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Introduction

This thesis will examine AIDS in historical context by looking at the ways in which discussion and knowledge of the disease has shifted from one focused on homosexuals, to one focused on Africa. I will examine this question by analyzing this shift through the use of two major newspapers published in the United States: *The New York Times* and *The San Francisco Chronicle*. Before delving into a discussion of the sources, I will outline below what AIDS is and how it has risen in public consciousness over the past 25 years.

AIDS — acquired immune deficiency syndrome — first appeared in a man in Kinshasa, Democratic Republic of the Congo in 1959. The disease was not called “AIDS” at that time, nor could it be predicted that this man’s infection would soon become one of the deadliest diseases on earth. No one knew how the man acquired the disease, and it remained a mystery even when similar cases sprouted up in cities like Los Angeles and New York starting in 1979. It was clear during the early years of the disease that homosexual men were at high risk of contracting AIDS, yet the symptoms they developed made no sense. These young, seemingly healthy men were coming down with Kaposi’s sarcoma, a disease that usually struck elderly Jewish and Italian men, and Pneumocystis Carinii pneumonia, which rarely affected people with healthy immune systems.¹

¹ "Where did HIV come from?" *The Centers for Disease Control and Prevention*. 2009. 3 Mar. 2009 <<http://www.cdc.gov/hiv/resources/qa/qa3.htm>>.

AIDS was given its now infamous name in 1982, when formal tracking of the disease began. In 1983, medical professionals realized that human immunodeficiency virus (HIV) caused AIDS, and in 1999, researchers discovered that a subspecies of chimpanzees native to west equatorial Africa were the origin of the virus. Humans contracted it while hunting these animals and coming in contact with their infected blood.²

Although researchers have determined where AIDS originated and how it is contracted, they have failed to stop its rapid and deadly spread. Since HIV and AIDS were discovered, 25 million people have died from the disease worldwide. It has killed 500,000 Americans and is the world's deadliest infectious disease.³ It ranks number four in causes of death worldwide and has orphaned 15 million children across the globe.⁴ Forty million people worldwide are currently living with HIV or AIDS, yet one quarter of all those infected is unaware they're carrying the disease.⁵

Medical professionals, researchers and scientists have collected significant amounts of information on AIDS since the disease's emergence on the medical scene more than 25 years ago. Moreover, the mass media has disseminated this information to the American public, most notably through the nation's newspapers. However, much of this information is not always

² "Where did HIV come from?" *The Centers for Disease Control and Prevention*. 2009. 3 Mar. 2009 <<http://www.cdc.gov/hiv/resources/qa/qa3.htm>>.

³ "Basic Facts about HIV/AIDS." *The Foundation for AIDS Research*. 2009. 3 Mar. 2009 <<http://www.amfar.org/about/hiv/article.aspx?id=3352>>.

⁴ Ibid.

⁵ Ibid.

objective; rather the media has generated and perpetuated certain prejudiced and often misinformed ideas during the 25-year history of AIDS. More specifically, when newspapers' transmission of this information is examined through a historical lens, it is evident that newspapers have associated AIDS with either homosexuals or Africans and have not emphasized the risk the disease poses to the entire human race.

* * *

Sources: The New York Times and The San Francisco Chronicle

This senior honors thesis will examine articles that were published in *The New York Times*, as well as *The San Francisco Chronicle*. An examination of articles from both papers will span the years from 1980 to 2000. These two cities served as the epicenters of the AIDS outbreak when the disease was first discovered. Randy Shilts, author of *And The Band Played On: Politics, People and the AIDS Epidemic*, wrote that as of June 20, 1983, there were 1,641 Americans with AIDS. Of those stricken with the disease, 644 had died. Forty-five percent of the cases were in New York City, and ten percent of the cases had been reported in San Francisco.⁶ Because these cities played such a prominent role in the early years of the AIDS epidemic in America, their respective newspapers will serve as the two main primary sources in this thesis. By studying articles from these newspapers, specifically those stories that illustrate the assumed link between AIDS and homosexuals

⁶ Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin's Press: New York, 1987. Xxii-xxiii.

and AIDS and Africa, this thesis will explain the transition of blame for AIDS — from homosexuals to Africans — that occurred from 1980 to 2000.

Moreover, I have also chosen these cities and their respective, prominent newspapers because both of these locations have populations that are more densely progressive than other places in the country due to their urban environment. This is important to my thesis because such liberalism would suggest that the populations of these cities and their media would look more favorably and openly towards difference, whether in terms of sexual orientation or race. However, an examination of these newspapers will demonstrate that such was not the case. In fact, both the *Times* and the *Chronicle* published, over the period of 25 years, articles that consistently demonized, stereotyped and or blamed homosexual men as responsible for the disease. Furthermore, they promoted the generalization of Africa that cast the entire continent as uncivilized, barbaric, politically unstable and sexually deviant. Such a generalization that failed to consider Africa as a diverse collection of multiple nations, traditions and histories has continued to misinform the American public's understanding of the non-Western world.

An examination of articles about AIDS from the nation's leading newspaper, *The New York Times*, from 1980 to 2000 shows that the paper was informing its readers that AIDS and homosexuality were directly related. This early coupling of AIDS and homosexuality, while it helped generate stereotypes that were particularly critical of the homosexual population and its activities, was also based on the real circumstance that the first American

victims of the disease were homosexual. In 1983, the first year the *Times* wrote more than one story on AIDS, the paper printed 77 articles that included the word “AIDS” and the word “homosexual” (see Figure 1). This total reached its peak in 1987, when 314 articles that included the two words were written. In 1990, this total was down to 109, and at the turn of the century in 2000, only 29 articles that mentioned these two words were published.⁷

The *Times*' link between AIDS and homosexuals seems to weaken as knowledge of the disease shifted in the late 1980s and 1990s, but a new pattern of associating AIDS with Africans began. Mention of both AIDS and homosexuality in the *Times*' articles was diminishing, but inclusion of the word “AIDS” and the word “Africa” in articles about AIDS was on the rise. In 1983, only nine *Times* articles included “AIDS” and “Africa.” In 1987, when articles about the connection between AIDS and homosexuality were at a climax, 175 articles in *The New York Times* mentioned AIDS and Africa. As the link between AIDS and homosexuals tapered off in 2000, the article total for AIDS and Africa was at an all-time high of 270.⁸ What caused the transition of the *Times*' focus? Why was AIDS so closely associated with homosexuality in the mid- and late 1980s and then suddenly so related to Africa and people of African descent in the mid and late 1990s? What caused this shift? Did another newspaper, *The San Francisco Chronicle*, follow this trend?

⁷ *The New York Times*. Online Archive. www.nytimes.com.

⁸ Ibid.

To answer these questions, I will first examine how traces of AIDS appeared in the United States as early as 1979. Newspapers started reporting on a mysterious cancer in gay men — which was later named AIDS — in 1980 and 1981 as the archives of *The New York Times* and *The San Francisco Chronicle* show. From 1980 to 2000, AIDS went from being a medical mystery, to a trackable virus, to one of the world’s deadliest infectious diseases.⁹ A study of articles about AIDS must encompass the full evolution of the knowledge of this disease.

Randy Shilts’ analysis shows that it was not until 1985 that the mass media finally realized the severity of the disease. It argues that government institutions, along with the media, shied away from addressing the growing AIDS epidemic because of the disease’s apparent relation to homosexuals and their sexual practices: “People died and nobody paid attention because the mass media did not like covering stories about homosexuals and was especially skittish about stories that involved gay sexuality.”¹⁰ Despite Shilts’ assessment of the media’s reaction to the emergence of AIDS, *The New York Times* did report on the first signs of the epidemic, but it did so by focusing mainly on the disease’s link to homosexuals.

An article printed in *The New York Times* on July 5, 1981 is one of the very first articles that informed the public of a rare type of cancer that was

⁹ “Where did HIV come from?” *The Centers for Disease Control and Prevention*. 2009. 3 Mar. 2009 <<http://www.cdc.gov/hiv/resources/qa/qa3.htm>>.

¹⁰ Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin’s Press: New York, 1987. Xxii-xxiii.

plaguing homosexuals. The article, titled “Ideas & Trends in Summary; Rare Cancer in Homosexuals,” tells readers that doctors in New York and California had reported 41 cases of the Kaposi’s sarcoma in homosexual men. The article goes on to explain the rarity of Kaposi’s sarcoma and concludes by stating that the cause of the disease is not known.¹¹

The article contains only 202 words. In the first sentence, the article states that this rare outbreak has “brought fear to homosexual men.” Yet the article gives no evidence of this apparent fact. No homosexuals are quoted, and the doctors referenced in the article do not mention homosexuals’ new fear of the disease. A sentence in the second to last paragraph explains the characteristics of the men who have contracted the cancer: “All were homosexuals; most had had multiple and frequent sexual encounters with different partners. A number reported using drugs such as LSD and amyl nitrate to heighten sexual pleasure.” By including this information in an article with only four paragraphs, the authors of this brief have given these facts importance. The listing of these characteristics appears to be a series of criteria for contracting the disease. When the authors of the article, Eva Hoffman and Margot Slade, wrote that “homosexual men” were scared of this new disease, they made no specifications.¹² They did not write that only men in New York or California were worried about this disease, nor did they write that gay men with promiscuous sex lives were the ones frightened. By making

¹¹ Hoffman, Eva and Margot Slade. “Ideas & Trends in Summary; Rare Cancer in Homosexuals.” *The New York Times*. 5 July 1981.

¹² Ibid.

no specifications, it could be interpreted that *all* homosexual men were concerned about this new cancer. Such a generalization had the effect of lumping all homosexuals together as a defiant and diseased population. Therefore, the audience of this article could assume that if 41 homosexual men have this disease and all gay men are now worried about this disease, all homosexual men across America must carry the same traits as the 41 infected men: they too must all have random and frequent sex, they too must all use drugs to enhance their sexual experiences. General statements made by authors like Hoffman and Slade contributed to the assumption that the disease — which would ultimately be named AIDS — was linked to the lifestyles of *all* homosexual men in America.

Another *Times* article titled “New Homosexual Disorder Worries Health Officials,” printed on May 11, 1982, a little less than a year after Hoffman’s and Slades’, stated in its first paragraph that the mysterious disease was affecting “primarily male homosexuals.” Yet of the 335 nationwide cases of gay-related immunodeficiency, or G.R.I.D, documented at that time, the article’s author Lawrence Altman wrote that 13 of the cases have been found in heterosexual women and “some” cases were found in heterosexual men, most of who had a history of intravenous drug use. Altman also quoted Dr. Bruce A. Chabner of the National Cancer Institute who claimed that the disorder was “of concern to all Americans.”¹³

¹³ Altman, Lawrence. “New Homosexual Disorder Worries Health Officials.” *The New York Times*. 11 May 1982.

Despite this admission by Chabner and mention of heterosexual G.R.I.D. victims, Altman referred only to the homosexual aspect of the disease for the remainder of the article. He gave no explanation of why heterosexuals have contracted the disease, yet he stated that the median number of sexual partners for a homosexual afflicted by the disorder was 1,160, while that of a non-afflicted homosexual male was 524. The mention of such high statistics of sexual activity among the gay population immediately called attention to the sexual promiscuity of these afflicted homosexuals. It also prompted the article to emphasize homosexuals' association with AIDS while obscuring heterosexual Americans' susceptibility to the "disorder."¹⁴

Altman started the last part of his article by writing, "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."¹⁵ Altman did not attribute this question to any medical professional, he mentioned no source for this question and by doing so he asserted his own — and his employer's — opinion into the story. Altman asked why the outbreak of this disorder appeared in the 1980s and not earlier, since homosexuality has been in existence for centuries. By questioning the fact that AIDS and homosexuality did not appear at the same time, Altman suggested that AIDS and homosexuality are correlated. This sort of assertion of blame early in the

¹⁴ Altman, Lawrence. "New Homosexual Disorder Worries Health Officials." *The New York Times*. 11 May 1982.

¹⁵ Ibid.

disease's existence set the foundation for the construction of stereotypes involving AIDS and homosexuals in years to come.

Nearly three months after Altman's article appeared in *The Times*, Robin Herman wrote an article titled "A Disease's Spread Provokes Anxiety." This article focused on the homosexual community's reaction to the AIDS epidemic. A few paragraphs into the story, Herman quoted New York City's Health Commissioner Dr. David J. Sencer who said that "groups other than homosexual men were involved" in the AIDS epidemic.¹⁶ Another article "Homosexuals Confronting a Time of Change," by Michael Norman that was printed in *The Times* on June 16, 1983 informed readers that 71 percent of all AIDS cases were found in homosexuals.¹⁷ An article published in *The Times* the next day on June 17 also mentioned this statistic.¹⁸ Yet these articles and ones that followed never stated specifics about the other 30 percent of AIDS victims. The most that was said about this segment of infected people was that many of them were intravenous drug users, hemophiliacs or Haitians, signifying that even those infected who were not homosexual were still "others," who existed outside the boundaries of normalcy defined as heterosexual, white, "moral" citizens. Not more than a paragraph was dedicated to this group of AIDS patients. Instead, the majority of articles

¹⁶ Herman, Robin. "A Disease's Spread Provokes Anxiety." *The New York Times*. 8 August 1982.

¹⁷ Norman, Michael. "Homosexuals Confronting a Time of Change." *The New York Times*. 16 June 1983.

¹⁸ Clendinen, Dudley. "AIDS Spreads Pain and Fear Among Ill and Healthy Alike." *The New York Times*. 17 June 1983.

focused on homosexuals' risk of contracting AIDS. The June 17 article stated that 70 percent of AIDS victims were gay, yet a few lines down it stated, without attribution: "Because AIDS seems to be spread through male sexual contact...the panic felt among homosexual men has far outdistanced the number of cases diagnosed." The notion that AIDS was contracted through "male sexual contact" contradicted the article's earlier statement that AIDS had also been seen in drug users and people who received frequent blood transfusions.¹⁹ Articles' overwhelming emphasis on homosexuals' association with AIDS — even in the face of medical facts that proved 30 percent of those with AIDS were not gay — encouraged readers to associate homosexuality with AIDS, no matter the circumstance.

* * *

Moving from the connection of homosexuals and AIDS, Africa was first mentioned in relation to the disease when *The New York Times* began to consider the international scope of the disease. In 1983, cases of AIDS had been reported in 16 countries other than the United States.²⁰ Africa was introduced into this mix because of the high rate of Kaposi's sarcoma on the continent. The "Kaposi's Sarcoma belt" runs from Zaire to Kenya as reported by *The Times'* Lawrence Altman on May 24, 1983. In this area of Africa, nine

¹⁹ Clendinen, Dudley. "AIDS Spreads Pain and Fear Among Ill and Healthy Alike." *The New York Times*. 17 June 1983.

²⁰ Altman, Lawrence. "Concern Over AIDS Grows Internationally." *The New York Times*. 24 May 1983.

percent of all cancer is Kaposi's sarcoma.²¹ This was of note because Kaposi's sarcoma was extremely rare in the U.S. until the emergence of AIDS.

When Africa was mentioned in articles published in the months after Altman's, just a few lines were dedicated to the continent's role in the AIDS epidemic. In an article, "A Defense Against No Self-Defense," Harold Schmeck Jr. wrote that, "AIDS was first thought to be limited to promiscuous homosexual men and to addicts who took drugs by injection. Recently, however, cases have been found among heterosexuals who are not drug-users, including people from Haiti and parts of Africa." Schmeck gave no explanation as to why this was occurring.²² On November 29, 1983, another Altman article reported that "in Africa the disease may be striking heterosexual men and women." Later on in the article, Altman wrote that AIDS could be transmitted heterosexually in Africa because of unsanitary use of needles and syringes.²³ A year later, on November 30, 1984, Bayard Webster wrote, "In several African countries, however, heterosexual transmission seemed to be the predominant mode of spreading AIDS."²⁴ Aside from Altman, none of these reporters gave a reason or hypothesis as to why AIDS was spread heterosexually in Africa. Because so few of the *Times'*

²¹ Altman, Lawrence. "Concern Over AIDS Grows Internationally." *The New York Times*. 24 May 1983.

²² Schmeck Jr., Harold. "A Defense Against No Self-Defense." *The New York Times*. 24 July 1983.

²³ Altman, Lawrence. "AIDS Now Seen as a Worldwide Health Problem." *The New York Times*. 29 November 1983.

²⁴ Webster, Bayard. "Increase in AIDS Cases Reported." *The New York Times*. 30 November 1984.

reporters gave no explanation as to why AIDS was contracted heterosexually in Africa, readers could assume that AIDS — because it was spread through what American society believed to be “normal,” “moral” sexual behavior — was normal in Africa. As a result, Africa came to stand as the signifier of “otheredness” in relation to AIDS, the same way homosexuality had been in the United States.

* * *

Despite the progress made in AIDS research, 40 million people still live with AIDS or HIV today. Meanwhile, people still subscribe to stereotypes that AIDS is only a disease that affects publicized “risk groups.” Contrary to such stereotypes, AIDS does not only affect homosexuals and Africans, it is a disease that can be contracted by anyone, on any continent. It is important to reveal and analyze how blame for AIDS shifted from homosexuals to Africans from 1980 to 2000 in order to raise awareness that these notions of blame and susceptibility are more socially and culturally constructed than they are medically proven.

* * *

Historiography and Theory: Sontag to Foucault

My research of AIDS in its historical context is founded on several theoretical works on the history of medicine provided by historians from the past 40 years. Most notably, I will be relying on Susan Sontag’s *Illness as Metaphor and AIDS and Its Metaphors*, Michel Foucault’s *Birth of the Clinic: An Archeology of Medical Perception*, and Charles Rosenberg’s *Explaining*

Epidemics and Other Studies in the History of Medicine. These works provide the theoretical apparatus required to examine AIDS in a cultural and social context.

In 1977, Susan Sontag, a cancer survivor, published *Illness as a Metaphor*. In this book she discussed the role of cancer's socially and culturally constructed meaning, which she argued has been developed through the prevalence of metaphors surrounding the disease. Members of society — Sontag argued — have agreed upon metaphors for cancer because — “in an era in which medicine's central premise is that all diseases can be cured” — cancer is still not clearly understood, let alone entirely curable.²⁵ By creating metaphors for this mysterious disease, doctors and society alike have made cancer more understandable: if language besides that of the medical profession is used to describe the progression and effects of cancer, its puzzling characteristics are more easily understood.

The metaphors surrounding cancer have been propelled by widespread belief in Christianity. Sontag argued that the Christian faith “imposed more moralized notions of disease.” Historically, Christians have believed God punishes deviant behavior by taking away their health or inflicting them with a deadly disease.²⁶ This theory, which connects deviant behavior to death and disease, has been supported by statements like that of Karl Menniger, who

²⁵ Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. Picador: New York, 1989. 5.

²⁶ Ibid.

Sontag quoted as saying, “Illness is in part what the world has done to a victim, but in a larger part it is what the victim has done with his world, and with himself.”²⁷

This punitive perspective of disease, Sontag wrote, has been around for centuries, yet it is prominent in discussions about cancer and has been expanded to use military terminology to describe cancer’s progression through the body.²⁸ Cancer is a disease that often strikes areas of the body — such as the colon, rectum, breast, cervix, prostate and testicles — that cause the afflicted to feel especially vulnerable and embarrassed. If nothing else, cancer reveals the body’s weaknesses.²⁹ As a result, a military vocabulary has been utilized in doctors’ offices and in the media to explain the assault cancer makes on innocent people. Patients sick with cancer are known as “cancer victims,” and they have been “attacked” by cancer and must “battle” the “killer” disease. While this vocabulary and larger military metaphor seem to identify cancer as the culprit, it also requires that “victims” take responsibility for the actions that disclosed their vulnerabilities — actions such as the repression of feelings or drinking and smoking.³⁰ Sontag claimed that such metaphors change the way cancer and its patients are viewed by society:

²⁷ Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. Picador: New York, 1989. 47.

²⁸ *Ibid.* 57.

²⁹ *Ibid.* 17-18.

³⁰ *Ibid.* 21.

“Conventions of treating cancer as no mere disease but a demonic enemy make cancer not just a lethal disease but a shameful one.”³¹

A decade after writing, *Illness and Its Metaphor*, Sontag added to the book a section titled, *AIDS and Its Metaphor*. In this section, Sontag examined the AIDS epidemic the same way she examined cancer. She studied AIDS’s physical and biological ramifications and analyzed the meaning society has given to AIDS and those who have contracted the deadly disease. AIDS possesses many of the same characteristics of cancer: it is highly fatal, somewhat mysterious and not yet curable. In effect, AIDS has been given some of the very same metaphors as cancer.³² Like cancer, AIDS is defined as an invasion. Since AIDS emerged into a much more politically paranoid world in the early 1980s, as Sontag demonstrated, the words used to describe AIDS are even more military-based and more of the “science fiction flavor” than those used to discuss cancer. AIDS is described in the media as an infection that invades the body, conquering it and creating it into its own enemy that ultimately kills itself.³³

While AIDS follows the military metaphor of cancer, AIDS patients are blamed more directly for their fate than are cancer patients. The shame brought upon people with AIDS is more external and evident to society because, as Sontag wrote, “most people outside of sub-Saharan Africa who

³¹ Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. Picador: New York, 1989. 57.

³² Ibid. 104.

³³ Ibid. 106.

have AIDS know how they got it.” For the most part, AIDS does not strike at random.³⁴ Most people who have contracted AIDS are part of the disease’s risk groups — a membership that is often isolated and vulnerable to the judgment and persecution of “normal” society. While the behavior of people who contract cancer and their susceptibility to the disease is loosely linked, the cause and effect relationship between AIDS patients’ behavior and their vulnerability to the virus is nearly certain. Sontag showed that while the behavior of people with AIDS could be seen as weakness, society has come to consider it “indulgence, delinquency — addictions to chemicals that are illegal and to sex regarded as deviant.”³⁵ Since AIDS is often contracted through sex or drug use — two acts that are usually done with the participant’s consent — those with AIDS are thought by society to have welcomed their disease; AIDS is a “calamity one brings on oneself.” Sontag argued that AIDS is seen as a disease not only of sexual indulgence and excess, but one also of perversity.³⁶ Therefore, all AIDS patients, no matter the means of contraction, are seen as a deviant and obscene population, and the universal susceptibility of AIDS is hidden from society’s consciousness.

Sontag’s study is relevant to this thesis because I would like to demonstrate — through the examination of *New York Times* and *San Francisco Chronicle* articles — how AIDS is more than a biological illness. I

³⁴ Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. Picador: New York, 1989. 113.

³⁵ *Ibid.* 113.

³⁶ *Ibid.* 114.

will evaluate the language these two papers use when discussing AIDS and assess the metaphors used to explain the disease. I will determine whether current metaphors for AIDS portray the disease's patients as participating in deviant behavior and belonging only to non-mainstream segments of the population, as was suggested by the metaphors in Sontag's book.

Beyond Sontag, the other individual who is providing me a methodological background is French philosopher Michel Foucault. Foucault's book *The Birth of the Clinic: An Archaeology of Medical Perception* provides a sweeping history of the birth of the clinic in France after the revolution. Foucault used the idea of the "medical gaze" to critique modernity's medical world. The medical gaze is a dehumanizing method by which the doctor separates the body from the person. Foucault argued that this gaze gave doctors the ability to judge the behavior and ailments of patients objectively. As Foucault wrote, "the medical gaze circulates within an enclosed space in which it is controlled only by itself; in sovereign fashion, it distributes to daily experience the knowledge that it has borrowed from afar and for which it has made itself both the point of concentration and the centre of diffusion." With this, Foucault claimed that, with the institution of a nationalized medical profession and by using their medical gaze, doctors became omnipotent authority figures: their judgments were final; their assessments were truth.³⁷ With this power, doctors replaced priests as the

³⁷ Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Vintage Books: New York, 1973. 30-31.

authority that reads and controls citizens' bodies. The medical gaze and the nationalization of the medical industry caused a medicalization of society by which people are controlled by doctors and accept medical ideas as fact. Foucault argued that rules on how to live were no longer written by God, but were created by "a generalized medical consciousness, diffused in space and time, open and mobile, linked to each individual existence, as well as to the collective life of the nation." Medical knowledge's alleged objectivity did not just apply to doctors; it became part of everyday life.³⁸

By depending blindly on doctors' knowledge, people of a medicalized society were healthier, but they lost control of their bodies. In the same way they had once unquestionably obeyed priests' orders on how to live morally, people began conforming to the lifestyles that doctors deemed healthy and safe. People experienced a physical restoration of health, but the definition of health became attached to the cultural and social rules doctors decided people should abide by. The medical gaze is not just a gaze of doctors, but it became an understanding of disease that was adopted by the media, medical professionals and society at large. The shared values that resulted from this gaze degrade and persecute populations of society that did not follow the behavioral and lifestyle guidelines doctors had established. Foucault's notion of the medical gaze is particularly relevant in analyzing the ways American society and the mass media have, in the past 25 years, generated "objective"

³⁸ Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Vintage Books: New York, 1973. 30-31.

knowledge about AIDS, which is biased against two specific seemingly deviant populations: homosexuals and Africans.

More recently, historian Charles Rosenberg has taken a Foucauldian approach in examining how historians view and analyze medicine and disease. Rosenberg, in his book *Explaining Epidemics and Other Studies in the History of Medicine*, wrote that the examination of the history of medicine was once reserved for only medical practitioners. This sort of self-analysis and medical history, however, led to few criticisms of the medical profession.³⁹ Yet in the 1960s, pre-medical studies became more scientific-oriented, leaving medical professionals and medical students less time for the humanistic study of the history of medicine. This allowed outsiders to become students and critics of the history of medicine. Historians began to examine how doctors approached disease and the cultural values doctors assigned to disease.⁴⁰

Historians' ability to study the history of medicine, which began on a large-scale in the 1960s, disproved the widespread belief that medicine and the work of doctors was benevolent.⁴¹ The harmful nature of medicine, Rosenberg argued, is evident in the ways in which medical professionals have addressed AIDS. For the first few years of AIDS's existence in the United States, the origin of the disease and the ways in which it was contracted remained unknown. The mystery that surrounded AIDS caused a concerned

³⁹ Rosenberg, Charles. *Explaining Epidemics And Other Studies in the History of Medicine*. Cambridge University Press, 1992. P. 1-2.

⁴⁰ Ibid. 4-5.

⁴¹ Ibid. 258.

public to turn to medical professionals for answers, just as Foucault might have predicted. Rosenberg wrote that in order to calm public worry about the disease that seemed to strike at random, doctors isolated risk groups that were most susceptible to the disease. In accordance with the punitive metaphors Sontag discussed in her book, Rosenberg argued that doctors singled out the behaviors of members of these risk groups as the characteristics that made these populations more vulnerable to AIDS. These diagnoses gave these “deviant” behaviors pathological value and led to society’s fear and stigmatization of AIDS patients.⁴² The relationship between AIDS patients’ behavior and their contraction of the disease led to the assumption that AIDS was punishment for the actions and lifestyles of the afflicted.⁴³

Sontag, Foucault and Rosenberg serve as examples of critical analysis of the history of medicine. These works are particularly relevant to my thesis because it is my aim to examine articles from *The New York Times* and *The San Francisco Chronicle* in the same critical manner. Like Sontag, I will study the words used by the journalists from both these papers, paying close attention to the metaphors and symbolic language used when describing AIDS and the people it affects. Foucault argued that because of the medical gaze used by doctors, certain behaviors were considered deviant and medically unhealthy by medical professionals, and subsequently, by society as a whole. Foucault wrote that doctors had the authority to make such judgments, and by

⁴² Rosenberg, Charles. *Explaining Epidemics And Other Studies in the History of Medicine*. Cambridge University Press, 1992. 269.

⁴³ *Ibid.* 275.

doing so, they assigned punitive and exclusionary stereotypes to people who committed these allegedly deviant acts. Using criticism and analysis similar to Foucault's, I will examine journalists' reliance on the opinion of medical professionals and the views of AIDS that appear in print as a result of doctors' assessments of the disease. Lastly, like Rosenberg, I will investigate the way in which doctors attempted to calm society's fear of the infectious disease by blaming contraction of the disease on the lifestyles of members of AIDS's risk groups.

Chapter One

The Epidemiology of AIDS: How “Gay Cancer” Became an Epidemic

Rick Wellikoff checked out of New York University Hospital two days before Christmas. He did not want to be put on ventilators; he would rather die quietly in the comfort of his brownstone on the Upper West Side. The rashes that had sent him to the hospital just a few months before had turned out to be Kaposi’s sarcoma, and in just a few hours, the mysterious cancer would take his life.⁴⁴

There was little known about Kaposi’s sarcoma when Wellikoff was diagnosed in 1979, yet even this sparse information was not helpful since Wellikoff’s disease did not abide by the cancer’s usual characteristics. Kaposi’s sarcoma patients typically died slowly over the course of a few years, as flat purple lesions covered their skin and internal organs. But with Wellikoff, the cancer ravaged his body in a matter of months. His lungs filled up with something doctors could not identify. The unknown substance suffocated the thirty-seven-year-old schoolteacher in the early hours of Christmas Eve, 1980. He was the fourth American to die from symptoms of what would later be called Acquired Immune Deficiency Syndrome.⁴⁵

⁴⁴ Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin’s Press: New York, 1988. 49.

⁴⁵ Ibid.

This chapter will examine the early history of the global epidemic that took Wellikoff's life. The Kaposi's sarcoma cancer that killed the young New Yorker had been traced back to Africa as early as 1914.⁴⁶ But sixty-five years later, it appeared in young homosexual men in the United States. The cancer would soon be identified as a symptom of Acquired Immune Deficiency Syndrome (AIDS).

How did the disease make the cross-continental journey from Africa to the United States? What caused the disease to spread so quickly and over such great distances? Why did it appear in different segments of the population in different parts of the world?

These questions puzzled doctors in the 1980s and early 1990s as AIDS evolved from a rare disease limited to its newly formed risk groups, to one of the world's deadliest infectious diseases. This chapter will answer the above questions, shedding light on how AIDS and its many side effects traveled from Africa, to the United States and to every corner of the world in just a few short years.

Indicators of an Epidemic

The global pandemic that the world now calls AIDS began with a few purple spots and a few more raised eyebrows. It took years for the disease to

⁴⁶ Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin's Press: New York, 1988. 37.

garner the world's attention; at its onset it succeeded only in puzzling a handful of concerned doctors in the early 1980s as young, healthy gay men in New York and California trickled into their medical offices complaining of persistent lesions, diarrhea and fatigue. These doctors surprised even themselves as they diagnosed these seemingly healthy adults with two puzzling diseases: Kaposi's sarcoma and Pneumocystis Carinii pneumonia.⁴⁷

Kaposi's sarcoma develops from the cells that line the blood or lymph vessels. Kaposi's sarcoma's abnormal cells develop the purple or brown skin spots that characterize the disease. While these blotches are odd in appearance, they often are not painful or signifiers of more serious symptoms. In more severe cases, these lesions cause swelling in the legs, groin area or skin around the eyes. These lesions can also migrate to major organs such as the lungs, liver and digestive tract. These internal lesions can cause bleeding and difficulty breathing.⁴⁸

Pneumocystis Carinii pneumonia (PCP) is caused by the fungal organism Pneumocystis Carinii that normally does not infect healthy people.⁴⁹ Because PCP is an opportunistic disease, it typically affects people with depleted immune systems. Before the AIDS outbreak, PCP was considered a

⁴⁷ Shannon, Gary W., and Gerald F. Pyle. "The Origin and Diffusion of AIDS: A View from Medical Geography." *Annals of the Association of American Geographers*. 79.1. (1989): 1.

⁴⁸ "Detailed Guide: Kaposi's Sarcoma." *American Cancer Society*. 2009. 2 Feb. 2009. <http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=21>.

⁴⁹ "Health Guide: Pneumocystis Carinii pneumonia." *The New York Times*. 2007. 3 Dec. 2008 <<http://health.nytimes.com/heath>>.

rare disease that mainly affected people with protein malnutrition or acute lymphocytic leukemia, or patients receiving corticosteroid therapy.

Pneumocystis Carinii can be identified by a persistent cough, shortness of breath and fever.⁵⁰ Most PCP deaths are caused by respiratory failure.⁵¹

Before the 1980s, cases Kaposi's sarcoma were known to appear in Africa and the Mediterranean, not in metropolitan areas of the United States. Doctors who treated AIDS's first patients thought little of these curious diagnoses after the sick men left their offices. They told a few colleagues about the rare cancer and jotted a few notes. This is exactly what Rick Wellikoff's doctor at New York University Hospital did. Dr. Linda Laubenstein was curious about Wellikoff's Kaposi's sarcoma, but she thought little of it. Then she got a call from a colleague at a hospital a few blocks away. A doctor there had run across the same strange symptoms in one of his patients. The sick man in his office was also gay.⁵²

This sort of occurrence marked the beginning of AIDS. As cases of Kaposi's sarcoma and *Pneumocystis Carinii* pneumonia popped up around the country, mainly in metropolitan areas like New York, Los Angeles, San Francisco and Miami, doctors and researchers began talking, and worry took

⁵⁰ Wilkin, Aimee and Judith Feinberg. "Pneumocystis Carinii pneumonia: A clinical review." *American Academy of Family Physicians*. 1999. 22 Feb. 2009. <<http://www.aafp.org/afp/991015ap/1699.html>>.

⁵¹ "Health Guide: Pneumocystis Carinii pneumonia." *The New York Times*. 2007. 3 Dec. 2008 <<http://health.Nytimes.com/heath>>.

⁵² Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin's Press: New York, 1988. 49.

root. Almost all of the patients were gay. They all seemed to be relatively healthy, and they all had very active sex lives. The theory of an infectious disease spreading among the gay populations of metropolitan America was a frightful thought, so doctors spent months testing other hypotheses with no luck. Something had to be done about these diseases. More and more men were not just getting sick; they were dying.

Many of the first cases of the disease have been traced back to “patient zero,” a Canadian flight attendant named Gaetan Dugas who traveled around the world. Dugas told researchers that he had sexual encounters with approximately 250 men each year from 1979 to 1981. The connection between Dugas and some of the other early patients of AIDS illustrates the ease with which AIDS spread around the world given the mobility of the global community.⁵³

The first cases of AIDS (or what would later be called AIDS) appeared in the United States in 1979. By the end of 1982, 1,114 people had been infected with the disease; 599 people had died. As 1983 came to an end, the United States had seen 2,966 cases of AIDS, and the death total for the disease had reached 2,064.⁵⁴ These numbers continued to surge as the decade progressed. In 1989 alone, 26,610 people died from AIDS, bringing the disease’s fatalities to 59,644 (see Figures 2 and 3).⁵⁵

⁵³ Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martins Press: New York, 1989. 83.

⁵⁴ Stine, Gerald J. *AIDS Update 1998*. Prentice Hall: New Jersey, 1998. 308, 311.

⁵⁵ *Ibid.* 311.

The disease had spread to Mexico and Canada by 1981. The disease was established in Brazil, South Africa, Australia and New Zealand by 1982. As of 1985, people in China, Japan and the Philippines had contracted HIV.⁵⁶ By 1989, about 138 countries had reported cases of AIDS.⁵⁷

The Biology Behind the Epidemic

As the decade came to a close, there was no vaccine or medicine known to stifle the effects of AIDS, but more information about the disease's origin and spread became apparent. It was determined that Kaposi's sarcoma and Pneumocystis Carinii pneumonia were opportunistic illnesses that appeared in AIDS patients because of their severely depleted immune systems. Research that began in 1983 in Paris ultimately led to the discovery of a new retrovirus from a lymph node biopsy from a New York man with lymphadenopathy. The virus was responsible for the infectious spread of AIDS. It was named the Human Immunodeficiency Virus (HIV).⁵⁸ There is a variant of this virus called HIV-II, but the "original" virus referred to as HIV-I is believed to be the specific etiologic agent for AIDS.⁵⁹ (In this paper, HIV-I is the primary virus addressed, so it will be identified as simply "HIV").

⁵⁶ Shannon, Gary W. and Gerald F. Pyle. "The Origin and Diffusion of AIDS: A View from Medical Geography." *Annals of the Association of American Geographers*. 79.1. (1989): 1.

⁵⁷ Ibid. 1.

⁵⁸ Ibid. 3.

⁵⁹ Ibid. 4.

When a body is infected with HIV, cells essential to the immune system become factories for HIV and aid in severely compromising the body's overall protective system. The depletion of the immune system increases the body's vulnerability to a vast number of infections and diseases, such as Kaposi's sarcoma and Pneumocystis Carinii pneumonia. Because AIDS is so wide-spread internationally and because opportunistic diseases are geographically diverse, behavioral, social and environmental factors often dictate which illnesses take advantage of a suppressed immune system in any given AIDS patient. As a result, HIV, which remains rather consistent biologically regardless of geography, has been spread from country to country and peoples to peoples in a myriad ways.⁶⁰

There are three primary modes of HIV transmission. First, AIDS can be spread through sexual intercourse, either heterosexually or homosexually. This is the most common way to spread the virus. Second, contact with blood, blood products, donated organs or semen is also a frequent mode of transmission. This contact occurs during blood transfusions or by sharing unsterilized needles. Third, mother to child transmission is possible before or shortly after birth, or through the mother's breast milk.⁶¹ While the ways in which HIV is spread from person to person are — more or less — absolute,

⁶⁰ Shannon, Gary W. and Gerald F. Pyle. "The Origin and Diffusion of AIDS: A View from Medical Geography." *Annals of the Association of American Geographers*. 79.1. (1989): 5.

⁶¹ *Ibid.* 5

the reason why the transmission of the virus persists varies depending on the socio-economic and political situation of those it affects.⁶²

The Biological Origin of an Epidemic

While the methods of transmission of HIV are now known, the ways in which humans initially contracted HIV remain somewhat uncertain. The virus is thought to have originated in Central Africa, in the area that makes up Zaire (now called the Democratic Republic of Congo), Zambia, Uganda, Rwanda and the Central African Republic. It is believed that AIDS and HIV descended from a non-human primate virus called Simian Immunodeficiency Viruses (SIV), which can be traced back to the green monkey of Central Africa.⁶³ The Centers for Disease Control report that humans came in contact with the infected monkey blood around the 1930s when they hunted these monkeys for meat.⁶⁴ Another theory that ritualistic behavior in some parts of Africa put humans in direct contact with infected monkey blood also exists. In their essay “The Origin and Diffusion of AIDS: A View from Medical Geography,” Gary Shannon and Gerald Pyle wrote that in 1973, anthropologist Anicet Kashamura discovered that some African tribes located

⁶² Ibid. 7.

⁶³ Shannon, Gary W. and Gerald F. Pyle. “The Origin and Diffusion of AIDS: A View from Medical Geography.” *Annals of the Association of American Geographers*. 79.1. (1989): 8.

⁶⁴ “Basic Facts about HIV/AIDS.” *The Foundation for AIDS Research*. 2009. 3 Mar. 2009 <<http://www.amfar.org/about/hiv/article.aspx?id=3352>>. and Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 40.

between Zaire and Rwanda were smearing monkey blood on the pubic areas and inner thighs of men and women to serve as a type of aphrodisiac. If this practice occurred as it was documented, Shannon and Pyle surmised, it would have been a very effective way of transferring SIV to humans and allowing it to mutate into HIV.⁶⁵

This second explanation, however, must come with a disclaimer. The theory that AIDS spread by way of indigenous practices in Africa sets in motion a wave of blame that puts Africa at fault for AIDS's existence. It demonizes the rituals that persist in some areas of Africa and lends credence to the Western world's othering of Africa and the people who live there. The American media also disseminated the association between ritualistic practices and the origin of AIDS when AIDS began to spread among Haitians. In the same way African customs and ceremonies were blamed for the start of AIDS, so too were that apparent voodoo rituals the media linked to Haiti.⁶⁶ These explanations permit Westerners to view AIDS only as an exotic, foreign disease, not one that could infiltrate their own societies.

AIDS and HIV are old diseases. Helen Epstein, in her 2007 book *The Invisible Cure*, wrote, "Viruses similar to HIV were always fairly common in a small number of forest-dwelling communities that hunted monkey and apes

⁶⁵ Shannon, Gary W. and Gerald F. Pyle. "The Origin and Diffusion of AIDS: A View from Medical Geography." *Annals of the Association of American Geographers*. 79.1. (1989): 8.

⁶⁶ Farmer, Paul. *AIDS and Accusation: Haiti and the Geography of Blame*. University of California Press: Berkeley, 1992.

for food.”⁶⁷ It was not until the late 1970s and early 1980s that AIDS and HIV began appearing in people outside sub-Saharan Africa because of the relative immobility of African tribes earlier in the century. Upheavals in African society that occurred in the second half of the twentieth century brought about colonization and the construction of railroads, which increased Africans’ ability to move around the continent.⁶⁸

European cases of AIDS that emerged in the mid- and late- 1970s and were traced back to the Zaire region support the theory of the African origin of AIDS. For example, 6,000-8,000 natives of Zaire lived in Belgium during the latter part of the 1980s. One of the first enclaves of AIDS patients appeared in this population. In Brussels, seventeen Africans from Zaire, who lived in the city from 1979 to 1983, and frequently traveled back and forth from Europe to Africa, were diagnosed with AIDS in the 1980s. A Greek who had lived in Zaire for twenty years also developed AIDS around the same time. These people fit into none of the identified risk groups for AIDS that were prevalent at the time: homosexuals, hemophiliacs, drug users or prostitutes. In addition to these infected people who had spent significant time in Zaire, a Danish physician who had worked in Zaire died from AIDS-like symptoms in 1976.⁶⁹ The earliest AIDS patients in France also had ties to Central Africa. West Germany reported that the majority of the first forty-four

⁶⁷ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 41.

⁶⁸ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 41.

⁶⁹ *Ibid.* 7.

AIDS cases occurred in people who had visited Haiti or Africa, or in homosexual men who had vacationed in America.⁷⁰

While the African connection was emerging in Europe in the early 1980s, gay men were the main victims of AIDS early on in the epidemic in the United States, but Haitians contracted the disease at significantly high levels too and surfaced as their own risk group. Whereas incidence of AIDS among American homosexuals overwhelmingly affected gay men and not gay women, AIDS among Haitians was distributed more evenly between genders. In hindsight, this can be explained through the mainly heterosexual transmission of AIDS among Haitians. Initially, it was thought that AIDS might have originated in Haiti, but experts have determined that AIDS reached Haitians through the migration of Haitians to Zaire in the early 1960s when Zairian government — recently independent from the Belgian Congo — was in need of professional French-speaking blacks who could assume some of the administrative positions that had been recently vacated by Belgians.⁷¹ These Haitians eventually returned to Haiti, bringing HIV with them and spreading it to their country's population through heterosexual intercourse. In turn, because of Haiti's dire economic circumstances, HIV has been transferred from heterosexual Haitians to homosexual Americans. Port-au-Prince is known as a hot spot for vacationing gay Americans. Some tourists contracted HIV by having sex with heterosexual Haitians, who had been

⁷⁰ Ibid. 11.

⁷¹ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 11.

forced into homosexual prostitution by economic hardships. Medical anthropologist Paul Farmer determined that the transmission of AIDS might have worked vice versa too: infected gay Americans gave HIV to heterosexual Haitians posing as homosexual prostitutes. These “prostitutes” then, in turn, infected their wives with HIV through heterosexual intercourse.⁷²

The Evolution of AIDS Transmission

In recent years the spread of HIV has abated thanks to education about AIDS and the creation of antiretroviral drugs in 1995 that slow the progression of HIV to full-blown AIDS.⁷³ After this drug was proven effective in the fight against AIDS, death from the disease in the United States fell by 42 percent between 1996 and 1997.⁷⁴ Fatalities from AIDS followed a similar trend in Western Europe. Campaigns against unprotected sex and promiscuous lifestyles also helped fight HIV infection in developed countries. While the discovery of anti-AIDS drugs had profound effects in the prevention of AIDS-related deaths, it also helped remove AIDS from developed countries’ agendas. As a result, more recent cases of AIDS have appeared in more marginalized groups, mainly drug users.

While cases of AIDS have dwindled in America and countries in Western Europe with the invention of antiretroviral drugs, the opposite has

⁷² Farmer, Paul. *AIDS and Accusation: Haiti and the Geography of Blame*. University of California Press: Berkeley, 1992.

⁷³ Pisani, Elizabeth. “AIDS into the 21st Century: Some Critical Considerations.” *Reproductive Health Matters*. 8.15. (2000): 65.

⁷⁴ *Ibid.* 65.

occurred in Africa. Although medicine is available to fight the mutation of HIV to AIDS, its expense makes its use nearly impossible in developing countries in Central and sub-Saharan Africa. The cost of the antiretroviral drugs in the U.S. is \$10,000 per year. The average income per person in sub-Saharan Africa was \$503 in the late 1990s.⁷⁵ Because anti-AIDS drugs are too expensive for most people in Central and Southern Africa to afford, HIV and AIDS has ravaged some parts of the continent.

In 1999, seven of 10 new HIV infections globally occurred in adults in sub-Saharan Africa. Nine of 10 new HIV infections globally were found in children in sub-Saharan Africa.⁷⁶ Nearly ten years later, these numbers have remained rather steady. In 2007, 1.9 million new people were infected with AIDS in sub-Saharan Africa, which brought the area's total number of infected to between 20.5 million and 23.6 million. These numbers mean that 67 percent of the world's AIDS patients live in this region. In 2007, nearly three-fourths of AIDS deaths globally occurred in sub-Saharan Africa.⁷⁷

The lack of anti-AIDS drugs is not the only reason AIDS is so prevalent in Africa, specific regional practices seem to be increasing some Africans' vulnerability to AIDS. In wealthier countries like Botswana, Namibia, South Africa and Swaziland, the spread of AIDS has been supported

⁷⁵ Pisani, Elizabeth. "AIDS into the 21st Century: Some Critical Considerations." *Reproductive Health Matters*. 8.15. (2000): 65.

⁷⁶ *Ibid.* 63.

⁷⁷ "Country Responses to AIDS: Regions: Sub-Saharan Africa." *UNAIDS*. 2009. 22 Feb. 2009 <<http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp>>.

by the practice of leaving men uncircumcised. An uncircumcised man is more likely to suffer poorer genital hygiene than a circumcised man and is more likely to contract infections and venereal diseases.⁷⁸ The economic structure of some sub-Saharan countries and the lack of sustainable income in some poorer countries have dictated the spread of AIDS. Men who migrate from rural parts of Africa to urban areas to find work in commercial agriculture or mining provide a substantial market for the sex industry. These men frequent prostitutes during their long stints away from home, before eventually returning to their wives. They then transmit to their wives the HIV they contracted from an infected prostitute. A study in the South African province of KwaZulu-Natal in 1995 showed that 13 percent of women whose husbands worked away from home two-thirds of the time were infected with HIV.⁷⁹

Another pattern that sheds light on the prevalence of AIDS in southern Africa is the incidence of HIV among young female teenagers. In the Kenyan city of Kisumu in 1999, 23 percent of girls 15-19 years old had HIV, while only 8 percent their male counterparts had contracted the virus. This phenomenon can be explained by the rate at which young girls have sex with older men. Older men, who are looking for young, HIV-free partners, serve as these girls' "sugar daddies," proving them with food and money in exchange for sex. Some teenage girls are encouraged by their families to develop such

⁷⁸ Pisani, Elizabeth. "AIDS into the 21st Century: Some Critical Considerations." *Reproductive Health Matters*. 8.15. (2000): 68.

⁷⁹ Ibid.

relationships, since they are a source of income. In these relationships, however, older men are dominant over the young, less experienced girls, and may dismiss the use of a condom. Such transactional sexual relationships are also prevalent among older, married women, who take additional sexual partners for the material goods they receive in return. These women develop such concurrent relationships while their husbands are working away from home.⁸⁰ HIV in sub-Saharan Africa is spread predominantly through unprotected heterosexual sex.⁸¹

As this chapter has demonstrated, the demographics of AIDS have changed since the time Rick Wellikoff died from the disease in 1980. The disease that once appeared mainly in American homosexuals is now most known for its prevalence in Africa. The overwhelming shift of the disease from the United States to countries in sub-Saharan Africa answers, for the most part, the initial question of this thesis: Why did *The New York Times*' coverage of AIDS shift from focusing on gay American men to focusing on Africa's confrontation with the disease over the course of twenty years? Put simply, *The New York Times* followed the disease's influence and incidence. In the 1980s, AIDS struck mostly homosexuals, so that is what *The Times* wrote about. As the century neared an end, AIDS flared up in sub-Saharan Africa, infecting large segments of the population. As a result, *The Times* shifted its AIDS coverage away from homosexuals, who were now utilizing

⁸⁰ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 92.

⁸¹ *Ibid.* 69.

the newly created anti-AIDS drug, and to Africans, who have yet to have widespread access to such medicine.

While the first question of this thesis has been answered, a few still remain. If *The New York Times* simply followed the coverage of AIDS as the disease flowed from North America and Europe to Africa, how did the culturally and socially constructed meaning of AIDS that demonizes its victims and their behavior come to be? How was the “othering” pattern of AIDS established?

Chapter Two

Setting the Othering Template: News Coverage of Homosexuals With AIDS

AIDS snuck up on most Americans. By the time they paid full attention to the disease, it was too late. The American media fit into this mold as well. As cases of AIDS — or “gay cancer” as it was called in the early 1980s — popped up around the country, *The New York Times* paid little attention. *The Times* — arguably one of the nation’s most influential publications — printed just three articles about the new epidemic in 1981. In 1982, it printed just three more.⁸² Yet as of Dec. 29, 1982, more than 700 cases of AIDS had been reported. Of the patients diagnosed with AIDS in 1979, 85 percent had died. Eighty-five percent of AIDS victims diagnosed in 1980 had also died, along with 60 percent of those diagnosed in 1981.

It was not until the mysterious cancer began killing people other than homosexuals that people and the media began to pay attention. But this did not happen until early 1983.⁸³ By then, the stereotypes and stigmas associated with the disease and its gay victims had already begun to perpetuate throughout the country.

Reacting to an Epidemic: The New York Times and Charles Rosenberg

⁸² Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin’s Press: New York, 1987. 191.

⁸³ *Ibid.* 262.

The New York Times must be somewhat excused for its poor, stigmatized coverage of AIDS. No one expected the AIDS epidemic. The *Times* was not prepared for the coverage it would have to devote to the disease. Yet instead of delving into the subject of AIDS from a purely unbiased, curious perspective, *The New York Times*' coverage of the disease fell into the "traditional patterns of response to a perceived threat," as theorized by historian Charles Rosenberg in his book *Explaining Epidemics and Other Studies in the History of Medicine*.⁸⁴ Rosenberg wrote that the stages of a society's reaction to the threat of an epidemic "succeed each other in predictable narrative sequence," "like the acts in a conventionally structured play."⁸⁵ *The New York Times*' coverage of the AIDS epidemic followed Rosenberg's structure.

The first step in the succession of the public's reaction to an epidemic is "progressive revelation." In this stage of an epidemic, Rosenberg wrote that the public admits the existence of the epidemic only when its presence can no longer be avoided. *The Times* — which represents the "public" in this case — reached this first step when it awarded AIDS more coverage only when the disease began to affect "normal" people; when it broke from its perceived risk groups and was transmitted to heterosexuals who were neither hemophiliacs nor drug users. It was as if the spread of AIDS to wider segments of the population forced *The Times* to admit that the epidemic was indeed occurring.

⁸⁴ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 280.

⁸⁵ *Ibid.* 281.

Yet an element of irony set in as this took place. While the *Times* paid more attention to AIDS when it began to infect people outside the once-clearly delineated risk groups, its coverage of the disease remained fixed on only homosexuals' plight with the disease. For example, in one of the first articles published on the disease on May 11, 1982, Lawrence Altman wrote that AIDS was "a serious disorder of the immune system that has been known to doctors for less than a year." Altman claimed, "The cause of the disease is unknown," but then continued, "Most cases have occurred among homosexual men, in particular those who have had numerous sexual partners, often anonymous partners whose identity remains unknown."⁸⁶ The article also states that 13 of the known 335 people with AIDS were heterosexual women. At the time this article was published, *The Times* was conscious of the fact that AIDS was affecting the "normal" population — heterosexual women — yet the paper still chose to focus on homosexual victims' promiscuity instead of on the threat the disease posed to the general population. Because the cause of AIDS was not yet known — as Altman stated — there was no reason to mention the sexual behavior of AIDS victims.

The second step in Rosenberg's pattern of addressing epidemics is what he called "managing randomness." In this stage, the public must create a "framework within which [the epidemic's] dismaying arbitrariness can be managed." He wrote, "The epidemic had to be understood primarily in terms

⁸⁶ Altman, Lawrence. "New Homosexual Disorder Worries Health Officials." *The New York Times*. 11 May 1982.

of man's relationship to God."⁸⁷ In this stage, the public must look at the disease in a way that makes sense, in a way in which the larger segments of the population can feel safe and removed from the disease. *The Times* did just this by focusing its coverage on the risk groups of AIDS. The constant mention of these risk groups allowed *The Times* to isolate the disease and remove the risk to the general public. With the risk groups of AIDS in place and widely publicized, "mainstream" Americans could sleep soundly at night knowing they were safe from the "randomness" of the disease, which no longer seemed so random.

On May 25, 1983, for example, *The New York Times* reported that the government considered AIDS "'the No. 1 priority' of the United States Public Health Service" but that it was not "breaking out from the originally defined high-risk groups." One doctor named Edward Brandt was quoted as saying there was no "reason for panic among the general public." Yet two days prior to the publications of this article, a *Times* story reported that a recent study suggested that AIDS "may also be transmitted between *heterosexual* men and women, possibly through sexual contact." While this study is mentioned in the May 25 story, the scientists quoted in the May 25 story disregard the study's findings easily, without explanation. The scientists simply said that the general public should not worry; yet they do not adequately explain why such heterosexual transmission has occurred. Dr. Jeffrey Koplan told *The Times* reporter that the six percent of the AIDS cases that had not — at that time —

⁸⁷ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 282.

fit into the risk groups “might have fit into one of the categories if doctors had done more complete investigations.”⁸⁸ Robert Pear, the reporter for the May 25 article, had the right to use Koplan’s explanation, yet he failed to second guess the doctor. Instead he allowed Koplan to manage the randomness of AIDS and calm “normal” Americans’ fears by not questioning Koplan’s answer in print. The doctor had said that further research would show that all AIDS victims practiced some sort of deviant behavior that would fit into a risk group category. Koplan said it, Pear wrote it and Americans believed it without much hesitation. Koplan’s words quieted Americans’ fears and helped them make sense of AIDS. Reporters that let their sources off the hook for conflicting information about AIDS did their readers a disservice and allowed important information — such as the heterosexual transmission of AIDS — to go relatively unnoticed, leaving information that limited AIDS to the known risk groups to stand alone.

The third step of Rosenberg’s pattern that *The Times* followed was “Negotiating public response.” In this stage, Rosenberg wrote that epidemics create pressure for a community response to the disease. In this stage, *The Times* fits into Rosenberg’s statement that “failure to take action constitutes action.”⁸⁹ In this sense, *The Times*, which claims to be an unbiased newspaper, took no real stand against AIDS. It simply reported on the disease as events

⁸⁸ Pear, Robert. “Health Chief Calls AIDS Battle ‘No. 1 Priority.’” *The New York Times*. 25 May 1983.

⁸⁹ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 282.

and discoveries unfolded. Yet the reporting of *The Times* could have served as motivation for its readers to form a community response. The undertones of *The Times*' stories on AIDS that ostracized gays and stereotyped their behavior could have inspired *Times* readers to take action against or form opinions about homosexuals and other stereotypical victims of AIDS. Yet this correlation — between *The Times* portrayal of the disease and its readers' community response towards AIDS victims — cannot realistically be proven true.

Rosenberg lets *The Times* off the hook somewhat by stating that with the outbreak of AIDS, society in general has reverted to the traditional “dramaturgic structure” of earlier epidemics. By following this structure, society has developed “resentment expressed toward bringers of bad tidings.” Because of AIDS, more traditional American social values were reaffirmed, since a divergence from these values — such as that committed by homosexuals and drug users — seemed to bring about a deadly infectious disease.⁹⁰ The problem with *The Times*' conformity into Rosenberg's structure is that the paper did not keep its views and assumptions to itself, it wrote them down on paper and spread them across the country, causing millions of people to have access to a harmful and somewhat inaccurate chronicling of AIDS.

The sexual stereotypes and stigmas communicated by *The New York Times*' early articles on AIDS that fit into Rosenberg's structure were compounded by the fact that the paper's reporters often used press releases as

⁹⁰ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 287.

the basis for their articles. In addition to depending on these carefully worded, “official” statements from institutions like the Centers for Disease Control, reporters also cited few sources when writing about updates on the epidemic. Such journalistic techniques supplied readers with limited opinions on the disease and did not allow for rebuttals of the information they collected from experts.

One article by Bayard Webster titled “Increase In AIDS Cases Reported,” which was published on November 30, 1984, stated that “the number of AIDS cases reported in the United States is continuing to climb at a fairly steady rate.” Near the end of the article Webster wrote:

“The centers noted that heterosexual transmission of AIDS had been reported in both the United States and Africa. But they said this form of transmission has been uncommon in the United States, where it occurs primarily among men, particularly intravenous drug abusers, who transmit the disease to their female partners.”⁹¹

For this statement, the article gave no rebuttal. This fact was not questioned or posed to an expert. “The National Centers for Disease Control” was the only source for the information in the story, which indicates that the story was based off a press release and implies that no human sources were contacted.

In an article published May 19, 1983 titled “Research Traces AIDS in 6 of 7 Female Partners,” reporter Lawrence Altman wrote, “A study of seven female sexual partners of men with [AIDS] suggests that the disease may be

⁹¹ Webster, Bayard. “Increase In AIDS Cases Reported.” *The New York Times*. 30 Nov. 1984.

sexually transmitted between heterosexual men and women.”⁹² The facts stated in the study seem to come directly from *The New England Journal of Medicine*. No one involved in the study was quoted directly in Altman’s article, and he gives no indication that he attempted to contact any of the study’s authors. The claim that this study makes could potentially change the lives of many Americans. If the study is correct, AIDS had the potential to break from its clearly defined risk groups and infect other segments of the American population. Yet in investigating this possibility, Altman talks to just one source, Dr. James Curran, who was heading the Center for Disease Control’s work on the epidemic at the time. In response to the study’s findings, Curran said the seven women with AIDS were not necessary “infected specifically by sexual contact.” He said the women “could have gotten it by sharing razors or something else.”⁹³

Curran’s apparent disregard towards the potential heterosexual transmission of disease is surprising, given the fact that the study by Albert Einstein College of Medicine referred to in the article suggested otherwise. However, Altman interviews no other experts and gives no indication that Curran could be incorrect. Instead he attributes other information in the article to vague sources like “The Atlanta center,” “Dr. Harris’s team,” “its authors,” which indicates that the information was taken either from the study itself or from a press release.

⁹² Altman, Lawrence. “Research Traces AIDS in 6 of 7 Female Partners.” *The New York Times*. 19 May 1983.

⁹³ Ibid.

The lack of a variety of sources in these articles illustrates *The Times*' dependence on press releases and traditional sources in its coverage of the AIDS epidemic. The May 19 article by Altman states that "at least 1,410" had been affected by AIDS at the time of publication and 541 people had died.⁹⁴ With such a severe medical mystery on its hands, it would have been wise for *The Times* to contact as many sources as possible. But these articles serve as examples of *The Times*' poor reporting on the subject. By citing just one source for two different articles, Altman gave his readers just one personal opinion; the other information in his articles came from written works and carried little authority. Such a limited perspective on AIDS gave readers just one view of the disease, so if this view was polluted with stigmas and stereotypes about AIDS and its patients, readers would consume it, since they had no alternative.

The New York Times' articles on AIDS followed Rosenberg's traditional structure for society's reaction to an epidemic, yet it also established a modern template for the way in which AIDS was viewed. Because coverage of AIDS and its relation to homosexuals and the disease's other risk groups was the first information available to most Americans, and because this information was laced with stereotypes, assumptions and blind belief in the opinions of medical professionals, it encouraged Americans to think of AIDS as an "other disease." As this thesis will later prove, *The Times*' firm link between homosexuals and AIDS that was communicated early on in

⁹⁴ Altman, Lawrence. "Rare Virus May Have Link With Immunological Illness." *The New York Times*. 1 May 1983.

the epidemic's history set created an "othering" lens through which the disease was continuously examined.

While *The Times* followed Rosenberg's pattern of response to epidemics, it cannot be assumed that all newspapers followed suit. For this reason, this thesis will compare *The New York Times*' coverage of AIDS to that of *The San Francisco Chronicle*'s.

The San Francisco Chronicle's Coverage of AIDS and Homosexuals

The San Francisco Chronicle's first articles on AIDS carried the same puzzled tone as *The New York Times*' first few stories on the disease. The very first article to appear in *The Chronicle* in 1981 stated that the National Center for Disease Control had reported a "mysterious outbreak of a sometimes fatal pneumonia among gay men" in San Francisco.⁹⁵ Like the first few articles in *The New York Times*, *The Chronicle* stated the facts it had been told by scientists and medical professionals and nothing else. After this first article, however, the similarities between *The Chronicles*' coverage of AIDS and that of *The Times* fade away. Instead of fitting snugly into Rosenberg's structure of a society's response to an epidemic like *The New York Times* did, *The San Francisco Chronicle* diverges from this structure with more in-depth,

⁹⁵ "A Pneumonia That Strikes Gay Males." *The San Francisco Chronicle*. 6 June 1981.

unbiased reporting that did not just follow the progression of AIDS, it also told the story of the people behind the disease.

The second article on AIDS — or gay cancer as it was called then — written by a *Chronicle* reporter appeared on May 13, 1982.* The article “The Strange, Deadly Diseases That Strike Gay Men,” started with an anecdotal lead. It told the story of Jerry, a 45-year-old waiter in San Francisco who had recently contracted a Gay-related Immune Deficiency (GRID) disease. The article told Jerry’s story, of how he had to hide his diagnosis from his religious mother. It also told of how one GRID patient’s family tried to keep the patient’s lover from visiting the sick man. The article also mentioned Bobbi Campbell, a gay cancer patient, who spoke out about the general public’s attempt to dismiss the deadly disease and “put the victims at arm’s length from themselves so it doesn’t hit close to home.”⁹⁶ The article also said:

“Scientists fear the GRID problems may spread into the mainstream populations before they find the solution. New figures are showing a growing number of women and bisexual or heterosexual men who have come down with one of the mysterious diseases.”⁹⁷

This one article not only addressed the risk AIDS presented to the general public, it also put a human face on the disease. AIDS was not just

* Some wire stories, such as articles by The Associated Press and the Washington Post, appeared in the *Chronicle* during the first few months of the AIDS outbreak, but because these articles were not written by *Chronicle* reporter and do not necessarily reflection the regional perception of AIDS, they have not been included in the analysis of articles.

⁹⁶ Shilts, Randy. “The Strange, Deadly Diseases That Strike Gay Men.” *The San Francisco Chronicle*. 13 May 1982.

⁹⁷ *Ibid.*

some far-off disease that affected people who committed unmentionable acts. The victims, as this articles illustrated, had families, lovers and feelings. The humanization of the disease that this article established allowed readers to relate to the disease and its victims. It avoided the perpetuation of stereotypes that some *Times* articles put in motion.

As the disease progressed into late 1982, both papers assessed the fear and anxiety that the disease was spreading. On August 8, 1982, *The New York Times* wrote a story titled “A Disease’s Spread Provokes Anxiety.” This article, written by Robin Herman, started with, “The persistence of a serious disease whose victims are primarily homosexual men has touched off anxiety among homosexuals in New York City, where nearly half of the nation’s cases have been reported.” While Herman claimed that many gay men were scared about the disease and its spread, only one homosexual man is cited in the story. Instead of talking to actual victims of the deadly disease, doctors treating homosexuals, the New York City Health Commissioner and Dr. James Curran, head of the AIDS project at the Centers for Disease Control, defend Herman’s claim.⁹⁸ The men tell readers how homosexuals are now fearful of the mysterious new disease, which has already killed 40 percent of its known victims.

Two months later, on October 12, 1982, *The San Francisco Chronicle* published a story titled “The High Health Price of the Sexual Revolution:

⁹⁸ Herman, Robin. “A Disease’s Spread Provokes Anxiety.” *The New York Times*. 8 Aug. 1982.

AIDS: Anger Fear Over Gay Plague.” In this article, a professor and the head of a medical clinic assess the progression of the disease and what it meant for the traditional gay lifestyle. In addition to these two sources, six homosexual men were quoted. They talked of the pain AIDS had caused and how the free, liberal gay lifestyles of the early 1980s were now changing. “I’m looking at the person I’m with more closely and talking to them more, which is a positive change,” John Day, a coordinator of the Berkeley Gay Men’s Health Collective said in the story. Another gay man, whose lover was an invalid with Kaposi’s sarcoma said, “I don’t think people know people are dying. There were all these good times, a good lifestyle. That’s hard to take away what your culture’s about, celebrating life.”⁹⁹

This *Chronicle* article carries the same theme as the August 8, 1982 *Times* article, yet *The Chronicle* tells the story of the fear about AIDS with an alternative method. Instead of depending on men in suits and white coats to explain how AIDS was transforming the gay lifestyle, *The Chronicle* talked to gay men with the disease or who knew people with the disease. Unlike *The Times* article, the story in *The Chronicle* adequately communicates the tension present between gay men’s desire to stay healthy and their desire to continue the lifestyle they fought to hard to secure. Again, *The Chronicle* puts life behind the disease. The article illustrates the pain and emotion the disease brought to its patients.

⁹⁹ Chui, Glenda. “The High Health Price of the Sexual Revolution: AIDS: Anger, Fear Over Gay Plague.” *The San Francisco Chronicle*. 12 Oct. 1982.

The difference between the reporting techniques utilized by *The New York Times* and *The San Francisco Chronicle* is undeniable. *The Chronicle* took a more people-based approach to covering the disease, while *The Times* took a more statement-based approach. While this assessment can be made, the nature of both newspapers must also be considered. *The New York Times* is an international newspaper with a larger staff and wider readership than *The San Francisco Chronicle*. *The Chronicle* is inherently more focused on local news than is *The Times*, so its people-based approach to news on AIDS is not surprising. With this considered, given the high number of fatalities associated with the AIDS epidemic in the early 1980s and the large percentage of AIDS patients who lived in the New York area, *The Times* should have recognized the need for more localized and less “official” coverage of the disease.

While the shallow, stigmatizing coverage of the early years of the AIDS epidemic — by *The New York Times* especially — might be forgivable considering the mystery and uncertainty that surrounded the epidemic in its fledgling years. But before that judgment can be made, the coverage of the later years of the disease — when more was known about the initially puzzling disease — must first be examined. As the next chapter will demonstrate, the “othering,” stereotyping tone of *The New York Times’* articles remained even after the focus of the epidemic jumped from the United States to Africa.

Chapter Three

Testing the Template: News Coverage of AIDS in Africa

Chapter One and Chapter Two have proven why *The New York Times*' coverage of the AIDS epidemic shifted from American homosexuals to the epidemic's presence in sub-Saharan Africa. Yet the question still remains of why *The Times* concentrated its news coverage on the area's battle with AIDS when so many other issues were facing the region.

In the 1990s, sub-Saharan Africa was enduring an agricultural crisis. The food shortage that started in the early 1970s perpetuated during the 1980s by continuous drought. The entire region suffered, but Liberia, Senegal, Sudan and Burundi were the hardest hit. Agricultural production regained some ground in 1985 and 1986, but 1990 brought another drought to the area, coinciding with civil wars and political unrest in some of the region's countries.¹⁰⁰ Food production fell by four percent.

In 1991, *The Washington Post* reported the World Health Organization had deemed the cholera outbreak in Africa a pandemic of catastrophic proportions.¹⁰¹ In the first seven months of 1991, 45,159 cases of cholera and

¹⁰⁰ Morgan, William B. and Jerzy A. Solarz. "Agricultural crisis in Sub-Saharan Africa: Development constraints and Policy Problems." *The Geographic Journal*. 160. 1. (1994): 57, 59, 60, 62.

¹⁰¹ Hunt, Liz. "Toll From African Cholera Epidemic Surpasses South American Outbreak." *The Washington Post*. 24 July 1991.

3,488 deaths from the disease were reported in Africa. Limited access to health care, ineffective treatment for the disease and poverty were blamed for the spread of the disease. The death rate from cholera in Africa was much higher than in other regions of the world such as South America. Nigeria, for example, reported a 13 percent death rate for cholera in 1991, whereas only one percent of Peru's cholera cases were fatal.¹⁰²

Yet in 1990, as the agricultural crisis desolated sub-Saharan Africa, *The Times* published 183 articles that mentioned the words "AIDS" and "Africa," and only 46 stories that mentioned both "agriculture" and "Africa." Likewise, there only 12 articles published in *The Times* in 1991 that included the words "Africa" and "cholera," while 127 articles about "Africa" and "AIDS" appeared in the paper that year.

The ease with which *The Times*' coverage of AIDS connection to homosexuals fit into Rosenberg's structure of a response to epidemics explains why *The Times* favored reporting on AIDS over reporting on Africa's food shortages or cholera. In the early 1980s, as *The Times* communicated sexual stereotypes and assumptions about the epidemic to its readership, it created a template which was applied to all other coverage of the AIDS epidemic. As coverage of AIDS shifted from American homosexuals to regions of sub-Saharan Africa, *The Times* reported on the disease in the same way and continued to follow Rosenberg's series of reactions to an epidemic. This habit caused *The Times*' coverage of AIDS's presence in Africa to

¹⁰² "Cholera in Africa called 'catastrophic'." *The Toronto Star*. 23 July 1991.

commit some of the same misunderstandings and omissions that were present in the paper's coverage of AIDS's initial occurrence in homosexuals in the United States.

AIDS, Africa and Charles Rosenberg in The New York Times

The New York Times followed Charles Rosenberg's theoretical structure for dealing with an epidemic in the 1980s and subsequently set a template for how the paper would react to future news on AIDS. So it is no surprise that the paper's coverage of the disease in parts of Africa served as an extension of Rosenberg's structure. By aligning its coverage with the stages of Rosenberg's structure, *The Times* continued to publish reports on AIDS that stigmatized the disease's victims and demonized the actions and behaviors of those who contracted the disease or HIV.

As mentioned above, Charles Rosenberg's first step in the traditional way a society deals with an epidemic is "progressive revelation," or the delayed reaction to the epidemic. Societies do not admit the existence of an epidemic until it has grown too large an issue to ignore.¹⁰³ In the late 1980s and early 1990s, AIDS's spread in areas of sub-Saharan Africa was undeniable. By the end of 1986, there were 2,323 reported cases of AIDS in Africa.¹⁰⁴ Just four years later in 1990 this number had spiked to 77,043.¹⁰⁵

¹⁰³ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 281.

¹⁰⁴ "AIDS History From Up To 1986" *AVERT: AVERTing HIV and AIDS*. 2009. 22 April 2009. < <http://www.avert.org/aids-history-86.htm>>.

The disease's rapid transmission in parts of Africa forced *The New York Times* to pay attention to the disease's presence on the continent and motivated the paper to switch its coverage of AIDS from American homosexuals to the disease's emergence in Africa.

Rosenberg, in his book *Explaining Epidemics and Other Studies in the History of Medicine*, wrote that also present in this first step is a society's desire to isolate the disease so it does not grow into a problem needing attention. He wrote, "The institution of quarantine has provided a feared yet politically compelling administrative option for communities during an epidemic." AIDS's emergence in Africa gave *The Times* an opportunity to, in essence, quarantine AIDS to the continent. "Thought to have originated in Africa" became a tagline for AIDS, as it did in a 1992 article that referenced Magic Johnson's HIV diagnosis.¹⁰⁶ By putting the onus on Africa for the start of AIDS — and blaming Africans' behavior for the disease's spread — *The Times* isolated the disease and removed it from the agenda of most Americans

While Africa became the headquarters for AIDS in the 1990s, the spread of the disease and the factors that led to the disease's prevalence in areas of sub-Saharan Africa did not become of interest to *The Times* and its readers. Instead, AIDS simply became a characteristic of Africa. Information about AIDS in Africa was mentioned in hundreds of articles, but rarely was it

¹⁰⁵ Ibid.

¹⁰⁶ Gruson, Lindsey. "Black Politicians Discover AIDS Issue." *The New York Times*. 9 March 1992.

explained. A few sentences were dedicated to the disease's role in Africa. Just enough words were written to assure Americans knew that AIDS was no longer their problem; it had become an "other," African issue.

For example, in "Study Sees Rise in Child Death Rates," *Times* reporter Barbara Crossette wrote about how the spread of AIDS, cholera and malaria have increased the death toll of children world-wide. While this May 9, 1992 article mentions the effect AIDS is having on African children, it simply states "HIV/AIDS could become the leading killer of children by the year 2000." It added, "In parts of Africa, the spread of AIDS could cancel out 'virtually all the reductions in child mortality achieved through immunization and other health measures.'"¹⁰⁷ Yet like most *Times* articles that mention "AIDS" and "Africa," Crossette's story gives no further explanation as to why this is happening. Instead, the reporter lets the numbers stand alone, allowing AIDS and its wave of death to become a standard of Africa; a characteristic of the entire continent that is unquestioned and unexplained.

Rosenberg's second step in a society's reaction to an epidemic is the attempt to control the apparent randomness of the disease. By-standers of the disease search for reasoning behind the disease's transmission. Why do some people get it and others do not? In the case of AIDS's spread through regions of sub-Saharan Africa, *The Times* makes sense of the epidemic by mentioning the transmission alongside "deviant" behavior, such as polygamy, adultery

¹⁰⁷ Crossette, Barbara. "Study Sees Rise in Child Death Rates." *The New York Times*. 9 May 1992.

and prostitution. If these actions can be blamed for Africa's plight with AIDS, Americans need not worry about contracting the disease.

This type of blame appears in some of *The Times'* articles about AIDS and Africa, including one published on April 20, 1991, titled "Kigali Journal: AIDS Outweighed by the Desire to Have a Child." In this article, reporter Jane Perlez wrote about a young Ugandan woman named Nikuze Siyapata, who chose to have a baby even though she was HIV-positive. In this article, Perlez mentions that Siyapata worked as a prostitute as a teenager. Siyapata was not married to the father of her child and had not told her partners of her infection. While Perlez explained the meaning of children in Ugandan culture, she failed to mention the economic or political atmosphere in Uganda or give reasons why prostitution was viable employment for Siyapata.¹⁰⁸ Instead, she lets these facts about Siyapata's life stand as factors in her contraction of AIDS.

A second article by Perlez titled "Uganda's Women: Children, Drudgery and Pain," and published on February 24, 1991 carried a similar tone. This article profiled 28-year-old Ugandan Safuyati Kawuda. This story focused on how Ugandan women depend on subsistence farming to make ends meet after their husbands leave for work in far-off cities. Perlez wrote of how Kawuda must share her husband with his two other wives. In addition to polygamy, Kawuda's marriage is also tainted by her husband's frequent

¹⁰⁸ Perlez, Jane. "Kigali Journal; AIDS Outweighed by the Desire to Have a Child." *The New York Times*. 20 April 1991.

infidelity, which Perlez highlights with the Kawuda's quote: "You never know what he does in town. He fears AIDS, too. But he messes around too much."¹⁰⁹ While Kawuda's husband is conscious of AIDS, his apparent insatiable sexual appetite takes precedence over the risk of contraction. Kawuda was not HIV-positive, but the mention of the virus and AIDS alongside the polygamy and adultery Perlez used to characterize Ugandan culture encourages readers to associate the AIDS with such behaviors, without considering the wider cultural and history context of such characterizations.

The New York Times did publish several articles, like those by Perlez mentioned above, that put a face to the struggle against AIDS in Africa. Yet the majority of the paper's articles on the subject lacked an in-depth analysis of the situation and noted the problem of AIDS in African only in passing. This method of reporting on the AIDS crisis in sub-Saharan Africa constituted *The Times*' public response to the epidemic, Rosenberg's third step in a society's response to AIDS. In this sense, *The Times*' inaction served as its action.¹¹⁰ Instead of fully explaining specific African countries' battle against AIDS and including the country's political and economic status at the time the epidemic hit, *The Times* thought it sufficient to simply lay blame on the entire continent for the start of the epidemic and link regional and cultural behaviors to the spread of AIDS without putting such behaviors in their proper context. This, in itself, was a response. In avoiding an in-depth analysis of AIDS in

¹⁰⁹ Perlez, Jane. "Uganda's Women: Children, Drudgery and Pain." *The New York Times*. 24 Feb. 1991.

¹¹⁰ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 281.

regions of Africa, *The Times* disregarded the global importance of the continent as a whole and placed little value on the lives of dying Africans.

AIDS, Africa and Charles Rosenberg in The San Francisco Chronicle

As it did with its coverage of AIDS and homosexuals, *The San Francisco Chronicle* diverts from Rosenberg's prescribed structure for reaction to an epidemic with its coverage of AIDS in Africa. Instead of skirting around the issue of AIDS in African with ambiguous sentences and accusations without explanations, *The Chronicle* confronts the issue head on. Both *The Chronicle* and *The Times* described the factors that played into the heterosexual transmission of AIDS in Africa, yet *The Chronicle* took a step further and addressed how the association of AIDS with Africa and its citizens' behavior could incite racism.

In an October 26, 1985 article titled "AIDS Taking Unusually Big Toll on Minorities," *Chronicle* reporter Perry Lang wrote, "Some minority leaders fear that published reports tracing the beginnings of AIDS to African countries could add to the potential of a racial stigma in AIDS." He also quoted Pat Norman, the coordinator of Gay and Lesbian services for the San Francisco Department of Public Health, who warned, "AIDS has brought out the most homophobic fears in many people, and this could bring out racism."¹¹¹

¹¹¹ Lang, Perry. "AIDS Taking Unusually Big Toll on Minorities." *The San Francisco Chronicle*. 26 Oct. 1985.

In another article written about a two years later titled “Africans Worry About A Bad Image,” reporter Randy Shilts wrote of how the AIDS outbreak in African was worrying African leaders. “AIDS is largely viewed here as a public relations disaster that is a blow to national pride and a major threat to the continent’s fledgling tourist industry.” In addition to addressing how AIDS in Africa altered the West’s view of the region, Shilts presented readers with an alternative view of the issue by writing, “African governments initially asserted that any links between AIDS and Africa were motivated by a racist Western desire to make the disease part of the new “white man’s burden.” Shilts also mentioned that African health officials have asserted that AIDS could have been brought to Africa by American tourists.¹¹²

Because Shilts and Lang confronted the risk of racism against Africans because of AIDS head-on, they supplied their readers with new insight that *The New York Times* failed to provide. Such information might not have broken all stereotypes established as AIDS made its jump to Africa, but it might have assisted in dissuading Americans from “othering” Africans with AIDS and blaming African practices for the start of AIDS.

Although *The San Francisco Chronicle* offered its readers an alternative prospective on the issue of AIDS in sub-Saharan Africa and was proactive against the creation of racism towards Africans with AIDS, both *The Chronicle* and *The Times* failed to outline the larger historical and cultural context of the othering of both homosexuals and Africans in relation to AIDS.

¹¹² Shilts, Randy. “Africans Worry About A Bad Image.” *The San Francisco Chronicle*. 6 Oct. 1987.

AIDS victims continued to be othered and their behaviors demonized, not just because of the insensitive reporting by *The Times* and — at times — by *The Chronicle*, but because the entire historical scope of Americans' attitudes towards Africans and homosexuals was not considered.

In the matter of a decade, homosexuals went from being socially perceived as an up-and-coming political and cultural force in areas like New York, L.A. and San Francisco to perverts deserving of the new deadly infectious disease. In just ten years, Africans gained reputations for committing odd cultural acts and social practices that garnered the transmission of AIDS. Why was it so easy for Americans to pin these characterizations on both homosexuals and Africans? What about American society in the 1980s and early 1990s made these stereotypes so distinct and so deeply-rooted? Chapter Four will examine these questions.

Chapter Four

Piecing Together the Puzzle: The Historical and Culture Context of the Othering of AIDS Victims

On paper, the United States is a religiously neutral nation. There is no state religion; people have the freedom to choose what faith to follow. Moreover, there is a legal separation of church and state. Yet there is no escaping the Christian undertones that have seeped into government legislation and society's overall moral code. Protestants established the United States and their faith's ideology has characterized the nation since its inception. An examination of the origin of America's Christianity and subsequent moral beliefs places the AIDS epidemic and its news coverage in their proper cultural and historical context.

The United States' association with Christianity began when Europeans sailed across the Atlantic Ocean and landed on North American shores. The Spaniards, Portuguese, French, Dutch and English who in the sixteenth and seventeenth centuries settled on the land that would become the United States fled a continent rife with "violence, squalor, treachery, and intolerance," according to historian David E. Stannard.¹¹³ While early European immigrants left their home countries to escape these elements of

¹¹³ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 15.

society, the religious warfare and conflicts over sin, heresy and witchcraft that Europe had endured for centuries made the cross-continental leap as Europeans settled in America. Political differences and class divisions in Europe had a tendency to escalate into religious conflicts because of the prevalence of the overlapping of church and state. In many European countries, a sin against God was considered treason. The church used its theology to accuse people of wrongdoings, and the state utilized its judicial power to punish those found guilty.¹¹⁴

Issues involving sex and gender were often causes of action that sent people to trial and often to jail. Vicki L Eaklor wrote in *Queer America: A GLBT History of the 20th Century*, “There is some evidence to suggest that one attribute associated with heretics was their willingness to engage in sex acts prohibited by orthodox religion.”¹¹⁵ Therefore, in the early years of the colonial United States, people who deviated from traditional European standards of gender roles and sexual behavior were not only seen as religiously disobedient, but were also assumed to be threats to the state.

Specific legal standards of state governments differed in the fledgling United States, yet the Christian Bible and laws carried over from England dictated right from wrong. In early America, there was no attempt to separate church from state or to keep religious ideologies out of legislative decisions. The objective of government was to maintain a godly community, and

¹¹⁴ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 15.

¹¹⁵ Ibid. 16.

“family, church, state and eventually school all were designed to aid in keeping the covenant, a special relationship with God.”¹¹⁶ Colonists believed in a strict patriarchal family, in which the father would keep his wife and children in order. Sex not intended for reproductive purposes was heavily discouraged, and sodomy, bestiality, sex between women and sex between men were outlawed.

The fundamentals of early Americans’ religious affiliations were stitched into the fabric of the nation’s first governmental systems, yet they were also key in European settlers’ territorial take-over in North America. The differences settlers found between their religious views and those of the North American natives they encountered served as a justification for their conquest of the continent. Just as Christianity gave European colonists their respective worldviews, the religions and practices of Native Americans determined the way they interpreted the natural world and humans’ role in it.¹¹⁷ The dominance Europeans believed humans assumed over nature collided with natives’ belief that humans and nature were interdependent. Native Americans believed “humans were as much a part of nature as other beings rather than dominant over them.”¹¹⁸ Native Americans were also concerned with the spiritual qualities of land; they revered land as sacred because of the life it could support, whereas Europeans considered property a fundamental right.

¹¹⁶ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 16.

¹¹⁷ Ibid. 17.

¹¹⁸ Ibid. 17.

Europeans' strict patriarchy contrasted with Native Americans' empowerment of women. Eaklor wrote, "Europeans found intolerable both the power of women (when they recognized it) and the sexual and gender variety they often encountered."¹¹⁹ The tension between Europeans' beliefs and those of Native Americans catalyzed Europeans' assumed superiority over their native counterparts. Because Native Americans' beliefs and customs opposed Europeans', early settlers perceived Native Americans as adversaries to their Christian law, and therefore threats to their fledgling state. It was — and would be in years to come — early Americans' supposed "morality" over peoples whose religion differed from their own that would rationalize Americans' ill treatment or persecution of such groups or minorities.

These same moralistic and superior sentiments would resonate when African slaves were transported to the United States and used for forced labor. Because "African cultures from which slaves came were similar to those of natives in having a place for some same-sex and/or cross-gender behavior," some Americans again felt the need to suppress or eliminate those who followed the non-Christian elements of African culture. Lawmakers at the time assumed the acceptance of non-traditional sex or gender roles among Africans heightened their sexual appetite. Therefore, sodomy was considered a capital crime for Africans, but not for whites.¹²⁰ Such laws generated stereotypes that characterized Africans as oversexed, animalistic and

¹¹⁹ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 17.

¹²⁰ *Ibid.* 18.

aggressive beings who were not only threats to America's morality, but also threats to citizens' safety. Such notions often served as justification for white Christians' abuse of and prejudice against African slaves.

Although the religious and moral convictions of early European settlers and their descendants were confronted when they encountered Native Americans and African slaves, they held tightly to their Christian ideals and accompanying gender norms as their new homeland progressed from a collection of infantile colonies to a solidified, democratic nation. Eaklor wrote that the speed with which the United States evolved cemented early settlers' gender roles into the façade of the nation. The country transitioned from a mainly agrarian society to an industrial one in a matter of a few decades in the eighteenth century. This economic shift uprooted the idyllic image of the farming family and replaced it with one that centered on the male breadwinner, who could at that time support his family in a factory or office, instead of in the fields. The innovations and inventions that brought about the industrial revolution shook the societal foundations of the young United States, causing some citizens to clasp hold of traditionally Christian gender roles in attempts to secure some sort of normalcy. "Developed by and for northern middle-class men and women to anchor their own identities in a world of flux, the doctrine of separate gender spheres also formed their standard for understanding and judging the lives of others."¹²¹ Initially, women had little influence in the industrial and business realms of society, so

¹²¹ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 23.

their roles were limited to domestic work. Although women have since entered the workforce, because the stereotypical female role was solidified during the nation's most tumultuous and unpredictable era, women became defined by their "femininity;" their ability to please men.¹²² As the United States evolved from a farming-based country to a factory-based one, gender roles were fortified to fit — and still do — the Christian patriarchal form that settlers had brought to North America more than a hundred years before.

The Perfect Storm: AIDS Clashes with the Culture Wars

The above societal characteristics developed mainly in the seventeenth and eighteenth centuries; they were prevalent when the United States began to take shape and establish its national identity. Therefore, these traits worked their way into Americans' understanding of morality regardless of what religion they followed. The Christian ideals established by European settlers have become the moral standards by which all events and governmental decisions are judged. Christian morals and principles have defined American ideology since the nation's inception, but they are most prevalent and evident when the country encounters challenges or endures tumultuous periods.

The era of the late 1970s and early 1980s was one of these times. As Jimmy Carter took office in 1977, the United States was going through an identity crisis. The nation had just come to grips with the Watergate scandal and had realized the government was not as trustworthy as it had once

¹²² Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 22.

thought. Troops were pulled from Vietnam after years of protests and without a decisive victory. The nation experienced its first deficit in history and its first energy crisis, due to dependence on foreign oil. The United States was also just hoisting itself out of an economic recession that had marked the Ford administration from 1974 to 1977 and was adjusting to emergence of the counter culture and sexual revolution that had taken place in the 1960s and early 1970s.¹²³

The uncertainty and skepticism that hung over the country during this era paralleled the unpredictability that permeated the nation during the industrial revolution dozens of decades earlier. In the same way people then grabbed hold of Christian ideals and traditional gender roles as a source of normalcy and control, citizens of the 1970s, '80s and early '90s revisited their Christian roots, as conservative values gained support in Congress and across the country. It was into this atmosphere that AIDS entered. The epidemic began at the pinnacle of the Religious Right movement and the Gay Activist movement.

Christian conservatives and gay activists were present after World War II and during the revolutionary 1960s, but each group gained notoriety in the 1980s and 1990s when the confluence of challenges facing the United States occurred, and as both groups began to take advantage of the power of the

¹²³ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 167.

political system.¹²⁴ Earlier in the century, both groups assumed the political system was corrupt and an ineffective platform for their specific causes. The objectives of each groups seemed too much for the shaky political system to handle. “The religious right wanted to remove itself from this world, while left-leaning gays wanted to restructure the world radically.”¹²⁵

The gay movement began quietly after World War II. Its initial purpose was to assist homosexuals in coming to terms with their sexual identities. Advocacy for equal rights was its secondary purpose. Despite the work of such groups, it was not until the groundbreaking 1960s and 1970s that members of the gay community felt comfortable enough to protest for their own rights and lead openly gay lives.¹²⁶ The Stonewall rebellion of 1969, during which gay bar patrons fought back against police officers during a raid, ignited the fervor of gay activists and gave them specific injustices to fight against. Stonewall, in addition to the sexual liberation of the 1960s and 1970s, encouraged homosexuals to take a stand and use the political system to demand their civil rights.¹²⁷

On the other hand, the conservative movement was more visible earlier in the United States’ history. It staged a rebellion during the 1920s as it sought to prohibit the influx of evolutionary ideas into schools. The famous

¹²⁴ Gallagher, John and Chris Bull. *Perfect Enemies: The Religious Right, the Gay Movement, and the Politics of the 1990s*. Crown Publishers, Inc: New York, 1996. 2.

¹²⁵ Gallagher, John and Chris Bull. *Perfect Enemies: The Religious Right, the Gay Movement, and the Politics of the 1990s*. Crown Publishers, Inc: New York, 1996. 3.

¹²⁶ Ibid. 4.

¹²⁷ Ibid. 4.

Scopes trial would stand as a backdrop for the movement's many attempts to fit its Christian ideology into the modern and increasingly liberal landscape.¹²⁸ Following the evolution controversy, conservatives were relatively quiet for several decades, but made their voice heard when they once again had to confront changing and liberating social standards; this time it was the sexual revolution of the 1960s.

The conservative movement and the gay movement came into their own in the 1960s. The Civil Rights movements inspired both groups, but in converse ways. The success of blacks in gaining equal rights motivated gay rights advocates to fight for the same. Earlier in the century, conservatives and those who would eventually make up the Religious Right fought against anti-segregation movements and worried about the infiltration of Jews and Communists into the United States. With the passing of the Civil Rights Act of 1964, "open espousals of anti-Semitism and racism were no longer socially acceptable." Conservatives' new target became gays and lesbians, because their newly found causes posed a danger to traditional Christian values and threatened to eradicate the morality of the country.

As the 1970s drew to a close, the tension between Christian Conservatives and gay activists was at an all-time high and the nation was uncertain of its future and skeptical of any idea that bordered on radicalism. Some of the country was returning to its Christian roots, yet liberalism was widespread enough for the equal rights demands of homosexuals to gain a

¹²⁸ Ibid. 5.

foothold. As gays marched in Washington and San Francisco and transformed enclaves of urban areas into havens for homosexuals, conservatives tried to pass legislation that would outlaw homosexuals from teaching in schools and attempted to convince the American public that homosexuals were prone to prey on children.¹²⁹

Xenophobia reemerged during this era of conflict. The nation's insecurity and troubles with energy, the economy and foreign relations increased citizens' skepticism of anything un-American or that threatened the cohesiveness of the nation. Christian conservatives attacked homosexuals by comparing them to foreign invaders intent on uprooting American values. The Religious Right cast the agenda of gay activists as "equal only to a Communist or, more recently, radical Muslim takeover of the country in its consequences for U.S. identity."¹³⁰

What AIDS entered into was the perfect storm. The confluence of ideas, controversy and historical events in the early 1980s set a stage for AIDS that could not have been much worse. The tension between the Religious Right and the gay movement was rising and AIDS served as potent ammunition for conservatives. AIDS was initially called "gay cancer." Its first victims were gay and the link between homosexual acts and the contraction of the disease early on in the epidemic was undeniable. Because the virus that

¹²⁹ Duggan, Lisa and Nan D. Hunter. *Sex Wars: Sexual Dissent and Political Culture*. Routledge: New York, 1995. 128, 130-131.

¹³⁰ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 170.

causes AIDS (HIV) was not identified until 1984, the association between homosexuals and the disease had adequate time to take root. Even when the name “gay cancer” was replaced with “AIDS” and non-gay people began to contract the disease, the stigma remained. Historian Jennifer Brier wrote, “The emerging public face of AIDS was linked to certain kinds of people instead of certain kinds of behaviors.”¹³¹

The fatality and gay stigma that accompanied AIDS fueled conservatives’ attack on homosexuals and their accusations that homosexuals were threats to the nation’s safety and morality. Christian conservatives perceived AIDS as homosexuals’ punishment for their immoral acts and violations of traditional gender roles. The Religious Right also interpreted the epidemic as the backlash the United States deserved for the “anti-family” and “permissive” attitudes it developed during the 1960s and 1970s. Vicki L. Eaklor wrote in *Queer America* that these conservative theories increased homophobic notions across the country to levels not seen even in the Cold War era. “Visible right-wing leaders encouraged a witch-hunt mentality with statements calling AIDS ‘the judgment of God’ against those who ‘declared war upon nature,’ and popularized a distinction between the (evil, self-indulgent homosexual) carriers of the virus and their ‘innocent’ (heterosexual) victims eventually infected.”¹³²

¹³¹ Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008. 175.

¹³² Ibid. 176.

While these accusations seem outlandish in hindsight, the uncertainty of the early 1980s lent these sorts of ideas leeway into the thought processes of Americans across the country. It cannot be assumed that journalists, especially those at *The New York Times* and *The San Francisco Chronicle*, bought into these conservative ideas, but given the mood and confusion of the 1980s and the puzzling qualities of the disease, these ideas' presence in American culture cannot be ignored when analyzing the news coverage of the AIDS epidemic. John Gallagher and Chris Bull wrote in their book, *Perfect Enemies*, that journalists paid attention to the concern of the Religious Right and the gay movement "only when [they] realized that the growth of these two movements was creating clashes that would make good copy."¹³³ The media concentrated only on the conflict created between the two groups and not the groups' overall objectives. Gallagher and Bull wrote that the media never dug deeper to reveal the basic fundamentals and beliefs of each group; instead, it simply pitted them against each other and reported on the controversies that ensued. This lax reporting allowed the stereotypes of both groups to perpetuate and impact the opinions Americans formed about AIDS and the people it infected.

Christian conservatives used AIDS to reaffirm their attacks against homosexuals, yet these beliefs and accusations also reignited their isolationist and xenophobic tendencies, especially when AIDS erupted in Africa. The superior morality that was first seen when European settlers encountered the

¹³³ Gallagher, John and Chris Bull. *Perfect Enemies: The Religious Right, the Gay Movement, and the Politics of the 1990s*. Crown Publishers, Inc: New York, 1996. 3.

customs of Native Americans reemerged as the AIDS epidemic transitioned to Africa in the late 1980s and early 1990s. In this circumstance, Americans simply played a round of the blame game. Their ignorance of African culture and assumptions that African practices and belief opposed their own Christianity catalyzed some Americans to dismiss Africa as an un-Christian continent whose rituals and sexual practices made them deserving of the disease.

The Christian morality that pervades American culture — as it has done for centuries — disallowed Americans from gaining a truthful representation of sex and AIDS in African culture. Gallagher and Bell wrote that journalists failed to look past the conflicts between the Religious Right and gay activists to see the larger cultural elements in question, and the same can be said for the news coverage of AIDS in Africa. The United States' assumed moral superiority and Christian standards impaired reporters from discussing the context of Africa's AIDS problem in print.

Many of the news articles published about AIDS in Africa pointed out that the disease is spread heterosexually in Africa, whereas most early cases of AIDS in the United States were transmitted homosexually or through the use of dirty needles or tainted blood. Because so many stories focused on the heterosexual spread of AIDS in Africa, the epidemic seemed to become a normal or casual characteristic of the continent because “typical” or “non-deviant” sexual acts spread the disease. Several prominent theories in 1989 blamed Africa's “unique sexual system,” which was characterized by

premarital sex, casual sexual encounters and polygamy, for the spread of AIDS.¹³⁴ Such theories revived the animalistic, aggressive and oversexed stereotypes of Africans that were created during the seventeenth century when Africans' apparently "un-Christian" sexual practices and gender roles reached America through the slave trade. In reality, AIDS spread so quickly through Africa because of the transactional value of sex in Africa — a topic that proved far too taboo for American media and its inherited moral code.

When Americans think of transactional sex, they think of prostitution, an act that lies well outside the nation's moral standards. In contrast to what some newspapers communicated about Africans' sex lives, Helen Epstein, author of *The Invisible Cure*, wrote that surveys carried out in Africa in the mid-1990s "suggested that Africans do not have more sexual partners, on average, than people in the West do. Anal sex and other forms of sodomy are rare."¹³⁵ Africans, on average, become sexually active later in life than do Americans, and African men and women reported about the same, or fewer, lifetime sexual partners as Americans.

Martina Morris finally put the oversexed and promiscuous theories on AIDS's spread in Africa to rest in 1993. Morris, a professor of sociology and statistics at the University of Washington in Seattle, discovered that AIDS was transmitted so quickly in Africa not because of Africans' promiscuity or casual outlook on sex, but because "a relatively high proportion of African

¹³⁴ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 51.

¹³⁵ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 22.

men and women had ongoing relationships with a small number of people.”¹³⁶ African men — for the most part — were involved in two or three “concurrent” relationships at a time. These relationships overlap by months or sometimes years, and “link people up in a giant web of sexual relationships that creates ideal conditions for the rapid spread of HIV.”¹³⁷ This causes AIDS to spread faster in Africa than in the United States because in the U.S., for example, if a man has HIV, he will transmit it to his girlfriend. Yet, he will not pass it along to anyone else until he breaks up with his girlfriend, which could take months or years. For as long as the man stays loyal to his girlfriend, his HIV is trapped within his relationship.

In Africa, because men and women’s concurrent relationships overlap, they pass HIV along to more than one person at a time. If a man has two partners, he passed HIV along to both of them. Those two women, in turn, both have another partner who they will infect, and so on. Morris discovered that HIV spreads “ten times faster in the population practicing concurrency” than it does in a population that practices “serial monogamy.”¹³⁸

The concurrent relationships Africans develop are not seen as promiscuous in African culture, but are more a means of survival. Africans’ — mainly women’s — need to use transactional sex to make a living and establish a secure lifestyle is a result of colonialization. For example, Epstein

¹³⁶ Ibid. 55.

¹³⁷ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 55.

¹³⁸ Ibid. 60.

wrote that in pre-colonial East Africa, the economy was controlled by women, “who bartered livestock for cloth tobacco, and other goods.” In the twentieth century, however, the British uprooted this economy and replaced it with a “male-controlled” cash economy that was easily “monitored and taxed.”¹³⁹ Corruption has also demolished the simple agricultural economies of some African countries and has catalyzed the economic troubles in sub-Saharan Africa since the 1970s. Because of the economic hardships that plague southern Africa, men are forced to take whatever jobs are available, which usually means they must leave their families for months a time for employment in cities where prostitution is prevalent. Women who remain in rural areas when their husbands search for work can survive by establishing sexual relationships with “sugar daddies,” men who trade sex for food, clothing and money.¹⁴⁰

While such relationships seem like prostitution to most Americans, they are not seen as such in Africa. Research psychologist Mzikazi Nduma explained the difference between transactional sex and prostitution as such: “Prostitution is seen as a business. You go into the street and set a price. With transactional sex, the nature of the relationship is different. There are feelings involved. It’s more committed.” Because women in relationships with “sugar daddies” receive money and food from their partners, they are more tolerant when their partner is unfaithful, which makes them more susceptible to HIV.

¹³⁹ Ibid. 72.

¹⁴⁰ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 76.

Because there is little wealth in Africa, or material value in good, men establish their worth through the number of sexual partners they acquire. Women and the children they bear are seen as a tangible sign of wealth. “Women’s loyalty and obedience to men [is] a defining social feature of [African] society.”¹⁴¹

The context in which AIDS spreads through Africa is complicated and cannot be summarized with words like “heterosexual,” “promiscuous” or “prostitution” as was done in some *New York Times* and *San Francisco Chronicle* articles. Because the transactional quality of sex in Africa conflicts with the United States’ Christian values, the true meaning of sex in Africa and the way in which AIDS is spread is not divulged to the general public. It is too taboo to even discuss.

In a similar way, the history behind the United States’ Christian leanings and the origin of homophobic and xenophobic notions is complex and often too complicated to be discussed on a short newspaper article. While the objective of newspapers is to communicate and analyze events in clear and concise formats, the AIDS epidemic deserved more than a few paragraph’s worth of thought. There are some articles that delved into the intricacy of the epidemic, yet on a daily basis, both *The New York Times* and *The San Francisco Chronicle* summarized the disease in as simple terms as possible, which often negated the cultural and historical context of the disease and its spread in the United States and Africa.

¹⁴¹ Ibid. 84.

Now that the cultural meanings of AIDS that were established in the 1980s and 1990s have been divulged, it is inherent that a modern analysis of the disease is carried out. The way in which AIDS was discussed in the 1980s and 1990s must be compared to how the epidemic is communicated now and if the stereotypes and stigmas created then have any place in society now.

Conclusion

A search of the online archives of *The New York Times* on April 20, 2009 for “AIDS,” “homosexual” shows that just three articles including these two topics have been written in 2009. Fifteen articles on these topics were written in 2008, and 13 were printed in 2007. Out of these 31 articles from the last two and a half years, nine of the hits were reviews of theater productions, films or art exhibits. Six were profiles or obituaries. Likewise, an identical search on the *San Francisco Chronicle* Web site resulted in four articles for 2009, 29 articles for 2008 and 28 articles for 2007. Out of these 61 *San Francisco Chronicle* articles, 16 were art, theater or film reviews, and six were obituaries. These search results are a snapshot of American society and lead to the conclusion that AIDS is no longer considered hard-hitting news in the United States.

Just ten years ago in 1999, 33 *New York Times* results came up for this same search; in 1989, 142 appeared. The number of cases of AIDS diagnosed annually has begun to shirk as antiretroviral drugs — created in 1995 — have made their way into pharmacies and hospitals across the country. In 2003 there were 40,054 cases of AIDS diagnosed. Two years later in 2005, there were 36, 127. In 2007, 35,962 people were diagnosed with AIDS.¹⁴² As a result, the urgency of the AIDS epidemic has faded. Americans assume that

¹⁴² “Table 4. Estimated numbers of AIDS cases, by year of diagnosis and selected characteristics, 2003–2007 and cumulative—United States and dependent areas.” *Centers for Disease Control*. 2009. 23 April 2009. <www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/table4.htm>.

the AIDS epidemic is controlled. They have met Charles Rosenberg's second step of reacting to an epidemic. By placing AIDS in the historical or artistic domain and by focusing only on the foreign impact of AIDS, Americans continue to try to rationalize the epidemic. The United States has, as Rosenberg put it, "managed the arbitrariness" of the epidemic.¹⁴³

Domestically, AIDS is a thing of the past. Its prevalence in theater and film and the arts illustrates Americans' retrospective view of the disease. Instead of writing stories about how in recent years African Americans have made up about 50 percent of new HIV cases in the United States, the *Times* and the *Chronicle* have focused on the artistic endeavors that now attempt to chronicle the disease's past.¹⁴⁴ Because antiretroviral drugs have slowed the mutation of HIV to AIDS, Americans don't have to worry as much about AIDS and there is little need to report on the epidemic as it relates to the United States. Americans have passed the disease off on Africans; it has left the American sphere and become an issue for only foreign countries to deal with.

The recent articles about AIDS and homosexuals that *The Times* and *The Chronicle* have published only mention the epidemic in passing, as a characteristic that was once a part of someone's life: Jon Ginoli founded his record label at the perfect time, just as the groups were sprouting up to

¹⁴³ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 282.

¹⁴⁴ "HIV/AIDS and African American." *Centers for Disease Control*. 2007. 21 April 2009. <<http://www.cdc.gov/hiv/topics/aa/index.htm>>.

demand change during the HIV/AIDS epidemic.¹⁴⁵ Barack Obama has defended his support of Rick Warren by citing Warren's efforts to combat AIDS.¹⁴⁶ A literary critic who studied modern philosophers and dealt with the labels assigned to homosexuals, inspired AIDS activists.¹⁴⁷

Maybe it makes sense that direct coverage is depleting as the cases of HIV and AIDS in the United States decreases. After all, *The Times* and *The Chronicle* still publish stories on "AIDS" and "Africa," which makes sense given the prevalence of the disease on the continent. *The Times* printed has printed 55 articles about "AIDS" and "Africa" this year already. In 2008, it printed 186, and in 2007, 217. *The Chronicle* followed suit with 165 articles about "AIDS" and "Africa" in 2007, 188 in 2008 and 52 thus far in 2009. While coverage of AIDS in Africa might be more appropriate than coverage of the epidemic in the United States, given sub-Saharan Africa's on-going battle with the disease and the high number of fatalities from the disease that still occur there, the types of articles written about AIDS in Africa have not changed all that drastically from those published ten to twenty years ago. Like in past articles, AIDS has become a characteristic of the continent. AIDS seems to have become a colloquial term that is tossed around whenever Africa is mentioned in the media. Like the topic of AIDS in America, AIDS in Africa is mentioned in passing in most of these articles and is free from any analysis

¹⁴⁵ Bundy, Ted. "Jon Ginoli's story so far? Dreams do come true." *The San Francisco Chronicle*. 25 Mar. 2009.

¹⁴⁶ Garofoli, Joe. "Obama, Warren and the evangelicals." *The San Francisco Chronicle*. 18 Jan. 2009.

¹⁴⁷ Cohen, Patricia. "Lit Critics Who Peer Under Covers." *The New York Times*. 18 April 2009.

or further examination of the disease's persistence there. In one *New York Times* article, AIDS is simply something Rwanda has fought against and is lumped in with "poverty" and "corruption."¹⁴⁸ In an article about the Pope's visit to Angola, Africa is simply identified as "the continent hardest hit by the AIDS pandemic."¹⁴⁹ When Barack Obama lifted the gag rule that disallowed organizations involved in family planning from getting federal money, A *Chronicle* article mentioned Africa as the place where AIDS and HIV funding is decreasing, yet there was no further explanation.¹⁵⁰

AIDS remains a characteristic of Africa, as it was in the late 1980s and early 1990s. The current articles on the epidemic in sub-Saharan Africa still fail to address the full cultural context of AIDS's presence on the continent. For example, in a *Times* article published on Nov. 25, 2007 titled "A Time to Rethink AIDS's Grip," author Donald G. McNeil wrote, "It's still not clear why southern Africa was hit the hardest." McNeil mentioned theories that have been conceived to explain the continent's susceptibility: "migratory mine labor, less circumcision, perhaps a still-undiscovered genetic susceptibility." Yet he never mentions Martina Morris' concurrent relationship theory that Helen Epstein wrote of in *The Invisible Cure*. Perhaps the idea of transactional

¹⁴⁸ Gettleman, Jeffrey. "A Wound in the Heart of Africa." *The New York Times*. 2 April 2009.

¹⁴⁹ Bearak, Barry. "Pope Urges Angolans to Help the Poor and Embrace Democracy." *The New York Times*. 20 March 2009.

¹⁵⁰ Nataraj, Shalini. "Lifting of global gag rule celebrated worldwide." *The San Francisco Chronicle*. 16 Jan. 2009.

sex is still too taboo for even 2007 standards and still remains in opposition to Americans twenty-first century moral code.¹⁵¹

While *The San Francisco Chronicle* and *The New York Times* have failed to put the issues of AIDS and homosexuals and AIDS in Africa in their correct historical and cultural context even today, they have a chance to correct their past mistakes when reporting on AIDS's next region of prevalence: Asia.

Recently, UNAIDS identified East Asia as a region of the world where "the most striking increases" in the number people living with HIV has occurred.¹⁵² A 2004 UNAIDS stated, "Compared to sub-Saharan Africa, adult HIV prevalence [in Asia] is relatively low, but the sheer number of infections is daunting."¹⁵³ In 2003, there were 7.1 million people living with HIV in Asia. Two years later in 2005, that number had jumped to 8.3 million.¹⁵⁴ These numbers are easily eclipsed by the same statistics for sub-Saharan that near 26 million, but in North America, Western and Central Europe in 2005, a total of 1.9 million people were living with AIDS.¹⁵⁵

While international agencies like the Joint United Nations Programme

¹⁵¹ Epstein, Helen. *The Invisible Cure*. Farrar, Straus and Giroux: New York, 2007. 54.

¹⁵² "Overview of AIDS and HIV in Asia." *AVERT: AVERTING HIV and AIDS*. 2009. 23 April 2009. <<http://www.avert.org/aids-asia.htm>>.

¹⁵³ "UNAIDS at Country Level Progress Report." *Joint United Nations Programme on HIV/AIDS*. 2004. 23 April 2009. <http://data.unaids.org/Publications/IRC-pub06/jc1048-countrylevel_en.pdf>.

¹⁵⁴ "HIV and AIDS statistics and features, in 2003 and 2005." *UNAIDS*. 2005. 23 April 2009. <http://www.unaids.org/epi/2005/doc/EPIupdate2005_html_en/epi05_06_en.htm#ToPOfPage>.

¹⁵⁵ "Overview of AIDS and HIV in Asia." *AVERT: AVERTING HIV and AIDS*. 2009. 23 April 2009. <<http://www.avert.org/aids-asia.htm>>.

on HIV/AIDS have identified the severity of the transmission of HIV in Asia, *The New York Times* and *The San Francisco Chronicle* have failed to draw much attention to the issue. In 2007, *The Times* wrote just 41 articles that included the words “AIDS” and “Asia.” In 2008, that total was down to 31, and as of April 23, 2009, there have been just 12 articles that include the words “AIDS” and “Asia” published in 2009. In the last three years combined, *The San Francisco Chronicle* has published zero articles containing these two words.

Charles Rosenberg, referencing his structure for a society’s reaction to an epidemic, might surmise that the AIDS epidemic in Asia has not reached his first stage of “progressive revelation”: “the presence of [the] epidemic” in Asia is still avoidable so there is no need for a “public admission of its existence” by these two newspapers.¹⁵⁶ After all, on a continent with a population over four billion, seven or eight million people with AIDS might be considered insignificant. It remains to be seen if *The Times’* and *The Chronicle’s* coverage of Asia’s battle with AIDS will continue to fit Rosenberg’s structure of reaction to an epidemic.

The New York Times’ coverage of AIDS’s emergence in homosexuals and the disease’s jump to Africa followed Rosenberg’s format precisely. In both cases, the newspaper did not address the significance of the epidemic until it was too prominent to ignore. It then proceeded to control or rationalize

¹⁵⁶ Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge University Press: New York, 1992. 281.

the epidemic by blaming it first on homosexuals' behavior and that of other marginalized risk groups. When concerned with AIDS in Africa, the newspaper used the epidemic as a characteristic of the continent and failed to explain the reasons why transmission of the disease was occurring so quickly. These reporting and writing techniques played a role in the demonizing of AIDS patients and the perpetuation of stereotypes about the disease and those whose lives it took.

The San Francisco Chronicle used more even-handed reportage to communicate news on homosexuals' encounters with AIDS and Africa's troubles with the disease. While the anecdotal stories it wrote about these two topics helped give its readers a more accurate and emotional perspective on AIDS, *The Chronicle*, along with *The Times*, ignored the historical and cultural context of the AIDS epidemic domestically and in Africa and failed to address the homophobic and xenophobic attitudes that could result from AIDS's clash with the United States' implicit Christian morals.

The New York Times' and *The San Francisco Chronicle's* attempts at unbiased news coverage of the AIDS epidemic were complicated by the mysteriousness of the disease in its early years. This coverage was also influenced by the Christian beliefs and gender roles the nation unwittingly adheres to. These were severe hindrances to these newspapers' accurate coverage of the epidemic, yet newspapers are expected to confront such obstacles; they are — as members of the Fourth Estate — asked to question and criticize these sort of homophobic and xenophobic attitudes when they

appear in government and in large sections of society. However, *The New York Times* and *The San Francisco Chronicle* did the American public and AIDS patients a disservice by failing to combat these notions and buying into them instead.

Sources Cited

Primary Sources

The New York Times

- Altman, Lawrence. "AIDS Now Seen as a Worldwide Health Problem." *The New York Times*. 29 November 1983.
- "Concern Over AIDS Grows Internationally." *The New York Times*. 24 May 1983.
- "New Homosexual Disorder Worries Health Officials." *The New York Times*. 11 May 1982.
- "New Homosexual Disorder Worries Health Officials." *The New York Times*. 11 May 1982.
- "Rare Virus May Have Link With Immunological Illness." *The New York Times*. 1 May 1983.
- "Research Traces AIDS in 6 of 7 Female Partners." *The New York Times*. 19 May 1983.
- "Uganda's Women: Children, Drudgery and Pain." *The New York Times*. 24 Feb. 1991.
- Bearak, Barry. "Pope Urges Angolans to Help the Poor and Embrace Democracy." *The New York Times*. 20 March 2009.
- Clendinen, Dudley. "AIDS Spreads Pain and Fear Among Ill and Healthy Alike." *The New York Times*. 17 June 1983.
- Cohen, Patricia. "Lit Critics Who Peer Under Covers." *The New York Times*. 18 April 2009.
- Crossette, Barbara. "Study Sees Rise in Child Death Rates." *The New York Times*. 9 May 1992.
- Gettleman, Jeffrey. "A Wound in the Heart of Africa." *The New York Times*. 2 April 2009.
- Gruson, Lindsey. "Black Politicians Discover AIDS Issue." *The New York Times*. 9 March 1992.
- Herman, Robin. "A Disease's Spread Provokes Anxiety." *The New York Times*. 8 Aug. 1982.
- Hoffman, Eva and Margot Slade. "Ideas & Trends in Summary; Rare Cancer in Homosexuals." *The New York Times*. 5 July 1981.
- Norman, Michael. "Homosexuals Confronting a Time of Change." *The New York Times*. 16 June 1983.
- Pear, Robert. "Health Chief Calls AIDS Battle 'No. 1 Priority.'" *The New York Times*. 25 May 1983.
- Perlez, Jane. "Kigali Journal; AIDS Outweighed by the Desire to Have a Child." *The New York Times*. 20 April 1991.
- Schmeck Jr., Harold. "A Defense Against No Self-Defense." *The New York Times*. 24 July 1983.
- Webster, Bayard. "Increase in AIDS Cases Reported." *The New York Times*. 30 November 1984.

The San Francisco Chronicle

- "A Pneumonia That Strikes Gay Males." *The San Francisco Chronicle*. 6 June 1981.
- Bundy, Ted. "Jon Ginoli's story so far? Dreams do come true." *The San Francisco Chronicle*. 25 Mar. 2009.
- Chui, Glenda. "The High Health Price of the Sexual Revolution: AIDS: Anger, Fear Over Gay Plague." *The San Francisco Chronicle*. 12 Oct. 1982.
- Garofoli, Joe. "Obama, Warren and the evangelicals." *The San Francisco Chronicle*. 18 Jan. 2009.
- Lang, Perry. "AIDS Taking Unusually Big Toll on Minorities." *The San Francisco Chronicle*. 26 Oct. 1985.
- Nataraj, Shalini. "Lifting of global gag rule celebrated worldwide." *The San Francisco Chronicle*. 16 Jan. 2009.

Shilts, Randy. "Africans Worry About A Bad Image." *The San Francisco Chronicle*. 6 Oct. 1987.

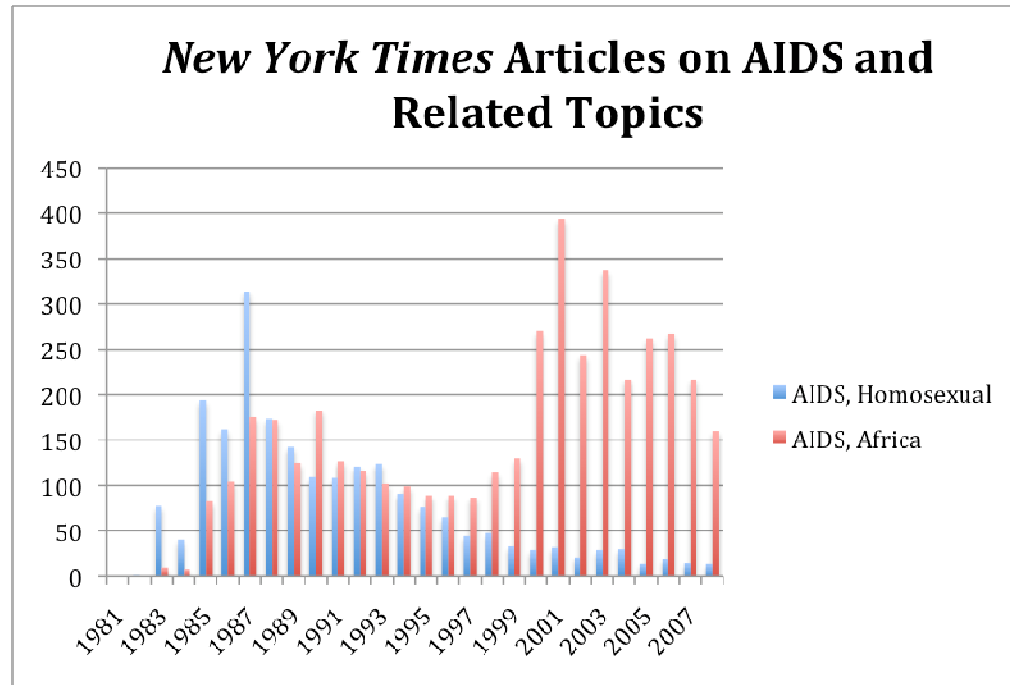
Secondary Sources

- "Where did HIV come from?" *The Centers for Disease Control and Prevention*. 2009. 3 Mar. 2009 <<http://www.cdc.gov/hiv/resources/qa/qa3.htm>>.
- "AIDS History From Up To 1986" *AVERT: AVERTing HIV and AIDS*. 2009. 22 April 2009. <<http://www.avert.org/aids-history-86.htm>>.
- "Basic Facts about HIV/AIDS." *The Foundation for AIDS Research*. 2009. 3 Mar. 2009 <<http://www.amfar.org/about/hiv/article.aspx?id=3352>>.
- "Cholera in Africa called 'catastrophic'." *The Toronto Star*. 23 July 1991.
- "Country Responses to AIDS: Regions: Sub-Saharan Africa." *UNAIDS*. 2009. 22 Feb. 2009 <<http://www.unaids.org/en/CountryResponses/Regions/SubSaharanAfrica.asp>>.
- "Detailed Guide: Kaposi's Sarcoma." *American Cancer Society*. 2009. 2 Feb. 2009. <http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=21>.
- "Health Guide: Pneumocystis Carinii pneumonia." *The New York Times*. 2007. 3 Dec. 2008 <<http://health.Nytimes.com/heath>>.
- "Health Guide: Pneumocystis Carinii pneumonia." *The New York Times*. 2007. 3 Dec. 2008 <<http://health.Nytimes.com/heath>>.
- "HIV and AIDS statistics and features, in 2003 and 2005." *UNAIDS*. 2005. 23 April 2009. <http://www.unaids.org/epi/2005/doc/EPIupdate2005_html_en/epi05_06_en.htm#TopOfPage>.
- "HIV/AIDS and African American." *Centers for Disease Control*. 2007. 21 April 2009. <<http://www.cdc.gov/hiv/topics/aa/index.htm>>.
- "Overview of AIDS and HIV in Asia." *AVERT: AVERTING HIV and AIDS*. 2009. 23 April 2009. <<http://www.avert.org/aids-asia.htm>>.
- "Table 4. Estimated numbers of AIDS cases, by year of diagnosis and selected characteristics, 2003–2007 and cumulative—United States and dependent areas." *Centers for Disease Control*. 2009. 23 April 2009. <www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/table4.htm>.
- "UNAIDS at Country Level Progress Report." *Joint United Nations Programme on HIV/AIDS*. 2004. 23 April 2009. <http://data.unaids.org/Publications/IRC-pub06/jc1048-countrylevel_en.pdf>.
- Duggan, Lisa and Nan D. Hunter. *Sex Wars: Sexual Dissent and Political Culture*. Routledge: New York, 1995.
- Eaklor, Vicki L. *Queer America: A GLBT History of the 20th Century*. Greenwood Press: Connecticut, 2008.
- Farmer, Paul. *AIDS and Accusation: Haiti and the Geography of Blame*. University of California Press: Berkeley, 1992.
- Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Vintage Books: New York, 1973.
- Gallagher, John and Chris Bull. *Perfect Enemies: The Religious Right, the Gay Movement, and the Politics of the 1990s*. Crown Publishers, Inc: New York, 1996.
- Hunt, Liz. "Toll From African Cholera Epidemic Surpasses South American Outbreak." *The Washington Post*. 24 July 1991.
- Morgan, William B. and Jerzy A. Solarz. "Agricultural crisis in Sub-Saharan Africa: Development constraints and Policy Problems." *The Geographic Journal*. 160. 1. (1994): 57, 59, 60, 62.
- Pisani, Elizabeth. "AIDS into the 21st Century: Some Critical Considerations." *Reproductive Health Matters*. 8.15. (2000): 65.
- Rosenberg, Charles. *Explaining Epidemics And Other Studies in the History of Medicine*. Cambridge University Press, 1992.

- Shannon, Gary W., and Gerald F. Pyle. "The Origin and Diffusion of AIDS: A View from Medical Geography." *Annals of the Association of American Geographers*. 79.1. (1989): 1.
- Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic*. St. Martin's Press: New York, 1987. Xxii-xxiii.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. Picador: New York, 1989.
- Stine, Gerald J. *AIDS Update 1998*. Prentice Hall: New Jersey, 1998. 308, 311.
- The New York Times*. Online Archive. www.nytimes.com.
- Wilkin, Aimee and Judith Feinberg. "Pneumocystis Carinii pneumonia: A clinical review." *American Academy of Family Physicians*. 1999. 22 Feb. 2009
<<http://www.aafp.org/afp/991015ap/1699.html>>.

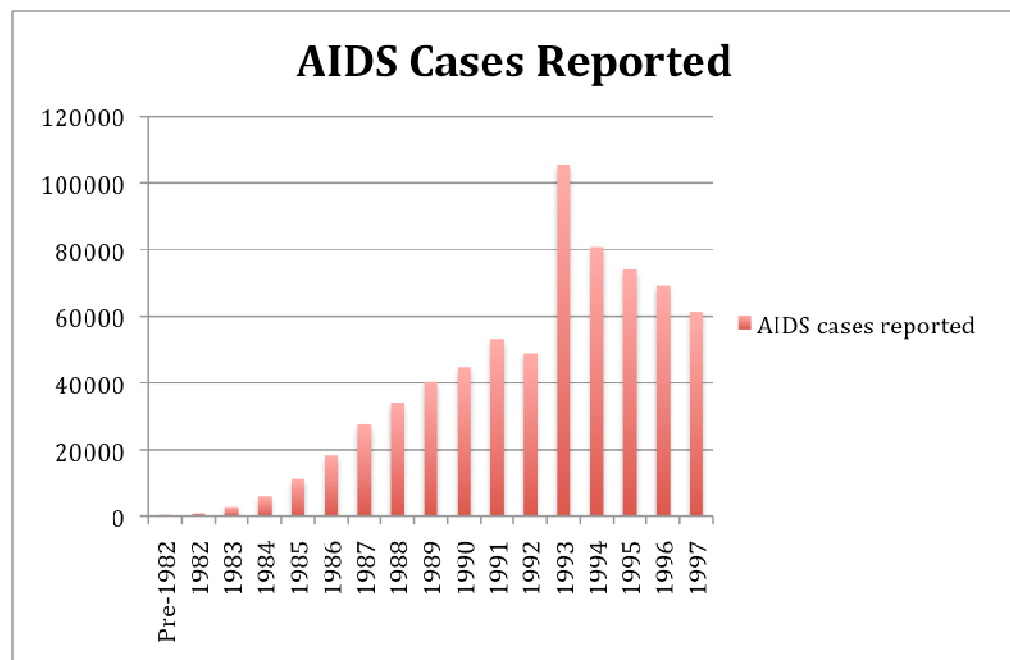
Appendices.

Figure 1



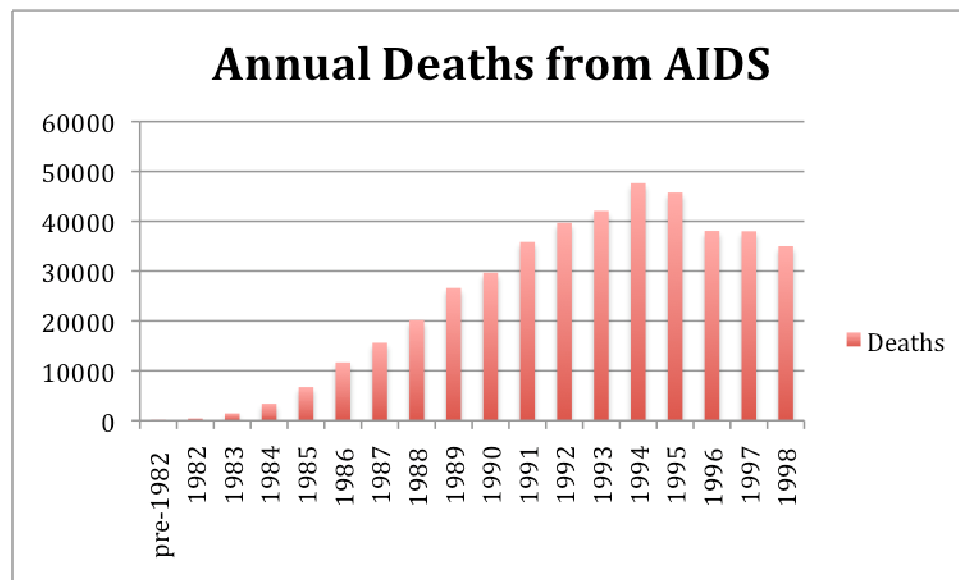
Source: *New York Times* online archives. www.nytimes.com

Figure 2



Source: Stine, Gerald J. *AIDS Updated: 1998*. Prentice Hall: New Jersey: 1998. 308.

Figure 3



Source: Stine, Gerald J. *AIDS Updated: 1998*. Prentice Hall: New Jersey: 1998. 311.

Summary

In 1983, the first year *The New York Times* wrote more than one story on AIDS — acquired immune deficiency syndrome — the newspaper printed 77 articles that included the word “AIDS” and the word “homosexual.” This total reached its peak in 1987, when 314 articles that included the two words were written. In 1990, this total was down to 109, and at the turn of the century in 2000, only 29 articles that mentioned these two words were published.

Conversely, in 1983, only nine *Times* articles included “AIDS” and “Africa.” In 1987, when articles about the connection between AIDS and homosexuality were at a climax, 175 articles in *The New York Times* mentioned AIDS and Africa. As the link between AIDS and homosexuals tapered off in 2000, the article total for AIDS and Africa was at an all-time high of 270.

The objective of this thesis was to answer the question of why this shift in focus occurred. This objective was achieved by analyzing specific *New York Times* articles that were printed from 1980 until 2000 and by studying the overall history of the AIDS epidemic. As comparison, articles from *The San Francisco Chronicle* were also examined to see if a similar shift of focus occurred in this paper’s coverage of the AIDS epidemic.

An examination of articles from both papers spanned the years from 1980 to 2000. These two cities served as the epicenters of the AIDS outbreak

when the disease was first discovered. Randy Shilts, author of *And The Band Played On: Politics, People and the AIDS Epidemic*, wrote that as of June 20, 1983, there were 1,641 Americans with AIDS. Of those stricken with the disease, 644 had died. Forty-five percent of the cases were in New York City, and ten percent of the cases had been reported in San Francisco. Because these cities played such a prominent role in the early years of the AIDS epidemic in America, their respective newspapers will serve as the two main primary sources in this thesis. By studying articles from these newspapers, specifically those stories that illustrate the assumed link between AIDS and homosexuals and AIDS and Africa, this thesis explains the transition of blame for AIDS — from homosexuals to Africans — that occurred from 1980 to 2000. New York City and San Francisco both have populations that are more densely progressive than other places in the country due to their urban environment. Such liberalism would suggest that the populations of these cities and their media would look more favorably and openly towards difference, whether in terms of sexual orientation or race. However, an examination of these newspapers demonstrated that such was not the case.

It was determined that the shift in news coverage of AIDS mirrored the disease's epidemiological shift. During the late 1980s and early 1990s, AIDS's prevalence transitioned from the United States to Africa, which was greatly influenced by the development of a drug that stalled HIV's mutation into AIDS. This drug was widely used in the United States, but proved too expensive for common use in Africa.

While the geographical shift of the disease explains — on the surface — the newspapers’ shift of coverage of AIDS, it was discovered that *The New York Times*’ initial coverage of AIDS’s occurrence in homosexuals set a template of “othering” that the paper followed in its later coverage of the disease’s presence in Africa. In comparison, *The San Francisco Chronicle* did not follow this template. Instead of bluntly stating the facts of the epidemic’s progression and relying heavily on the official statements of government organizations in its articles, which helped demonize the disease and its patients, *The Chronicle* took a more anecdotal method of reporting the AIDS epidemic. While the *Chronicle*’s people-based coverage helped stall the development of stereotypes and stigmas surrounding AIDS more so than articles published by *The New York Times*, both papers failed to put the AIDS epidemic and assumptions that developed about its victims in their historical and cultural context.

A historical and cultural examination of the homophobic and xenophobic tendencies of the American public and its media were completed in Chapter Four of this thesis. These examinations identified the Christian undertones and moral code that have saturated the nation and its governmental decisions since the United States’ inception. Such moral standards were at an all-time high when the AIDS epidemic emerged in the early 1980s at the start of the Culture Wars, as the nation was dealing with the aftermath of the Watergate scandal, the withdrawal from Vietnam, its first deficit in history and its first energy crisis, due to dependence on foreign oil. The uncertainty

and skepticism that hung over the country during this era caused citizens of the 1970s, '80s and early '90s to revisit their Christian roots, as conservative values gained support in Congress and across the country. The climate of the Culture Wars heightened stigmas that demonized AIDS victims because those suffering from the disease were seen as disobeying the moral code of the country that was in the process of being reinstated

In conclusion, *The New York Times* and *The San Francisco Chronicle* followed the geographical transition of the disease and reflected the country's moral beliefs at the time AIDS first appeared. While the mystery surrounding AIDS, the puzzling nature of the disease and the overall Christian code of the United States excused most of the newspapers' shortcomings in reporting, both papers — by being in existence — have assumed the role of the Fourth Estate. Their duty is to question and criticize both governmental and societal trends and beliefs. In the case of AIDS and the people whose lives it took, *The New York Times* and *The San Francisco Chronicle* failed in this gate-keeping role, and instead helped perpetuate the stereotypes surrounding the epidemic that still plague the nation today.