness,” memorably pressed an interviewer to resist conflating being gay, being promiscuous, and contracting AIDS, quoted correcting her since calling it a “gay disease ... is different from the fact, which is that for some unknown reason it’s hitting many gay men,” and wryly pointing out that “my Kaposi’s cancer cells don’t know that they are gay ... they just know that they’re cancer cells and that they’re having a very good time inside of me.”<sup>107</sup> Ironically, the man, Tom Biscotto, would manage to sort out in a single statement what journalists would continue to struggle with for many years to come.

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<sup>105</sup> Glenn Collins, “Impact of AIDS: Patterns of Homosexual Life Changing,” *New York Times*, July 22, 1985.; Ellen Goodman, “AIDS: A Question of Life and Life Style,” *Washington Post*, July 9, 1983.

<sup>106</sup> Special Report, “Gays Raise Money to Help Themselves Against AIDS,” *Los Angeles Times*, November 29, 1984.

<sup>107</sup> Lipinski, “Mystery Grows.”

Ironically, press centered around AIDS victims who did not fall into any of the four original risk groups would tend to be the most consistent – and simplistic – in tone and intent. The creation of a “double status” separating AIDS victims who did and did not fall into these groups also led, according to Alex Preda, “to a double moral status, based on the distinction between self-induced risks (as in the case of the other established “risk groups”) and externally induced risks.”<sup>108</sup> However, Preda’s assertion that this was only the case for hemophiliacs is not inclusive enough, neglecting some of the unknowing partners of HIV-positive individuals and, most especially, the babies born to mothers who were HIV-positive. This binary not only conferred a sense of self-condemnation onto those patients who did fall into any of the existing risk groups, but also by default “excused” those people who were threatened by AIDS without seeming “cause,” creating an aspect of AIDS moral discourse in which “blame is placed upon persons at risk, whereas persons in danger are exempted from blame.”<sup>109</sup> As such, patients such as children, dubbed “AIDS babies” by the press, and heterosexual women who were not drug users were often morally elevated above the rest of the AIDS patient pool, “innocent” victims of AIDS whose deaths were “so unnecessary” when compared to victims from risk pools, further instilling a sense of AIDS as a self-inflicted disease inherent in a person’s “risk” qualifications.<sup>110</sup> Reporters exacting sympathy from readers would interview distraught parents who found themselves “liv[ing] with the consequences of this disease” – consequences implied to be from others’ “mistakes” – while mothers of young AIDS patients who had used intravenous drugs prior to their births were portrayed as “irresponsible” individuals whose negative choices

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<sup>108</sup> Preda, *Rhetoric*, 80.

<sup>109</sup> Ibid.

<sup>110</sup> Feature, “Bronx Clinic is Home to the Innocent Child Victims of AIDS,” *Chicago Tribune*, December 14, 1984.; Dan Morain, “‘It Was So Unnecessary’: S.F. Nun Succumbs After Contracting AIDS From A Blood Transfusion,” *Los Angeles Times*, February 14, 1985.

manifest unfairly in their children.<sup>111</sup> For them, reporters implied, guilt is proof of both their moral missteps and their physical infliction of these mistakes on their children, leaving a group of parents who must “live with the guilt of knowing that they transmitted the disease to their children while remaining healthy themselves,” and whose “guilt and denial is unbelievable.”<sup>112</sup>

With the addition of unofficial patient groups such as female partners of male drug users, blood transfusion receivers, and the infamous “AIDS babies,” the numbers game of the epidemic became more complicated. Combined with the fact that the relative percentage of gay AIDS patients declined after 1982 and held steady at about 70 percent, the press was increasingly poised to pounce on the moment if and when AIDS would finally spill out of its “risk groups” and into the “general public.” For some, the fact that “only 70 percent of the latest AIDS victims were homosexual” was proof enough that an epidemic scale was slowly tipping; others saw an increase of cases abroad, especially among women in Europe, as evidence that AIDS was already “the Everyman’s disease” by mid-1984.<sup>113</sup> For most reporters, however, there was a return to the idea of Sandra Panem’s idea of “preconceived notions” that were “difficult to counter,” meaning that many more articles instead continued to rhetorically round these statistics up and insist that AIDS “was being passed only in high-risk groups.”<sup>114</sup> The truth, however, would be much more complicated than either of these extremes – and in a discourse defined by binaries of positives and negatives, the middle ground would prove to offer the most accurate representation of both the disease’s epidemic capabilities and the realities of the public’s responses to it. Both apathy

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<sup>111</sup> Margaret Engel, “AIDS Robs Toddler of Parents’ Hugs, Kisses; Official Case Count Excludes Va. Child,” *Washington Post*, May 10, 1985.; Jane Gross, “AIDS Children Struggle with Tragic Legacy,” *New York Times*, July 1, 1985.

<sup>112</sup> Gross, “Tragic Legacy.”; Feature, “Bronx Clinic.”

<sup>113</sup> Ronald Kotulak, “More Immune Deficiency Deaths Feared,” *Chicago Tribune*, March 21, 1983.; Editorial, “AIDS: The Everyman’s Disease,” *Chicago Tribune*, March 4, 1984.

<sup>114</sup> AP, “Fatal Immune Disease Limited: Disorder Being Passed Only In High-Risk Groups,” *Chicago Tribune*, May 25, 1983.

and fear were present in public opinion, but neither had completely gripped the United States. AIDS, a sexually transmitted and blood-borne illness, was simultaneously following the epidemiological patterns through the established “risk groups” and very slowly making headway into segments of the population that were non-Haitian, non-addicts, and non-hemophilic. But while the press neither ignored nor aggressively covered the AIDS outbreak, its generally sluggish pursuit of stories regarding the outbreak would color much about what would be retrospectively recalled about early AIDS press.

As Lawrence Altman’s early “GRID update” would foreshadow – and even encourage – the early years of AIDS press coverage both resulted from and engendered confusion. The pervasiveness and uniqueness of the epidemic caught the state institutions designed to understand and control it unawares, disrupting and redirecting the focused efforts of the biopower they represented while presenting a fractured front in an extreme state of disunity. With no direct structured mouthpiece with which to address the media intermediaries who looked to them, the press struggled to sift through the scientific developments, hypotheses, and irrelevant opinions to find an explanation to offer the waiting public. The result was a discourse that was shaped by the binary extremes of reporters’ expectations, the often grotesque fascination – and near-fetishization – of the disease’s impact on gay AIDS patients portrayed as looking backward regretfully on “life in the sexual fast lane,” and the divisive and implication-heavy language surrounding the emergence and adherence to “risk groups” as both a medical and social construct. But in July of 1985, the reporting community would find themselves jarred out of some of their old habits – and into some new ones – by the death of a single man. Though the diagnosis and subsequent passing of actor Rock Hudson – known for his charming on-screen portrayals of overtly heterosexual “man’s men” – from AIDS-related complications would soon

fade as a singular event in the AIDS reporting timeline, the effect his presence would ultimately leave on reporters, as well as their interpretations of their own disease binaries and categorical definitions of “risk groups,” would mark a turning point of both journalistic focus and emotions in the decade’s AIDS coverage.

## Chapter 2

### *July 25, 1985 – October 21, 1986: The Humanization and Introspection of AIDS Discourse*

Most texts which examine AIDS-related public opinion during the 1980s recognize the profound impact of Rock Hudson’s public announcement regarding his own AIDS-related complications – as well as his subsequent death – on the public’s awareness of the disease.<sup>115</sup> There was an unmistakable upswing in the sheer amount of AIDS-related articles published after his diagnosis was released; in terms of print media alone, there was a 270 percent increase in coverage between the time of Hudson’s announcement on July 25, 1985 and the December of that same year.<sup>116</sup>

The basis of such a response to Hudson was twofold. He was, first and foremost, one of the most popular and most visible actors of his time, starring alongside the likes of Elizabeth Taylor and Doris Day – twice he was voted a “top box-office draw,” and would ultimately make more than 60 movies over the course of his career.<sup>117</sup> However, what was equally jarring to reporters and their readers was a sudden association of AIDS with an icon who was so closely tied to the idea of an all-American Everyman. No reporter who covered the wake of Hudson’s diagnosis and death failed to mention his physical bearing as a man “blessed with a broad-shouldered, 6-foot-4 physique, dark, brooding eyes and a sonorous voice” – having spent years

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<sup>115</sup> James Kinsella, *Covering the Plague: AIDS and the American Media* (New Brunswick: Rutgers University Press, 1989), 142-145.; Jonathan Engel, *The Epidemic: A Global History of AIDS* (New York: Smithsonian Books, 2006), 26.; Randy Shilts, *And The Band Played On: Politics, People, and the AIDS Epidemic* (2nd ed. New York: St. Martin's Press, 1988), xxi, 585.; Rodger Streitmatter, *From 'Perverts' to 'Fab Five': The Media's Changing Depiction of Gay Men and Lesbians* (New York: Routledge, 2009), 57-60.

<sup>116</sup> Kinsella, *Plague*, 144.

<sup>117</sup> Engel, *Epidemic*, 26.

cultivating his image as a model of American masculinity, Hudson would come to be heavily associated with the use of so-called “beefcake” actors in film.<sup>118</sup> When a newspaper reported on his sudden collapse at a Paris hotel, and amid a flurry of rumors speculating that his recent trips to France – a popular destination for experimental disease therapies at the time – were in fact AIDS-related, Hudson was eventually forced to confirm that he was just one of the thousands of Americans at the time who was a victim of AIDS. Though his spokesperson would initially imply that had contracted AIDS after a series of blood transfusions during a bypass earlier in the decade, his unintentional self-identification with the disease would also drag his personal life into the waiting spotlight of the American public’s interest.

Though it was supposedly a well-known secret within the Hollywood community that he was gay, Hudson briefly married his secretary Phyllis Gates and remained intensely secretive about his private affairs for many years; it’s probable that the secret of his AIDS diagnosis would have gone with him to the grave, had he not further fueled the media’s speculations about the state of his health by appearing in a 1985 TV special with fellow actor and friend Doris Day, in which he appeared gaunt and thin to the point of unrecognizability.<sup>119</sup> As rumors of his behind-the-camera homosexuality began to surface to contradict the AIDS-by-blood-transfusion theory put forth by his spokesman, his image as the pinnacle of glorified male heterosexuality would become an ironic focal point as the actor became irreversibly intertwined with the hailstorm of AIDS coverage created by his announcement. Not all of this coverage would be supportive or constructive; a tabloid-esque media fascination would emerge after Hudson’s death when it would come to light that his estate intended to sue one of his former lovers, Marc Christian, for blackmailing the actor years earlier, threatening to reveal his homosexuality if his monetary

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<sup>118</sup> Joseph Berger, “Rock Hudson, Screen Idol, Dies at 59,” *New York Times*, October 3, 1985.

<sup>119</sup> Howard Rosenberg, “Hudson’s Illness: New Media ‘Crisis,’” *Los Angeles Times*, July 29, 1985.

demands weren't met.<sup>120</sup> The ugly court case which resulted dredged up further details regarding their relationship which were quickly scandalized for readers, largely overshadowing Hudson's own contributions to AIDS research and charities made shortly before his death. Regardless of AIDS's influence on his reputation, Hudson was well aware of his effect as the unintended poster boy of AIDS upon his diagnosis; one of his last official statements regarding his illness would offer to the public a sense of selfless optimism in the face of an incurable disease: "I am not happy that I am sick. I am not happy that I have AIDS. But if that is helping others, I can at least know that my own misfortune has had some positive worth."<sup>121</sup>

But Hudson's legacy within the press would involve more than simply giving the epidemic a famous and relatable face behind which to follow; his status as both AIDS victim and a beloved, star-studded name would change the way reporters viewed and framed both those affected by AIDS and the public that had, until that point, seen themselves primarily as anxious observers watching from afar. Hudson offered both the media and the public its first instance in which an AIDS victim was first known to the public for something other than their sickness, reversing the established dynamic in which an AIDS victim was more the evidence of an illness than a person who happened to be ill. Because he was already a household name, Hudson became for many the first instance in which the disease – as well as homosexuality – had struck close to home. As *Washington Post* columnist Richard Cohen, who wrote introspectively throughout the epidemic about AIDS media stereotypes, would note,

Labeling something as either abnormal or perverted does nothing but stigmatize and leads, in the end, to even movie stars leading secret lives – heterosexual on

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<sup>120</sup> Edward J. Boyer, "Hudson's Estate Sues Former Lover; Countersuit Seeks Damages for Blackmail, Property Theft," *Los Angeles Times*, March 14, 1986.

<sup>121</sup> Berger, "Screen Idol."

the screen, homosexual off ... Rock Hudson's ultimate service may not be that he put a familiar, and therefore human, face on AIDS victims, but that he put a familiar and reassuring face on homosexuality ... If ultimately people learn through Hudson that homosexuality is just another way of living and AIDS is just another way of dying, then this will have been his finest performance.<sup>122</sup>

This new angle of public intimacy with the disease encouraged many reporters, tired of speculating on the relative importance of continually released AIDS statistics, to dive into "softer" features instead. Profiling victims became a press favorite, and much of the grotesque fascination with ravages of the disease on the human body faded in light of more sympathetic and emotional angles regarding a person's status as a "victim." The introduction of the media's growing joint interest in the intersection of "personhood" and "victimhood" during this time can largely be attributed to Hudson's pervasive presence as an icon within the media and the public's mind as a precedent to their knowledge of him as an AIDS victim. The gruesome interest that the media had previously channeled into uncovering the "unnaturalness" and loneliness plaguing victim's daily lives as near-outcasts also changed upon the revelation that Hudson was, in fact, one of the very victims they had spent so much time stigmatizing – a victim who did not fit neatly into this profile. Instead, these morbid energies were redirected toward a regimen of media and public self-consciousness which ran parallel to a void that had been widening ever more visibly since it became known that President Reagan, a close friend of Hudson, had privately called the actor to wish him well during his illness – namely, the government silence that

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<sup>122</sup> Richard Cohen, "A Star Gets AIDS," *Washington Post*, July 27, 1985.

continued to baffle reporters and politicians despite its yearly increases in AIDS budgetary allocations.<sup>123</sup>

### **A Call for Education: The Acutely-Felt Absence of Biopower by the Media**

Ronald Reagan and Rock Hudson had been good friends since their acting days; Reagan's first wife, Jane Wyman, had in fact starred alongside Hudson in multiple movies, including "Magnificent Obsession" and "All That Heaven Allows." Thus, the announcement of Hudson's illness appeared to many to have created a perfect opportunity for Reagan himself to comment publicly about a disease that had finally hit close to home for him – an opportunity which, when missed, sent up red flags for many reporters when a public statement ultimately never came. The July and August of 1985 which surrounded the reveal of his diagnosis became a grim snapshot of the persistent divisions within the public health-related biopower of the epidemic: The week before Hudson's announcement, Health and Human Services Secretary Margaret Heckler requested a 50-percent increase in AIDS funding – up to 126.3 million – for 1986, the week after marked the passing of the 12,000-victim mark, and yet, staggeringly, President Reagan had yet to publicly mention AIDS.<sup>124</sup> Reagan would first speak to the waiting public about the disease in budgetary terms only two weeks before Hudson's passing. Though he would insist that "he had been supporting research into AIDS, acquired immune deficiency syndrome, for the last four years and that the effort was a top priority for the administration," many were quick to point out that this picture clashed heavily with his reluctance to discuss the

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<sup>123</sup> Carla Hall, "Hudson Mystery Deepens: Reports Conflict on Nature of Actor's Illness," *Washington Post*, July 25, 1985.

<sup>124</sup> Michael Specter, "Gay Groups Mobilize Against AIDS; Communities Fight for U.S. Funds, Battle Erosion of Civil Rights," *Washington Post*, August 2, 1985.

disease in public, and even to tackle it privately beyond approving PHS funding packages.<sup>125</sup>

Other critics simply wondered aloud why the government refused to take the helm in what was being called the “disease of the century.” Even more important was the way in which the media began retrospectively examining the government’s responses to the disease so far, questioning the role of the state by comparing their reactions to other national issues, such as the various “social epidemics” the Reagan administration had promised to fight (including his “war on drugs” and his “war against terrorism”). As Newsweek editor Tom Morganthau noted regarding the presentation of a recent AIDS-related study to the president,

... The study urged Ronald Reagan to make controlling AIDS “a major national goal.” But the White House last week reserved comment on the panel’s conclusions, and the president’s aides seemed to doubt that Reagan would give AIDS the same kind of personal attention he has given to drug abuse. “Frankly, I don’t have a clue what we’re going to do, if anything,” said one – and another, asked whether there would be direct involvement by Reagan himself, said, “I don’t see that.” Reagan, who has made very few public comments on the AIDS crisis, seems somehow squeamish on the issue.<sup>126</sup>

Though Hudson’s affliction and death did not initially draw Reagan out of his shell, the effects were nonetheless potent – by inspiring the media to question the underwhelming public face presented by the president regarding an issue to which the remainder of America had recently woken to, the faults of the state were suddenly under intense scrutiny by the entire spectrum of the public in a way they had not previously dealt with before AIDS.

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<sup>125</sup> Philip Boffey, “Reagan Defends Financing for AIDS,” *New York Times*, September 18, 1985.

<sup>126</sup> Tom Morganthau and Mary Hager, “AIDS: Grim Prospects,” *Newsweek*, November 10, 1986, 20.

The state may have faltered in presenting an organized front capable of assuring the increasingly inquisitive media and public of its capability, but it was simultaneously experimenting with the idea of escalating further, more comprehensive interventions within the public, mainly as it played with the highly controversial ideas which formed within the emerging epidemic logic AIDS inspired. The opportunities for the public reassertion of biopower in the face of the epidemic resurfaced in the form of an acceptance to reframe AIDS politically and socially as a sexually transmitted disease, which had been medically considered so for some time. As such, the media more and more began to see AIDS as being linked to sex as an act rather than sexuality as an identity; the stage became wide open for the state, since, as Linda Singer has written,

The construction of a sexual epidemic, as Foucault argues, provides an optimum site of intersection between individual bodies and populations. Hence sexual epidemic provides access to bodies and a series of codes for inscribing them, as well as providing a discourse of justification.<sup>127</sup>

This “discourse of justification” was tested in newspapers, either through polls or man-on-the-street interviews, as cues from the state finally began to emerge in the form of proposals for the mandatory testing of government workers and military recruits, for the mandatory notification of AIDS victim’s sexual partners, and even the quarantining and tattooing of those with AIDS-related complications.<sup>128</sup> The division surrounding the controversial efforts of state and national governments to introduce mandatory AIDS testing was split between groups such as the ACLU,

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<sup>127</sup> Linda Singer, “Erotic Welfare: Sexual Theory and Politics in the Age of Epidemic” (edited by Judith Butler and Maureen MacGrogan, New York: Routledge, 1993), 117.

<sup>128</sup> AP, “Poll Indicates Majority Favor Quarantine for AIDS Victims,” *New York Times*, December 20, 1985.; Richard C. Paddock, “Mandatory AIDS Testing Will Be Sought By State,” *Los Angeles Times*, April 5, 1986.

and legal state apparatuses such as the public health system of the state of California. Newspapers took rhetorical cues from both groups, which they imagined as being directly opposed to one another; the act of having sex after contracting AIDS was framed with legal jargon as an instance of patent-instigated “crime,” pitting the idea of sexual “legality” against the idea of testing as a violation of civil liberties when used for “private protection” or discrimination by private employers.<sup>129</sup> The concepts of the legality of sex and the legality of testing conflicted fiercely, becoming a fight suspended between a loss of life and a loss of liberty. Foucault’s self-described concept of a “currency of life and death” was alive and well, yet speculation continued to abound as to when the “epidemic” biopower mindset – which the state hadn’t even yet managed to assert in view of the media or the public with the organization and potency that it intended – would subside in a disease that was projected to spread indefinitely without the hope of a vaccine.<sup>130</sup>

At the same time, some saw the government’s intervention efforts in mandatory testing as an avoidance of a much larger problem – one with a painfully simple solution that could leave a lasting positive impact on the course of AIDS through the upcoming decades and beyond. The discussion of a government-organized and funded AIDS public education movement was seen by many as a more subtle and ultimately more appropriate long-term “intervention” for what was shaping up to be a long-term problem – as well as something that was long overdue. This avenue became a popular prospect for reporters and readers alike, who saw “prevention of transmission through vigorous public education [as] the best chance we have of saving lives,” pointing out that the harsh penalties being proposed against those in high-risk groups who continued to do

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<sup>129</sup> Paddock, “AIDS Testing.”; Joel Garreau, “Is Medical Testing Worth the Cost of Our Freedoms?,” *Washington Post*, June 29, 1986.

<sup>130</sup> Singer, *Welfare*, 63.

things such as donate blood would be largely ineffective.<sup>131</sup> Instead, instigating measures such as “better education to discourage these people from giving blood” would help to protect donors and recipients while avoiding the extreme prospects of punishments and “other measures [which] will only ‘drive people away from being tested.’ ”<sup>132</sup> In many editorials, reporters would comment on the fierce efforts within gay activist groups to educate their communities about the risks of AIDS and the ease of its transmission, pointing out that this was not only a job which the government should have taken over long ago, but that “intravenous drug users remain cruelly neglected” because of their own lack of comparable communal organization.<sup>133</sup> Simultaneously, the question of whether or not to enact preventative measures such as sex education in schools began to surface and was posed across the reporting community, bringing with it a host of support and a flurry of criticism since, despite having the capability to “tell them how, if they must experiment, to avoid AIDS,” there still existed within the public “many parents [who] don’t want their children educated in either subject.”<sup>134</sup> Though there were specific pushes within certain districts to add sex education to the curriculum, it wouldn’t be until the government itself voiced explicit support for its utilization in schools that it would gain the legitimacy it needed – a change that seemed highly unlikely in the face of current conservative sentiments.

Debates such as these would rage on more visibly than ever amidst the media attention stirred up by Rock Hudson’s death. With the press keeping its readers informed about the efficacy of the efforts the government was and wasn’t making toward AIDS research and prevention, scrutiny from both reporters and the public over the relative appropriateness of the

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<sup>131</sup> Mark J. Blechner, “We Should Promote AIDS Prevention,” *New York Times*, July 30, 1985.

<sup>132</sup> Ibid.; Sally Squires, “Panel Urges Donating Blood For Own Use to Cut AIDS Risk; NIH Group, Noting Contamination Problems, Also Seeks Better Education and Screening For Disease,” *Washington Post*, July 10, 1986.

<sup>133</sup> Erik Eckholm, “Prostitutes’ Impact on Spread of AIDS is Developed,” *New York Times*, November 5, 1985.; “The Feeble Fight Against AIDS,” *New York Times*, July 14, 1986.

<sup>134</sup> Editorial, “The Feeble Fight Against AIDS.” *New York Times*, July 14, 1986.

government's somewhat ungainly interventions into the lives of victims and potential victims became front-page news. Though this did not stop misinformation from being spread almost as often as the facts themselves (claims such as transmittance through saliva and mosquito bites would continually resurface, despite all evidence to the contrary), it did inspire a new, more intimate take on the human toll of the epidemic – all while inspiring a newfound self-consciousness within the press and its public.<sup>135</sup>

### **The Reinvention of the Patient Profile and the Advent of the Self-Examination**

The death of Hudson from a disease which had been previously framed as “unnatural” and “foreign” hit close to home for many middle-class American families, and though news of his passing would soon be eclipsed by gossip regarding his lover's blackmailing case, his diagnosis coupled with his overwhelming public visibility would permanently change the way in which people perceived AIDS victims. In their minds, Hudson had been well known as a person – a beloved actor, no less – before becoming an AIDS victim, and this sentiment would carry over into media's transition regarding feature pieces on AIDS victims who had often before only been interviewed purely on their “victim” status. Interviews with or about openly gay AIDS patients had previously been rare, and reporters who did approach them usually fixated on the revulsion associated with the physical ravages of the disease, symptoms that, as Singer notes, were “treated as a retributive consequence of past transgressions, which now return[ed] to consume the sources of pollution themselves.”<sup>136</sup> These included both physical descriptions, such as a beautician that was “extremely sensitive about his appearance” who was admitted to a hospital when his “ears [were] as big as cauliflowers, his face was covered in tumors ... [and] he

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<sup>135</sup> Alan M. Dershowitz, “Crucial Steps in Combating the AIDS Epidemic; Emphasize Scientific Information,” *New York Times*, March 18, 1986.

<sup>136</sup> Singer, *Welfare*, 31.

literally looked like the Elephant Man,” as well as stories of mental anguish in which even hospital staff would avoid treating AIDS patients, for which the resulting “horror of being shunned” would drive a person to suicide.<sup>137</sup> Pre-Hudson patient interviewees selected from risk groups, especially gay men, were engaged by reporters more as opportunities for repentant confessions regarding their previous “lifestyles” – the evidence of which would be painfully apparent on their bodies in the form of AIDS-related cancers and tumors – than for their insight simply as patients.

Thus, Hudson’s familiarity to readers of the mainstream press – both in his congeniality in health and his dignity in sickness – marked one of the first instances in which the person being profiled came before the disease for which they were receiving attention, a step forward from which the media rarely backtracked after his death. The previous signs and symbols denoting AIDS victimology in focused feature pieces surrounded the “abnormality” of the “AIDS body” and peoples’ reactions to it as a “thing,” such as immediate physical descriptions of the purple cancerous skin lesions of Kaposi’s sarcoma or the insinuation of instinctive feelings of repulsion or disgust from hospital staff or friends.<sup>138</sup> Instead, the rhetorical construction and objectification of “AIDS bodies” was slowly phased out and replaced by a media fixation on the people who continued to live out their lives within them. Victims elaborated on the toll the disease took on their physical health, but it was a newfound focus on the ups and downs of their emotions, coping mechanisms, and support networks which characterized the post-Hudson swell in coverage. AIDS became a disease that intersected and interfered first and foremost with their lives, not their lifestyle. Despite the fact that AIDS victim Kerry Shapiro was beginning to notice

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<sup>137</sup> Kristina Lindgren and Steve Tripoli, “AIDS Suicide: The Horror of Being Shunned, Helpless,” *Los Angeles Times*, June 23, 1984.

<sup>138</sup> Alma Guillermoprieto, “Epidemic of Fear: D.C. Homosexuals Face AIDS,” *Washington Post*, June 5, 1983.

that “for me to do maybe one or two small things a day requires just about all the energy I can muster up,” he fought the disease in his own way by continuing to “spend time with friends or family” and “purchas[ing] a motor scooter . . . so that when I’m feeling well I go out and ride that around.”<sup>139</sup> Another victim, Reverend Steve Pieters, insisted that his diagnosis made him “suddenly and intensely aware that whatever was going to happen to him, at the moment he was very much alive,” remarking to his interviewer that “they’ve told me the worst thing that they can tell me and I can still dance. You want to see?”<sup>140</sup> Just as Hudson had focused on the “positive worth” in his “misfortune” at the end of his life, AIDS victims were increasingly portrayed as day-to-day survivors who, despite the pain and the odds, were finding the will to face the hopelessness of their disease with a great deal of hope nonetheless.<sup>141</sup>

Victim dignity and defiance, even in the face of an incurable disease, became a popular new frame through which reporters could draw their readers into the increasingly visible epidemic story without belaboring the endless guesswork surrounding the release of conflicting medical reports. Since scientific progress appeared slow and uncertain – promises for a vaccine became more distant as progress on a possible cure remained nearly silent – leading newspapers began to look elsewhere for evidence of improvement in the lives of victims. The perfect foil to what the media saw as a scientific stagnation was discovered in the networks of volunteers and caregivers, many of which were organized by the ever-innovative gay activist groups on either coast, who provided invaluable compassion and company even as hospitals and hospice homes squabbled over which would be “forced” to house AIDS victims. The counselors themselves were often called “buddies,” “a lighthearted word, reminiscent as it is of childhood pals, for

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<sup>139</sup> Michael Specter, “Facing Death from AIDS Without Having Really Lived,” *Washington Post*, August 11, 1985.

<sup>140</sup> Patricia W. Biederman, “AIDS-Stricken Pastor of Homosexual Sect Clings to His Faith,” *Los Angeles Times*, October 13, 1985.

<sup>141</sup> Berger, “Screen Idol.”

people who bring strangers into their lives knowing they will soon cease to be strangers, and soon after that die,” and a position that would be uniquely attributed to the epidemic; reporters didn’t fail to notice the fact that “if there have been no official buddies for victims of other diseases, that may be because there have been no other diseases like AIDS.”<sup>142</sup> These volunteers, usually women and gay men, opened their homes as “refuge[s] from the punishing financial burdens that often accompany the fatal disease,” as well as offered their presence and company to those whose families and friends rejected them upon learning of their AIDS diagnosis; some would finish interviews appealing to the public to do the same upon their own “realiz[ation] that a lot of people didn’t know this kind of emotional support was needed.”<sup>143</sup> Whether they were joining with recently diagnosed AIDS victims to plan the difficult years ahead of them, or pairing themselves with those who needed companionship in the few months they had left to live, the men and women of these support and advocacy groups became a shining example of a quick-response networking solution to statewide and nationwide problems in an era when social organization far outstripped the government’s tact and speed in responding to new and unique epidemic pressures.

The morbid press energy that was once focused into building a graphic and often callous image of an “AIDS body” did not dissipate completely once a transition was made to examining the emotional stress and coping mechanisms of victims; instead, it was redirected into scrutinizing the lack of government involvement in educating the public, already set in sharp relief by the efficacy of activists’ victim/companion networks. This engendered an air of criticism and scrutiny, both in the press itself and among its readers, leading to a large increase in

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<sup>142</sup> Elizabeth Kastor, “AIDS ‘Buddies,’ Standing Fast Against the Sorrow; The Pain and the Rewards of Volunteers Who Take Sufferers Into Their Lives and Hearts.” *Washington Post*, October 8, 1986.

<sup>143</sup> Michael Specter, “‘Secret’ House Provides Financial Refuge for AIDS Victims,” *Washington Post*, August 31, 1985.; David Haldane, “Long Beach Home Is Sanctuary Amid AIDS Fear,” *Los Angeles Times*, March 13, 1986.

articles not only about epidemic information, but the range of epidemic misinformation as well. The press encouraged the public, their politicians, and their researchers to become self-conscious not only about the relative factuality of the various rumors still seeping in from doctors and researchers – such as the infamous “close contact” transmission myth that the public couldn’t shake – but also the ways in which they used these bits of information to enforce their own beliefs about how the epidemic and its victims should be viewed and handled (unlike broadcast television, which acted as a “consensus medium,” print journalists had more time and space to devote to asking questions beyond the stories themselves).<sup>144</sup> The use of journalistic case studies flourished during this time, especially regarding discrimination cases; the story of Ryan White, a teenaged hemophiliac from a small town in Indiana who contracted AIDS through a blood transfusion, became a reluctant poster child for AIDS discrimination as the press zeroed in on his parents’ attempt to sue his school district for excluding him because of his disease. The same would occur with the Ray family in Florida after their three hemophiliac sons contracted AIDS from blood transfusions of their own, though their stories would ultimately come to different ends; Ryan would enroll in a neighboring district’s class, which made strides to accept him and inform themselves about AIDS in the wake of his attendance, while the Ray family would leave their hometown only after their house was burned to the ground, in an arson case that was presumed to be a deliberate attempt to drive them out. Small-town ignorance and fear regarding AIDS became a favorite for reporters, who became a contentious constant presence among townspeople that felt they were receiving an undue amount of attention – and blame – for the exclusion of children like Ryan from class.<sup>145</sup>

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<sup>144</sup> Kinsella, *Plague*, 138.

<sup>145</sup> Kinsella, *Plague*, 189.

Criticism of public officials was present on every bureaucratic level; some reporters examined how the average “local government’s response to the crisis could only be characterized as pathetic,” having allowed their “response to the AIDS menace [to be] confused with whatever attitudes they might hold about the homosexual life style,” while others asked why it took so long for the president “to take an authoritative look at AIDS in an effort to reduce public fear and misconceptions about the disease” in the form of an upcoming surgeon general’s report.<sup>146</sup> Other reporters turned their attention on the performance of journalism itself and became surprisingly self-critical, such as instances in which reporters avoided touching or being in the same room as the AIDS patients they interviewed despite penning articles denouncing “casual contact” claims. The *Los Angeles Times* even published a staggering long feature about journalism ethics for its audience – printed on the front page, no less – asking whether or not “AIDS rumors ... belong in news stories” and leading readers through the maze of choices which affect a reporter’s decision about how to “behave responsibly” when “taking different approaches to a very sensitive subject,” using AIDS as its hypothetical example.<sup>147</sup> Though it would appear that AIDS was by this time definitely proving that “the science of medicine,” as Lawrence Altman would write, “is paralyzed when it lacks an effective therapy,” journalism would instead seize the lull in scientific coverage and government action to turn their lens on the people and institutions which were essentially left to their own devices while waiting for answers.<sup>148</sup>

Interestingly, this opportunity to re-appropriate journalistic scrutiny inspired a mirrored response in the press’s readership; a swell of well-placed outside editorials and letters-to-the-editor appeared in many major newspapers written both by confused civilians as well as the

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<sup>146</sup> Editorial, “Public Officials Fail to Understand AIDS Crisis,” *Los Angeles Times*, September 1, 1985.; Eleanor Clift and Marlene Cimon, “Surgeon General Readying AIDS Report,” *Los Angeles Times*, February 6, 1986.

<sup>147</sup> “Good Intentions, Bad Results,” *Chicago Tribune*, September 12, 1985.; David Shaw, “AIDS Rumors -- Do They Belong in News Stories?” *Los Angeles Times*, September 3, 1986.

<sup>148</sup> Lawrence Altman, “The Doctor’s World: AIDS Recalls an Earlier Time,” *New York Times*, July 15, 1986.

doctors, researchers, and activists on the front lines of the epidemic. Plenty of these outside responses were predictably directed outward at other readers, with general insinuations such as that the “lack of a caring public is as dangerous as the disease” and that compassion should be the first thing on the minds of even those who had not yet been touched directly or indirectly by AIDS.<sup>149</sup> Still more, however, were critical of the very newspapers they were printed in, regarding both the facts and framework of their articles. Frustrated readers would point out reporters’ lack of specificity, especially when speaking about risk groups and the sex-related transmission routes for the disease, and asking how AIDS seemed to be in a constant state of supposedly breaking into the general public; one woman even called her correction an “open plea to spare us from ambiguous, sensational journalism.”<sup>150</sup> Another factual mistake, this time on the idea that those with AIDS-Related Complex (ARC) – a temporary term for the dormancy period between a person’s infection with the then-unnamed virus and their manifestation of AIDS-related complications – was serious enough to inspire a chief fellow within NYU’s rheumatology department to pen a response chastising both the medical community and the media. Attempting to combat the reporter’s claim that having ARC doesn’t necessarily mean that they are “sick” – potentially leaving them under the impression that they offer no transmission risk to their sexual partners – he steps in:

What is so frightening is that many healthy seropositive persons do not understand the danger they pose to their sexual contacts. I believe the cause of this information gap lies with both physicians who do not adequately explain the

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<sup>149</sup> David Farrell, “The AIDS Battle,” *Los Angeles Times*, September 28, 1986.

<sup>150</sup> Dana Merino, “Public Still Misinformed About the Disease AIDS,” *Los Angeles Times*, September 6, 1986.

significance of AIDS testing and with the lay press, which has for some reason overlooked this most frightening aspect of the epidemic.<sup>151</sup>

Whether it was to correct the multitude of mistakes plaguing epidemic reporting, to make their own pleas for AIDS empathy within religious, social, or political groups, or to directly criticize the actions of public figures – conservative commentator William F. Buckley Jr.’s suggestion that all AIDS victims be tattooed on the forearm and buttocks to make their “status” known to all potential sexual partners generated a sizeable public outcry in every form – readers were becoming more vocal about how newspapers were handling AIDS coverage. At the same time, they often recognized the limitations reporters faced without the government cues they needed, noting that despite the fact that “neither government nor industry has seen fit to mount the type of scientific and educational programs necessary to understand, curtail or control this devastating illness,” to the best of the press’s ability, “misinformation should not be part of the debate.”<sup>152</sup> Interestingly, it was this lack of government cues which allowed the press’s scope to proliferate so introspectively during this time, creating a more personal and skeptical mindset toward epidemic information, delineation, and division while adding a sense of self to its work that did not fade even after the long-awaited report was released.

The advent of the press’s AIDS introspection would shine an unwelcomed spotlight on many aspects of American politics and public opinion. Six years of government reluctance to tackle the disease publicly, in combination with their continued inability to organize and coordinate the various medical institutions of the state, left many in the press and their readership wondering which would break first – the silence of the Reagan administration, or the

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<sup>151</sup> Mark R Philips, “Positive Means Positive,” *New York Times*, July 3, 1986.

<sup>152</sup> Michael Berne, “Billions To Punish AIDS Won't Protect Society; What Positive Means,” *New York Times*, April 5, 1986.

incurability of the disease. Amid the few haphazardly-instigated and ambiguously supported state interventions instigated during the mid-1980s, such as the idea of mandatory blood testing and the occasional local-level exclusion of AIDS patients from schools, the press seized a multitude of opportunities to question both the ethics and the effectiveness of the various ways in which activists, pundits, teachers, doctors, neighbors, and even they themselves as an institution responded to the facts and speculations of AIDS. Frustratingly, a lack of a firm government stance on AIDS and a state-wide medical clarification of its relative risks meant that mistakes and misinformation still circulated. Nonetheless, the turning point in the volume and visibility of its press coverage marked an important discursive shift in “AIDS coverage” as a body of knowledge that instituted a degree of self-consciousness into the conceptualization of many stories about relative responses to the epidemic. This change contrasted heavily with the press’s earlier tendency to allow both knowledge and public reactions to remain largely unquestioned, or otherwise supported by the fear inherent in the disease’s ambiguous threat to the “general public.”

But despite the healthy post-Hudson cultivation of a more human-driven, less voyeuristic element to features involving AIDS patients, the press was still scrambling for government cues regarding everything from the language needed to describe how AIDS spread, to the relative explicitness needed to help readers protect themselves from contact with the virus, to a realistic logistical explanation of the significance of “risk group” status to those who both did and did not have it. It wouldn’t be until February of 1986 that the administration would make a public move toward an effort to render something to this effect, when President Reagan would announce that he had formally asked Surgeon General C. Everett Koop to draw up a national report on AIDS addressed “to the American people, designed to be a definitive up-to-date status on what we

know.”<sup>153</sup> The move was viewed with heavy suspicion and criticism by some, who pointed out that the good which “a report in plain English” could do was already being mitigated by an intended 22 percent reduction in appropriated AIDS funding by the administration for the following year, since “without the basic research and educational work, things we should have been doing for years now, the epidemic will continue to grow.”<sup>154</sup> Worried that the report would at best enforce a status quo of ambiguity, and at worse legitimize discrimination, the press and public did not have particularly high hopes for a comprehensive discussion on AIDS from a deeply conservative surgeon general – a label which would prove to hold little bearing over his proven no-nonsense approach to the epidemic.

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<sup>153</sup> Bernard Weinraub, “Reagan Orders AIDS Report, Giving High Priority to Work for Cure,” *New York Times*, February 6, 1986.

<sup>154</sup> *Ibid.*

### Chapter 3

*October 22, 1986 – May 25, 1988: Journalism, AIDS,*

*And the Engagement of State Power-Knowledge*

“...I am the surgeon general of the heterosexuals and the homosexuals, of the young and the old, of the moral or the immoral, the married and the unmarried. I don't have the luxury of deciding which side I want to be on. So I can tell you how to keep yourself alive no matter what you are. That's my job.”<sup>155</sup>

Few people – either in the press or the public – expected to be surprised by the Reagan administration's requested report on AIDS, which was to be drawn up by handpicked administration favorite Surgeon General C. Everett Koop. The role of surgeon general, despite placing its bearer near the top of the impressive-sounding United States Public Health Service Commissioned Corps, had “historically been more honorary than substantive,” having expected little more from its previous holders than to be used as “a pulpit from which to articulate vague and uncontentious warnings about smoking, nutrition, fitness, and disease prevention” – a dangerous habit which was already plaguing efforts of informed action against the epidemic.<sup>156</sup> To the average reporter and reader, Koop himself seemed to hold even less promise for epidemic change than the expectations of the position he held; his staunch and outspoken opposition to abortion and his “generally socially conservative outlook” had made him an easy choice for Reagan to fill the position, as he seemed unlikely to challenge the status quo of religious and moral conservatism that dominated the administration's policies.<sup>157</sup> Coupled with the recent attempts by the Reagan administration to cut back on AIDS funding – even as Congress itself attempted to raise it – the release of the report itself was not seen amongst reporters as much

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<sup>155</sup> Feature, “Surgeon General Koop: The Right, the Left and the Center of the AIDS Storm,” *Washington Post*, March 24, 1987.

<sup>156</sup> Engel, *Epidemic*, 81.

<sup>157</sup> *Ibid.*

more than another potential opportunity to criticize the government for continuing to drag its feet nearly seven years into the epidemic.<sup>158</sup>

But the report would catch liberals, conservatives, and the mainstream press completely by surprise. Koop spent nearly a year crowdsourcing and compiling the brief and concise 36-page document, which was published and presented to the people of the United States on October 22, 1986. The report mirrored Koop's "refus[al] to overlay the epidemic with a moral taint," immediately asking readers to acknowledge that "at the beginning of the epidemic many Americans had little sympathy for people with AIDS" while reminding them that "we are fighting a disease, not a people."<sup>159</sup> He pushed most strongly for education and voluntary testing as a primary means of slowing and eventually stopping the epidemic, which he saw as spreading mostly from ignorance regarding both AIDS and sexually transmitted diseases in general; emerging from the fierce public debate in which politicians had previously called for mandatory testing for everything from insurance policies to public school attendance, Koop reminded the public and the press that "we must prevent the spread of AIDS while at the same time preserving our humanity and intimacy."<sup>160</sup> He primarily advocated for the teaching of sex education in schools, early and honest home discussions with children about AIDS, the usage of condoms if abstinence was not possible, and the use of monogamous relationships to cut down on the transmission of the virus between sexual partners – all of which angered many conservatives and clashed with Reagan's insistence on teaching that abstinence alone provided adequate protection from STDs. His vocal and uncompromising views on the importance of information and

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<sup>158</sup> Bernard Weinraub, "Reagan Orders AIDS Report, Giving High Priority to Work for Cure," *New York Times*, February 6, 1986.

<sup>159</sup> Engel, *Epidemic*, 81.; Charles E. Koop, "Surgeon General's Report on Acquired Immune Deficiency Syndrome," U.S. Public Health Service, 6.

<sup>160</sup> *Ibid.*

education as solutions to the epidemic would be constantly reinforced by his numerous follow-up conferences with the media; Koop would continue to communicate directly and continuously with the press about the many controversies and developments of the disease up until he would leave the office nearly three years later.

The report itself would be as frank and straightforward as Koop's own guidelines for controlling the disease. Broken into sections devoted to the structure of the virus, its signs and symptoms, transmission, necessary and suggested precautions, the "current situation" of AIDS in the US, and ways in which the public should be looking forward at its future repercussions, it read as a crisp encyclopedia of medically dry facts. What was most immediately apparent to its readers was its explicitness regarding the disease's transmission routes and the ways in which sexually active readers could protect themselves from contracting it. It clarified that the presence of people inside or outside of a "risk group" mattered only secondarily to an understanding that, at the bottom line, the disease could not discern its hosts' sexual orientation, and that, quite simply, "infection results from a sexual relationship with an infected person."<sup>161</sup> This also included explicit warnings against certain sexual practices more likely to spread the virus from person to person, such as to "avoid mouth contact with the penis, vagina, or rectum" and to "avoid all sexual activities which could cause cuts or tears in the linings of the rectum, vagina, or penis."<sup>162</sup> The report was also clear that "although the AIDS virus is found in several body fluids, a person acquires the virus during sexual contact with an infected person's blood or semen and possibly vaginal secretions," rectifying some of the confusion and panic caused by earlier scientific speculations that suggested tears and saliva could also spread the virus to other

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<sup>161</sup> Koop, *Report*, 15.

<sup>162</sup> Koop, *Report*, 18.

people.<sup>163</sup> Unswayed by – but not unaware of – American public sentiment at the time, Koop insisted that though “many Americans are opposed to homosexuality, promiscuity of any kind, and prostitution,” the intent of the report was not to pass judgment or condone behavior or sexuality, but rather to “deal with the positive and negative consequences of activities and behaviors from a health and medical point of view.”<sup>164</sup> The report was far from a fix-all for the public’s questions – some felt he did not go far enough in his education recommendations, others protested the suggestion to educate children in “early elementary school,” while the phrasing of some medical terminology would be retrospectively clarified – but it did pave the way for increasingly consistent communication and a more fundamentally open relationship between the government and the public through the press for the remainder of the decade.<sup>165</sup>

More than any other single action by the United States government up until that point, the publishing of the surgeon general’s report would construct a holistic and streamlined picture of the epidemic in its current medical state. Even more importantly, the resurgence of a capable media-facing communication apparatus in the form of Koop hinted to reporters at a more unified internal state effort toward exerting a functional knowledge/power dynamic. Not only had the government successfully compiled a body of knowledge which could be conveyed to the public by releasing it to the media in the form of the report, but it could also use the power which was inherent in the presentation of guidelines concerning protection, safety, risks, and mortality to foster the reemergence of the biopower which was disrupted upon the onset of the epidemic. Thus, the media was tapped as a way of mediating the transmittance of this knowledge, a job which they readily took on after the extended period in which a media-specific discursive tone

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<sup>163</sup> AP, “Tests Indicate AIDS-Causing Virus in Saliva,” *The Chicago Tribune*, October 9, 1984.

<sup>164</sup> Koop, *Report*, 4.

<sup>165</sup> Engel, *Epidemic*, 82.

had been formed, yet been unable to ultimately quell public fears without concrete facts. By defining the bounds and characteristics of the outbreak in terms of education, measures of non-compulsory protection, and medical accuracy, Koop could utilize the power of a political office to play down the socially-driven ethical arguments that had so viciously divided American public opinion. As Linda Singer has argued, Michel Foucault has shown how “the power deployed in the construction and circulation of an epidemic, especially a sexual epidemic, functions primarily as a force of production and proliferation rather than a movement of repression.”<sup>166</sup> Though she was right in stating that “the determination that a situation is epidemic is always ... a political determination,” this “determination” also requires a significant accompanying attempt at epidemic control on the part of the political institution making it in order to have any real effect on its public. Thus, Secretary of Health Margaret Heckler’s 1983 affirmation that AIDS was America’s “number one health priority” had done almost nothing to galvanize the media or encourage better organization within the HHS itself in preparation to live up to this designation, simply because it was followed by no significant visible state efforts.<sup>167</sup> Instead, Koop’s decision to strip the politics from his advice as a politician would mark a new trend in discourse which would emphasize stripped-down, medicalized language masking the ongoing presence of the disease’s social stigmas, deflecting questions about how to approach risk group divisions and redirecting them into confronting the media and the public with their own language barriers.

In this way, government centralization and reinforcement of a body of strictly medicalized AIDS knowledge, which was conveyed directly to print media outlets and disseminated by them as an answer to their own confusion, allowed institutions like the HHS a correlating amount of disciplinary power – even as they pointedly left the social or political

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<sup>166</sup> Singer, *Welfare*, 117.

<sup>167</sup> *Ibid.*

aspects of the epidemic alone as an unanswered question. Within the media and the waiting public, sexuality in relation to the AIDS epidemic was still very much being conceptualized as one of the intersections of the various “relations of power” in the epidemic playing field, even if the government did not address it directly in the realm of politics. As David Halperin argues,

It would ... be difficult to imagine a better illustration [of the need to conceptualize sexuality] than the public response to AIDS of mutual imbrication of power and knowledge, which manifests itself in endless relays between expert discourse and institutional authority, between medical truth and social regulation, as well as between popular knowledge practices (for example, the dissemination of safer-sex information in gay male enclaves) and local struggles for survival and resistance.<sup>168</sup>

Contrary to the claim of Koop’s report that the epidemic was fundamentally apolitical and devoid of a sexual orientation, the Food and Drug Administration’s ban on MSM (men who have sex with men) blood donors, instituted in 1985, was still in effect, and the yearly CDC reports on the increase in AIDS cases continued to designate “homosexuals” as a risk group category. The report’s release acknowledged on a level of public discussion that the heteronormative epidemic binaries between the sick and well (as well as those dividing those who were “at risk” for AIDS and those who were “not”) were no longer sufficient when talking about AIDS in its present and future state. However, even though Koop mitigated the presence of a politics of sexuality in his report by refusing to hold “homosexuality” objectively accountable for any portion of the epidemic’s spread, the continual refusal to explain the persistence of a political, epidemic-based

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<sup>168</sup> David M. Halperin, *Saint Foucault: Towards a Gay Hagiography* (New York: Oxford University Press, 1995), 27.

sexuality sent mixed messages to the media, for whom the significance of sexuality in the context of AIDS was far from over. Ultimately, the government avoided having to talk about homosexuality and drug use as socially and politically-charged issues by deconstructing them into a series of medicalized actions and characteristics which required strict self-policing to protect oneself while engaging in them.

Though Koop's intervention would represent a critical first step in the eyes of its readers toward the formation of a public presence as an advisor and administrator, and in the eyes of the media as a collection of institutions finally coordinated enough to foster the emergence of the biopower necessary to ensure the safety of the general public, this was not the first time the dynamics of biopower would come into play in the government's decision-making agenda. Though what Foucault would call the government's administration of a "power over life" had finally been made public through a media-mediated relationship with those subject to it, it had in fact been engaging a much quieter and concerning aspect of this sovereign ability as "the state."<sup>169</sup> The "right of death," which comprises the other half of this paradigm, had been exerted since the earliest identification of the disease as inherently "homosexual," then as an issue jointly and nearly-exclusively affecting gay men, drug users, Haitians and hemophiliacs. In essence, it allowed the government to delineate between those whose non-normative characteristics or behaviors denied them a protective "citizenship" in a time of epidemic, and those whose membership in the "general public" did grant them this "citizenship" – or at least a promise of government action once a critical point was reached. The presence of this bias had been identified under a few different designations up until that point; some anxious reporters and their readers saw it ultimately as an avoidable tragedy of "government apathy," while some gay

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<sup>169</sup> Foucault, *Sexuality*, 138.

activists and groups interpreted it as deliberate, institutionally sanctioned inaction which condoned the epidemic elimination of as many “unwanted,” including drug dealers and Haitian immigrants, as possible before the disease tipped into the minds or bodies of the “general public.” In the context of AIDS, this tip occurred upon the explosion of media coverage, questions, and doubt which followed the death of Rock Hudson – even if the question of Hudson’s sexuality still remained, it was the persistence of his popular image as a heterosexually representative “Man’s Man” which contributed to this change. By challenging and ultimately transforming the public’s perception of who could and was being affected directly or indirectly by the epidemic, the mainstream media initiated an obligatory government transition from a private “right of death” mindset to a public “power over life” initiative, for which the active protection of the general public was now perceived as urgent.

The government institutions in question, whose fractured leadership and inability to communicate with one another had caused years of confusion in the media and the public, were thus streamlined and placed in general agreement under Koop’s directives. No longer driven to write on the old divisions between FDA and CDC policies, or to mark the vast gaps in epidemic understanding between local-level doctors and NIH researchers, journalistic attention fell instead on partisan politics as a lesser, but ultimately more institutionalized source of strife within the government. Replacing the contradictions of transmission and symptomology with the arguments between opposing political beliefs, the apparent early failures of the government to coordinate on AIDS was replaced with a more recognizable tension between the majority of the conservative Reagan administration and the liberal politicians who looked more favorably on Koop’s policies. Reporters pointed out that even though consistent measures toward sex education were being implemented, up until April of 1987 “the President [had] never talked to his Surgeon General

about AIDS nor read the report Dr. Koop sent him last October,” highlighting a rift between the president’s apathy and Koop’s action that explained how “liberals have embraced him as the only straight shooter in the Reagan administration.”<sup>170</sup> Further divides also existed between Koop and Education Secretary William Bennett, whose differing policies toward AIDS education were often compared side-by-side whenever one of them spoke about their views; Bennett’s believed that schools should only “emphasize moral lessons of sexual restraint as the most effective way of avoiding the disease” in an “AIDS-prevention strategy based on teaching teen-agers that sexual activity other than in a monogamous, adult relationship is immoral” – immorality being considered a dated assessment since the publishing of Koop’s own report.<sup>171</sup> These partisan battles represented “safer” government divisions to the mainstream media than the prospect of returning to a time when even doctors from the same medical institution couldn’t agree on what was happening in the realm of AIDS research. Even the teeth of Bennett’s words weren’t very sharp in the face of Koop’s habit of speaking directly to the press about what he felt were the best cautions and options of which Americans should be aware.

By discounting the call for a forced imposition of interventions such as mandatory testing while simultaneously asserting control over the discourse and knowledge which shaped the report’s definition of the epidemic and its parameters, Koop was able to build an epidemic logic that prevented unmanageable resistance within the public to the state’s collective AIDS policies. Though his tenure as surgeon general began in early 1982 as the first AIDS cases began to surface, his absence from the discussion of AIDS until 1986 was retroactively explained by the

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<sup>170</sup> Maureen Dowd, "The Surgeon General: Dr. Koop Defends His Crusade on AIDS," *New York Times*, April 6, 1987.; Sandra Boodman, "Caution: The Surgeon General of the United States Can Be Hazardous to Your Complacency," *Washington Post*, November 15, 1987.

<sup>171</sup> Barbara Vobejda and Sandra G. Boodman, "Stress Morals in AIDS Fight, Bennett Urges; Booklet for Schools Notes Condoms' Risks," *Washington Post*, October 7, 1987.

National Institute of Health by saying that he had been “relegated to the sidelines of the AIDS debate during his first four years in office,” “prevented from addressing the nation's most urgent health crisis, for reasons he insisted were never fully clear to him but that were no doubt political.”<sup>172</sup> Koop nevertheless seized his opportunity to bring the confusion within the press and the public who looked to them for answers under control by becoming visible through his media exposure and that of his work; Hudson’s close-to-home diagnosis and death from AIDS may have taught the American press why they needed to talk about it, but the Surgeon General’s AIDS Report, as well as Koop’s follow-up media conferences, provided a framework which directed them as to how to talk about it – in this case, as a purely medical problem which had, in a way not yet acknowledged by the government, largely outgrown the confines of a designation as such. Additionally, as the embodiment of the government’s long-overdue mouthpiece for crucial information communication, Koop and his report would act as a litmus test for the relative medical explicitness which was deemed necessary by epidemic logic to protect the public by helping it protect itself.

The press’s search for a balance between accurate rhetoric which was nevertheless “appropriate” enough by media and government precedent to be printed for readers had overwhelmingly tended toward a conservative imbalance that had dogged the media since the early days of the epidemic. Even if he made little headway in addressing the increasingly tense social and political aspects of AIDS, C. Everett Koop, as noted by James Kinsella, “more than any other player in the AIDS epidemic, was responsible for breaking down language barriers in the American media,” starting with the rhetoric of his report – a trait which would impress fellow public health officials, stun his critics, and act as a widely-adapted model for the reporters who

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<sup>172</sup> National Library of Medicine, "The C. Everett Koop Papers: AIDS, the Surgeon General, and the Politics of Public Health," accessed February 21, 2013.

had long been forced, by confusion or misinformation, to accept some degree of ambiguity when speaking about the disease and its characteristics.<sup>173</sup> Newspapers had naturally shied away from language which they believed would leave readers feeling uncomfortable or disgusted, though this prudishness had clashed constantly with the public's need for medical specifics in previous years, leading to the use of substituted phrases which, despite being more "palatable" to audience's sensibilities, only raised more questions than they answered. Sexual intercourse was almost never directly mentioned in any of the mainstream newspapers (often "homosexual contact" or "homosexual life style" would be the closest euphemism to anal sex that would be allowed past a copy desk), which instead used terms such as "sexual contact" or, even more confusingly, "intimate association."<sup>174</sup> In an epidemic where spreading preventative information to sexually active people would offer the best chance of slowing down its spread, this linguistic puritanism left many unsure of what behaviors fell under these labels. James Kinsella poses this question in his writing, asking,

What did it all mean? For any reader who was not well versed in the latest AIDS research, the obvious question arose: Did intimate and sexual contact include kissing, masturbating, caressing? And what "style of life" [were they] writing about? Was it a promiscuous sex life? Did it include anal sex, oral sex, hugging, kissing? By mid-1982, the CDC had plenty of facts about what was endangering

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<sup>173</sup> Kinsella, *Plague*, 23.

<sup>174</sup> Erik Eckholm, "Heterosexuals and AIDS: The Concern is Growing," *New York Times*, October 28, 1986.; Robert A. Jones, "AIDS a Damper on the Carefree Lifestyle of S.F.," *Los Angeles Times*, December 12, 1984.; Arthur Reinstein, "New Jersey Opinion: Hysteria Is Behind The Drive To Bar AIDS Victims From Schools," *New York Times*, December 15, 1985.

gays and the sex partners of IV drug users, hemophiliacs, and others infected with the virus. But the agency was very circumspect about detailing explicit sex acts.<sup>175</sup>

This unwillingness to communicate the most crucial factors of the disease – a fact inherent to any disease spread sexually – actually began with the years in which there was a state absence of a power-knowledge dynamic addressing this explicitness, during which time there was no press incentive to transgress these repressive language barriers when conveying this early, fractured information to the public. Further elaboration was either not demanded of the reporter by the public, or killed by a similarly minded editor before being published. The suggestion that “casual contact” could spread the disease – the least understood and potentially widest-ranging of the press’s sanitized descriptions of transmission routes – would incite more panic than any of the sexually related euphemistic phrases, and would become the false basis of many discriminatory cases against everyone from adults in the workplace to children in public schools.<sup>176</sup>

The surgeon general’s report would address the issue of the subtle silence surrounding these sexual practices by directly stating, almost immediately in its foreword, no less, that AIDS was spread exclusively through “sexual contact (penis-vagina, penis-rectum, mouth-rectum, mouth-vagina, mouth-penis),” simultaneously acknowledging Koop’s own belief that the “great misunderstanding resulting in unfounded fear that AIDS can be spread by casual, non-sexual contact.”<sup>177</sup> This choice by the state to feature the explicit addition of the specific and indelicate language surrounding the modes of sexual transmission for the virus was a significant rhetorical cue for newspapers, who began copying and utilizing them to debunk the myths engendered by

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<sup>175</sup> Kinsella, *Plague*, 76.

<sup>176</sup> Christine Russell, “AIDS Virus Found in Saliva of Some; Organism Isolated in 8 Who Had Contact With Victims,” *Washington Post*, October 9, 1984.

<sup>177</sup> Koop, *Report*, 5.

the rhetoric of previous years. Though some newspapers took longer than others to utilize more explicit educational language – the *Los Angeles Times* would be one of the leaders of this changeover, while the *New York Times* would lag behind considerably – its gradual press-wide acceptance would mark a crucial triumph of the medically necessary over the socially uncomfortable. The press’s adoption of more frank descriptions of the risks of the disease’s sexual transmission would mean exposing their readers to it in a way that was paralleled by the report’s proposed widespread introduction of sex education in schools. The press image of Koop, a public health official in shining armor who “had information to impart [and] misconceptions to destroy” as he faced down angry parents and unsure students to impart on them the importance of being aware of the risks and myths of AIDS, became a favorite impression for reporters to leave with readers; his addresses to the public often featured descriptions of his unsettled audiences, who having “reached the frontier of frankness” would start “shift[ing] about in their seats” as they “gasped, coughed, [and] giggled.”<sup>178</sup> The rhetoric of AIDS was slowly becoming less of a hazy and fear-corrupted body of knowledge which could be picked through and utilized to the wielder’s own ends, and more of a power in and of its own which had the ability to force writers and readers to confront the previously unspoken aspects of the epidemic for what they were, medically, instead of what they could imply socially or politically.

In practice, many mainstream newspapers assessing the aftermath of the report would mimic its tone and message, albeit with characterization of their own to fill in the pointed questions of continued social and political intertwinement and friction with AIDS. In one of the longest follow-up features on the subsequent implementation of sex education in schools, *Los Angeles Times* writer Scott Harris would pen a model example of the changes in discourse which

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<sup>178</sup> Marc Fisher, “Surgeon General Minces No Words on AIDS; Koop's Lecture at Cardozo High School Aims at Misinformation,” *Washington Post*, February 26, 1988.

demonstrated the transformation of portrayal and intention that affected the reporting community after the release of the report. It's clear even from its title, "Students Learn About Sex, then About AIDS," that the report's imposition of strong language and education was condoned by both the writer and the editorial staff in a way that would likely not have passed into print before being endorsed by Koop only two months earlier – even using the word "sex" in a headline was a big step at the time. Harris interviews two Los Angeles-area schoolteachers from different schools tasked with implementing the district's new sex education policies. The first, the head of a seventh-grade class, is characterized as a more reserved woman who states that, as a teacher, she "has to understand the needs of the children and what is appropriate for them," resulting in a situation which the reporter observes that "sometimes the instruction is vague and euphemistic" – hardly complements in light of recent events.<sup>179</sup> She is contrasted with a colleague teaching in a high school setting, whose emphasis on what he calls "frank discussions" culminates in her own insistence that " 'We're very explicit about it [in that] we talk about anal and oral, ' " and that " 'I don't pull any punches' " – the implication being that those who do not foster these discussions are stepping lightly around a subject that requires full engagement and explicitness.<sup>180</sup> Even the school's health officials are shown to admit to being "aware of how careless [they've] been about the spread of all diseases," a sharp contrast of humility to earlier insistence by instructors across the country that, regardless of a majority of data indicating otherwise, AIDS could spread between students through casual contact, justifying the move to bar some students with AIDS from public schools. Sex itself is medicalized as an objective and dangerous act almost immediately by Harris, whose lead reminds readers that sex education must come "before they [students] learn that sex can kill," without elaborating on the sets of

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<sup>179</sup> Scott Harris, "Students Learn About Sex -- Then About AIDS," *Los Angeles Times*, December 10, 1986.

<sup>180</sup> *Ibid.*

circumstances or implications which explain how sex and death could be so irrevocably yet mysteriously linked.<sup>181</sup> Like many of his fellow reporters, he introduces a secondary thread about a social or political AIDS intersection relevant to the story that moves a step beyond the precedent of the report; in this case, it is Harris's inquiry into the district's addition of a counseling program for gay students who are "scared to death" by the thought of contracting AIDS. Though the medical information he presents does not conflict scientifically with what was known at the time, his stab at tackling the social issue of closeted gay students who desired a place of their own to go for answers is still awkward and somewhat unclear. He includes an offhand comment by one of his sources within the counseling program about the importance of offering support to all gay students that mentions that "just because they're homosexual doesn't mean they're having sex," obscuring the message of the program by needlessly dredging up old social stereotypes which had still not been addressed by Koop's report and had skipped over the progress made in the year after Hudson's death.<sup>182</sup>

The direct connection the government maintained to the mainstream media during this time through the surgeon general, his report, his interviews, and his conferences gave many reporters and their newspapers some of the cues for AIDS-related rhetoric that they had been seeking for years. However, they often did not answer the question of how to speak about the social and political issues surrounding it other than to remind people of the virus's inherent inability to discriminate between hosts, leaving reporters to fall back on the discourse and habits they acquired during the state's early absence from their work. "Risk groups" would still be referred to in CDC and journalistic writing, and the question of gay activist groups and their effects on the perception of AIDS would be explored only occasionally in the mainstream media.

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<sup>181</sup> Ibid.

<sup>182</sup> Ibid.

By the time the press had found its footing after having digested and emulated many of the report's characteristics, they were reluctant, even adverse to finding fault in Koop, a man who both confronted AIDS while using his fixation on frank language and his stripped-down approach to the epidemic to circumvent addressing the difficult political and social problems that came with it – and, by default, allowing the media to subsequently handle them as they saw fit. By using the surgeon general's directives and beliefs to consolidate their facts and views while picking up socially and politically – albeit with some difficulty – where he left off, the mainstream media discursively co-opted itself, to a limited extent, into the beginnings of a means by which the state could convey the biopower being exerted under the unique epidemic logic of AIDS, controlling the medical and epidemiological while giving a generally free reign to the media regarding other issues. In their reliance on the government's action to modify the discourse it had shaped up until Koop's first major intervention, the media had found a place between the government and the public to present and debate the various social and political significances of AIDS while still taking full advantage of the government's willingness to share in the collection and distribution of their knowledge – and, by default, the power that came with it. This would come at the price of using Koop's strictly "medical" interpretation of every aspect of the epidemic to justify epidemic intrusions in the lives of the public, whether that be through the imposition of sex education or the demand that condom ads discussing AIDS should run on daytime television.

Questions of the old rhetorical binaries and divides still lingered underneath the surface of Koop's fresh-faced approach to the needs created by the epidemic.<sup>183</sup> Though Koop himself picture a unified American fight against the threat of AIDS in a front comprised of "humanity

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<sup>183</sup> Koop, *Report*, 4.

and intimacy” that lacked the moral bias it had in previous years, even he would occasionally acknowledge their presences in the minds of the media and public; the quotation of his which opens this chapter, taken from a press interview done nearly five months after the report was published, touches on each of these divisions in turn, saying that regardless of their existence, he would work above all of them – and yet still implying that there existed a “moral” and “immoral” side to the epidemic and its transmission. Ultimately, the journalistic shift in discourse upon the publication of the AIDS report, as well as an increasingly organized and willing government communication with the media, would change the way epidemic knowledge reached the public. The exclusivity of this mediation of AIDS knowledge through the mainstream press would ultimately end when, in May of 1988, Koop would mail a condensed version of his report directly to each American household in an attempt to educate even those who did not follow – or did not have access to – mainstream print news. The introduction of the widely-hailed “frank” language of Koop and his report would excite and galvanize the reporters who had spent the early years of AIDS examining it as a grotesque phenomenon which affected the “other” half of the binary between normative and non-normative people, and who had been thrown into a fit of doubt and self-doubt after the death of Rock Hudson, whose hyper-masculine image disrupted these binaries. Moving forward, the mainstream media would continue to utilize discursive cues from more and more government institutions and spokespeople as AIDS issues eventually affected every branch of government, intertwining them more closely in the state’s epidemic exertion of biopower as time went on. Though the media’s rhetoric would become more accurate and more streamlined during this time, reporters would ultimately have to look to old practices and habits to help them continue to describe the proliferation of social and political issues that continued to spring up yet whose descriptions could not benefit from a forceful and

objectified epidemic vocabulary. Though constantly shifting AIDS demographics would continue to challenge reporters in the years to come – AIDS was already on the rise in Hispanic and black communities across America, two more groups of people whose minority status already carried with them stigmas of their own – the foundation of institutional agreement about the transmission, risks, and projected future of AIDS in the United States would remain crucial to the journalistic presentation of the intersections between the impartiality of the virus and the prejudices of the people that did and did not carry it.<sup>184</sup> As Koop's messages were folded into the collective media-generated AIDS discourse that had slowly and painfully formed over the last near-decade, its strengths and faults became tempered by experience, acting as a reminder to reporters and their readers that though they come a long way since the early days of mass confusion, panic, exclusion, and discrimination, they still had a long road ahead of them.

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<sup>184</sup> Kai Ito, "Minorities' AIDS Help Insufficient, Officials Say: Cultural Gap, Funding Cited," *Los Angeles Times*, September 1, 1986.; Christine Russell, "Blacks and Hispanics Suffer High AIDS Rate; Drug Abuse Called Likely Reason," *Washington Post*, October 24, 1986.

## Conclusion

### *The Discourse and Dilemmas of AIDS Reporting:*

#### *Then and Now*

One of the most poignant recurring statements found in early AIDS reporting was the optimism that the power of medicine would eventually triumph over the virus in the form of a cure or vaccine; many doctors in the early and middle years of the decade were confidently predicting that “a vaccine against AIDS will be developed by 1990.”<sup>185</sup> At the time, AZT, a drug which is used to prolong the period of time between a person’s infection with HIV and the onset of AIDS, was being tested on its earliest patients, and is still one of the most-prescribed drugs for AIDS treatment in the world today – though its use in virus-suppressing drug cocktails as a long-term “fix” is as close as scientists have come to reaching this goal. Though the apocalyptic early fears of those who imagined AIDS as an incurable plague that would decimate the world would prove to be gross exaggerations, their predictions that AIDS would continue to stump the scientific community well into the future would not be as far from the truth.

Nowadays, every virologist wants to be the person who discovers the long-sought “magic bullet” cure for AIDS, and every reporter wants to be the one to break the story surrounding it when – or rather, if – it happens. AIDS reporting is no longer a shunned or underutilized field, but rather a sought-after opportunity for journalists to contextualize the disease in light of its spread and prevention in the modern world. Every major print newspaper has one or more reporters specializing in medicine and scientific discoveries, and the examination of scientific facts and figures, as well as communication with researchers themselves, is made easier than

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<sup>185</sup> UPI, “Mass Use of AIDS Vaccine in U.S. Seen: Inoculation of Entire Population Likely, Scientist Predicts,” *Los Angeles Times*, April 15, 1985. sec. A, p. 2.

ever thanks to the advent of the Internet. But the ability to fact-check themselves and others isn't the only power the Internet has given the reporters of the 21<sup>st</sup> century; instant access to knowledge and interaction between correspondents means not only that more ground can be covered more accurately, but that Internet access itself has fundamentally changed the way reporting itself is conducted and articles are published – making, in many ways, the print journalism model itself a thing of the past. Had the 1980s staff of the *New York Times* been granted a peek ahead at what journalistic innovations were in store for them in the next few decades, they probably wouldn't have believed it.

Though AIDS reporting nowadays is conducted in a journalistic atmosphere that is radically different from that of its 1980s counterpart, the legacy of the decade's formation of journalistic AIDS discourse is still present in modern writing – albeit greatly aided by the innovations of the future. Upon the March 2013 claim that a child had been “cured of HIV,” the *New York Times* ran an article evaluating both the facts of the claim and the validity of the claim itself.<sup>186</sup> Entitled “The Intriguing Case of a Baby Cured of HIV,” it strives and achieves a medicalization of the discovery in question while clarifying its medical rhetoric for readers; thus, the “cure” being discussed is revealed by the authors to actually represent only a “functional cure,” in which low levels of the virus are actually still present in the child's blood (this “cure” designation will also only hold true if the virus does not replicate and progress in the child's bloodstream over the next few years).<sup>187</sup> The presentation of these facts, much like in the mid-decade era of reporting, is coupled with a self-conscious tempering of possible informational mistakes which may spring from this news; the authors openly state – even before the

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<sup>186</sup> Editorial, “The Intriguing Case of a Baby Cured of HIV,” *New York Times*, March 4, 2013, sec. A, p. 24, <http://www.nytimes.com/2013/03/05/opinion/the-intriguing-case-of-a-baby-cured-of-hiv.html>.

<sup>187</sup> Ibid.

possibilities posed by a successful treatment are discussed – that “there are reasons to treat this apparent breakthrough cautiously,” since not only “must [researchers] still demonstrate conclusively that the baby had truly been infected and was not simply prevented from absorbing its mother’s infection,” but “they must also show that this is not an exceptional, nonreplicable case with an atypical baby, [and] that the same treatment would work on other newborns.”<sup>188</sup> Not only does it reflect the post-AIDS Report medical objectification of the disease regardless of the mother and child’s circumstances – the mother disappeared with her child in the middle of an AIDS drug trial, then reappeared months later – but it also incorporates the post-Hudson fixation on self-consciously presenting consensus information, as well as the possibility and presence of AIDS misinformation. As for the government’s current role in AIDS prevention, “AIDS.gov” is only one of countless government-sponsored online resources offered to those looking for direct answers regarding AIDS, while government initiatives regarding AIDS research and prevention are as well-funded and well-organized as ever before.

The early years of AIDS reporting may be considered an idiosyncratic relic of the past in the world of modern-day reporting, but only in the sense that it was both a precedent to modern disease coverage as well as a case study in its own right. Examining it retrospectively, it is inadequate to make claims about the overall field by simply picking out the most extreme, opinionated, and misinformed reporting stories and using them to characterize the entire swath of coverage which was published during this time – in fact, such a disciplinary tendency within the academic study of AIDS reporting mirrors the very tendency of newspapers in the earlier parts of the decade to similarly choose to run sensationalist stories for the sheer interest they generated, regardless of their accuracy. The reality of AIDS coverage, like most things, is more

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<sup>188</sup> Ibid.

complicated, and requires a closer look at the heart – and litmus test – for reporting at the time: the range of AIDS discourse which evolved over the years between 1981 and 1988. By examining what it was that the average media consumer read and digested on a consistent basis from the mainstream press regarding the disease, it is easier to understand how people's perceptions and misconceptions about AIDS were fostered and changed during this time. Though many people saw the presence of Rock Hudson as an AIDS victim as the single biggest transformative development in the media-mediation of AIDS during this time, even more integral to the formation of the disease's discourse was what was conspicuously missing throughout the early years – the power-knowledge cues present in state biopower. These cues, which had been available in previous and largely more manageable disease outbreaks such as Toxic Shock Syndrome and Legionnaire's disease, had involuntarily receded as the government itself faced an inward struggle to coordinate its institutions within an epidemic mindset unlike anything it had ever before faced. Confronted with the disorganization and seeming apathy of government organizations, AIDS journalism would be free to build a disease discourse of its own which would be revised upon the eventual publishing of the state's first act of an epidemic assertion of knowledge: the publishing of the Surgeon General's AIDS Report.

Though print journalism retrospectively gives itself little credit for shaping the epidemic discourse by which it was so heavily strained and challenged, the self-generated evolution of its own rhetoric during this time is undeniable upon examining the years between the first reported AIDS cases and the government's first definitive presentation of epidemic knowledge nearly seven years later. Influenced as much by what it generated on its own as by what it adopted from the government's report and unofficial AIDS spokesperson, C. Everett Koop, journalistic disease rhetoric during the 1980s formed under circumstances which are both unique and unsettling for

journalists and writers learning in this day and age. As a case study, the media's handling of AIDS coverage during these early years provides valuable insight into why and how discourses are formed and evolve, especially amidst tension stemming from social, political, and even life-threatening surrounding circumstances – yet despite the fact that medical care and institutional health services are many decades and billions of dollars ahead of what was available to people in the 1980s, there's no guarantee that the U.S. won't again be rocked by a widespread disease that will seem out of its control. Even now, somewhere in the world, the next great epidemic could be brewing, waiting to strike – and by learning from the past, the journalists of the future will be ready for it.

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