

Pandemics, politics, and public health

**A brief history of the U.S. response to HIV/AIDS and
some comparisons with COVID-19**

Ronald P. Hattis, MD, MPH
Beyond AIDS Foundation
www.beyondaids.org

Based on a presentation to Friends of the Aptos Library,
Our Community Reads Program
Santa Cruz Co., CA Public Libraries
March 4, 2021

Two pandemics compared

| | COVID-19 | HIV/AIDS |
|--|--------------------|-------------------------|
| Symptoms and global progression | Rapid (days) | Slow (years) |
| Methods of transmission | Respiratory | Sexual fluids and blood |
| Vaccines available? | Yes (after 1 year) | No (after 40 years) |
| Suppressive treatments? | No (after 1 year) | Yes (after 15 years) |
| Political challenges | Yes | Yes |
| Resistance to prevention measures by persons at risk | Yes | Yes |

1970s: Opposing movements growing behind the scenes

GAY LIBERATION MOVEMENT

1969: Stonewall riots, New York City

1970: First gay pride parade, New York City on anniversary of Stonewall

1973: Homosexuality removed from DSM list of mental illnesses

Rest of decade: LGBT communities grow and gay liberation flourishes in NYC, SF, Chicago, and other cities

Concomitant spread of HIV, not recognized until 1980s

NEW RIGHT MOVEMENT

Renewed conservative movement energy as liberals lose appeal

Fundamentalist Christians become politically involved

1979: Moral Majority founded

Reagan campaign at end of decade; elected President 1980

1980s: AIDS discovery and early government responses

1981: First AIDS cases reported

1985: HIV test approved; initially, only 5% of persons with positive tests had AIDS (later, after 10-15 yrs., almost all ill)

CDC erroneously assumed rest would not become ill

Gay activists demanded secrecy, **written consent for testing** and **no reporting of positive tests** to avoid possible discrimination

1985: Reagan's first mention of AIDS; description of homosexual practices, discussion of condoms opposed (for support of "base"?)

Educational materials required clearance

CDC recommendations required approval by an AIDS czar

1988: Surgeon Genl. C. Everett Koop nevertheless mailed information, incl. condom promotion, to every American address (a measure never equaled before or since)

Early responses to AIDS by gay activists

1987: ACT UP founded, inspired by Larry Kramer, New York City Chapters develop in cities with large gay populations, including San Francisco, Philadelphia, Chicago, etc.

Actions in each city semi-independent

Demonstrations often rude, disruptive, to seek attention

1990: GHW Bush's HHS Secretary Sullivan drowned out at International AIDS Conference, San Francisco

1997: 6 speeches by President Bill Clinton interrupted

Activists pressed NIH for more rapid development of AIDS drugs

L. Kramer, A. Fauci eventually developed mutual respect

Absent from activists' agenda: support for public health measures

Kramer's call for condom use won little support

Beyond AIDS/Foundation formed, supports public health (PH)

1996: Treatment (highly effective 3-drug combinations) approved

Also proposed (by me) to stop transmission

15 yrs. later, this was proven effective for prevention, became a mainstay of PH strategy

1997: Rep. Tom Coburn (conservative physician) held hearing on bill for national HIV reporting; isolated PH advocates met, bonded

1998: Beyond AIDS founded in California; 2 yrs. later, BA foundation incorporated, 501(c)3 charity, now the successor

Organization took a leading role (esp. in California and NY) in multi-year successful effort for HIV reporting by name in every state

Aim is for outreach to follow, to trace contacts and to link patients to start immediate treatment; still not universally done

Comments on politics and PH

Public Health: a blend of science (epidemiology) and politics

Always political, because supported by public funds

Subject to lobbying by special interests from both right and left

Influenced by ideology of administration in power

COVID-19 was not first time that an administration distorted a purely scientific approach

Diametrically opposed political forces; in case of HIV/AIDS, both impeded best PH approaches; for COVID, one side did

Tendency is for funding to increase when epidemic/pandemic threats, then to be cut after success

Best results come from coordinated national and international strategies

Success also depends on political attitudes of public regarding support for

Publicly funded public health programs

Mass individual compliance with recommendations for prevention (insufficient for both COVID-19 and HIV/AIDS)