

OUT WITH

HIV / AIDS

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CASE STUDY: OUT WITH HIV/AIDS (1981-1990)

Essential Question:

What factors determine federal government funding for research and action agendas to combat new and emerging infectious diseases? (AIDS was a genuinely new infectious disease, as opposed to the emergence or re-emergence of a previously recognized pathogen.)

Case Study Question:

Did social stigma impact U.S. federal government funding for research, treatment, and education to combat the spread of HIV/AIDS?

All levels of government -- local, state, and federal -- are involved in shaping public policy and responding to public policy issues. These public policy issues and responses influence our lives beyond what appears in the Constitution. This case study examines the following:

- Government action across levels of government
- Government departments and agencies
- Citizens as watchdogs of government
- Evaluating media sources and public policy research
- Legislative and executive reports

Important Note: The language introduced in this case study mirrors language in the primary source materials from the times in which they were written and may differ from contemporary terminology.

Background Information: During the Cold War, and as a result of a 1953 Executive Order banning homosexuals from federal employment, a person could be fired if presumed to be gay. This led to an era known as the Lavender Scare when states and local officials followed suit with discriminatory laws, policies, and cultural practices against homosexuals. As the 1960s progressed and other minorities began to fight for equality, gay rights groups were created for the same purpose. While this activism led to some gains, especially after the Stonewall Inn Riot in 1969, discrimination and bias remained present among the general population and those in the government.

In the 1980s, the public became aware of an unidentified new illness that had stricken five gay men in San Francisco. "Particularly in its earlier years, HIV was only understood to be viral, deadly, and highly contagious via unknown means. These variables led to considerable panic on the part of professionals and laypeople alike. Fear fueled prejudice of populations perceived to be at the highest risk for HIV infection. Drug users and homosexuals bore the brunt of the discrimination."

¹Mann J, Tarantola D, Netter T. AIDS in the world. Cambridge, MA: Harvard University Press, 1992.

²HIV and AIDS: An Origin Story." PublicHealth.org. <https://www.publichealth.org/public-awareness/hiv-aids/origin-story/>

You will be able to answer the case study question by applying your evaluation of information presented in this case study and analysis of tables and charts from the Library of Congress Congressional Research Service Issue Brief (IB87028) on Federal Funding for AIDS Research and Education found on pages 9 - 12.

Case Study: OUT WITH HIV/AIDS

Part I

Background Information

Beginning in the late 1970s, a new disease appeared in Haiti, Sweden, Tanzania and the United States. This disease was later designated as acquired immunodeficiency syndrome (AIDS) and attributed to human immunodeficiency (HIV) infection, a retrovirus transmitted through body fluid.

During the 1980s, misinformation about HIV/AIDS proliferated through the media, including the origin of the disease, how it is transmitted, and who is at risk for infection. The rapid spread of the disease, nationally and internationally, led to tremendous fear and hysteria, including some health care professionals refusing to care for HIV/AIDS patients or providing substandard care.³ The predominance of HIV/AIDS patients in the United States during the 1980s were self-identified gay men, which led to the monikers “Gay Cancer”, “Gay Disease”, and “Gay Plague” before sufficient research determined how HIV/AIDS was transmitted and how to prevent its spread.

The first activist response to the AIDS crisis was the formation of the Gay Men’s Health Crisis, or GMHC, in 1981. This was an emergency response to a then-unnamed disease that had begun ravaging communities, primarily of gay men, in New York City. ACT UP, founded in 1987, was a direct protest organization. Whereas the GMHC aimed to care for patients and provide services, ACT UP was founded to raise awareness, secure funding for research, and make medication accessible to people suffering from AIDS. ACT UP activists protested the government’s lack of action on the AIDS epidemic, as well as the limited supplies and exorbitant costs of medications available to treat AIDS.

Although the disease carried a great stigma, some celebrities made their diagnoses public.

Rock Hudson, a famous actor and friend of President Ronald Reagan, announced that he had AIDS in July 1985. He gave an epidemic associated with homosexual men and IV drug users a public, identifiable face. Hudson’s diagnosis and death, on October 2, 1985, spurred the Hollywood community to raise money for AIDS-related research and eventually forced President Reagan, who had never spoken publicly about the disease until September of 1985 during a press conference, to acknowledge the epidemic and the need for a cure.

³International Research of Environmental Research and Public Health, MDPI (2017) “Attitude of Health Care Workers (HCWs) toward Patients Affected by HIV/AIDS and Drug Users: A Cross-Sectional Study”.

Step 1:

Listen to the Give Voice to History Project podcast featuring Tom Cassidy



Podcast link: <https://unerased.org/viewfile/112/show>

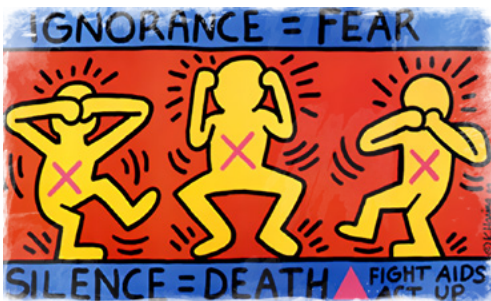
Podcast Transcript: Pages 13 - 16

Step 2:

Engage with the OUT WITH HIV/AIDS digital poster: [OUT with HIV/AIDS Instructional Poster](#)

Step 3:

Read the following additional information on Keith Haring, Tom Cassidy, Pedro Zamora, and Sylvester.



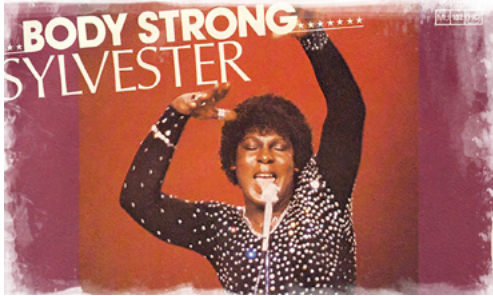
Keith Haring was a commercial artist who used his work and voice to speak out about important issues in the 1980s, including the crack epidemic, apartheid in South Africa, and the AIDS crisis. Haring was diagnosed with AIDS in 1988 and died of AIDS-related complications in 1990. The Keith Haring Foundation continues to raise and donate money to AIDS research.



Tom Cassidy, a well known CNN anchor and host of “Pinnacle,” had kept his identity as a gay man secret, believing it would threaten his career. After receiving his AIDS diagnosis in 1987, he chose to share his experience in a three-part series for CBS. As a well-respected journalist, Cassidy understood that he had the power to influence the way Americans perceived AIDS and the gay community.



Pedro Zamora was one of the first openly gay men, and one of the first HIV-positive men, portrayed in popular media when he appeared on the third season of MTV’s “Real World” in 1994. He was diagnosed with AIDS in 1990 and, having had little access to information as a teenager, worked as an AIDS educator to help and support young people. Zamora died in 1994.



Sylvester was a singer and songwriter, primarily known for his disco hits in the 1970s and 1980s. Also known as the “Queen of Disco” because of his gender non-conforming appearance, Sylvester dedicated his activism to raising awareness about the disproportionate impact of HIV/AIDS on the Black community. In 2019, Sylvester’s 1978 disco hit “You Make Me Feel” was added to the [Library of Congress National Recording Registry](#).

Case Study: OUT WITH HIV/AIDS Part 2

In the United States, the federal government’s funding for research and action agendas to combat the spread of HIV/AIDS grew from two hundred thousand dollars for research in 1981 to over one billion dollars in 1989.⁴ (To date, HIV infection has become the most extensively studied disease in human history.) Throughout the 1980s, the federal government’s response to the spread of HIV/AIDS can be contextualized within relative social, cultural, and economic mechanisms. The complexities of these factors shaped the trajectory of the spread of AIDS and the course of the disease in those infected by HIV.⁵

The data on pages 5 - 8 includes the following information on HIV/AIDS from 1981 - 1989:

- increase in diagnoses and deaths*
- amount of mandatory and discretionary federal funding for research, treatment, and prevention
- approval of pharmaceuticals by the Federal Drug Administration (FDA)
- cost of these drugs for patients

Mandatory federal funding is a “must pay” expense in order for the government to protect and take care of its people, including health care, federal employee benefits, and banking insurance. President Reagan’s Administration included mandatory spending for AIDS beginning in 1984.

Discretionary federal funding is a “might pay” expense which requires congressional approval through appropriations bills. Congress first approved discretionary funding for AIDS research in 1983.

*Reported by the CDC and American Foundation for AIDS Research (amfAR)

⁴Smith, Pamela W., Swerdlhoff, Jill T. Federal Funding for AIDS Research and Education. Library of Congress, Congressional Research Service Issue Brief Order Code IB87028, 1988.

⁵Mann J, Tarantola D, Netter T. AIDS in the world. Cambridge, MA: Harvard University Press, 1992.

The following government agencies received discretionary and/or mandatory funding for HIV/AIDS research, treatment, and education from 1981 - 1989:

<p>CDC - Centers for Disease Control</p> <p>NIH - National Institute of Health</p> <p>FDA - Food and Drug Administration</p> <p>HRSA - Health Resources and Services Administration</p> <p>and Human Services (HHS)</p>	<p>ADAMHA - Alcohol, Drug Abuse, and Mental Health Administration</p> <p>HRSA - Health Resources and Services Administration</p> <p>OASH - Office of the Assistant Secretary for Health, Health</p>
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HIV/AIDS IN THE UNITED STATES FROM 1981 - 1989

1981 - 1982: In the United States, a rare lung infection, Pneumocystis carinii pneumonia (PCP), presented in five patients in Los Angeles. At the same time, a rare cancer, Kaposi's Sarcoma, was reported in San Francisco and New York. All of the reported cases involved patients who self-identified as gay men. Several cases of PCP and Kaposi's Sarcoma were reported in intravenous drug users.⁶ In June, the Centers for Disease Control (CDC) establishes a task force on PCP and Kaposi's Sarcoma.

January 20th, 1981: Ronald Reagan is sworn in as President of the United States

October 28th, 1981: The first person dies of AIDS

December, 1982: A physician from the National Cancer Institute was widely quoted in the press stating, "We suspect that this may be an epidemic Haitian virus that was brought back to the homosexual population in the the United States". This was later proven incorrect, as well as many other claims about the origin of the disease.⁷

1981: The CDC spent \$200,000 to research PCP and Kaposi's Sarcoma

1982: The CDC spent \$2,050,000, The FDA spent \$150,000, and the NIH spent \$3,355,000 (totaling \$5,555,000) on Public Health Service (PHS) AIDS research.⁸

Total number of AIDS-related deaths

1981: 130

1982: 853

⁶Centers for Disease Control (CDC) (1981) 'Kaposi's Sarcoma and Pneumocystis Pneumonia among Homosexual Men- New York City and California' MMWR Morbidity and Mortality Weekly Report 30(25):305-308.

⁷Farmer P. AIDS and Accusation: Haiti and the Geography of Blame. University of California Press, Berkeley, 1992.

⁸"Trends in U.S. Government Funding for HIV/AIDS Fiscal Years 1981 - 2000" Kaiser Family Foundation, Policy Brief, 01 Jan. 2013.

1983 - 1984: In 1983, the CDC announced the sharing of needles between intravenous drug users is transmitting AIDS, and the World Health Organization (WHO) announced the growing number of AIDS diagnoses as an epidemic, held its first meeting regarding AIDS, and began monitoring the AIDS situation globally.⁹

In 1984, researchers from the National Cancer Institute and Pasteur Institute announced at a joint conference, "The committee believes that the evidence that HIV causes AIDS is scientifically conclusive."¹⁰ A collaborative effort between the CDC and researchers from Zaire and Belgium establish Project SIDA in response to nearly 300,000 people living with AIDS and nearly 130,000 new cases reported in 1984 worldwide. President Ronald Reagan and Vice President George H.W. Bush were elected for a second term in office.

Congress appropriated \$2,000,000 specifically to support AIDS research at the CDC and on July 30th, President Reagan signed into law supplemental appropriations totaling \$12,600,000 to be divided between the CDC, NIH, and the ADAMHA.

The Reagan Administration's budget for AIDS research for fiscal year 1984 is \$17,600,000.

The Department of Health and Human Services (HSS) Secretary Margaret Heckler introduced a revised budget of \$39,800,000 for research on AIDS. According to the House and Senate approved conference report (H.Rept. 98-977), Public Health Services (PHS) spending on AIDS research was \$61,460,000 in fiscal year 1984.

Total number of AIDS-related deaths

1983: 2,304

1984: 4,251

1985 - 1986: September 17th, 1985, President Ronald Reagan mentions AIDS publicly for the first time - and a few weeks later, Rock Hudson, a high profile celebrity, gay man, and friend of President Ronald Reagan, dies of AIDS. Hudson left \$250,000 to establish the American Foundation for AIDS research (amfAR). In December of 1985, the New York Times reported, "A majority of Americans favor the quarantine of AIDS patients, and some would embrace measures as drastic as using tattoos to mark those with the deadly disorder".¹¹ In 1986, research proves AIDS is not transmitted through saliva, which a New York Times article promoted as a possibility in 1984.¹² The National Cancer Institute (NCI) and other agencies discover a possible AIDS virus, resulting in the Reagan Administration revising the fiscal year 1984 and 1985 budget to reflect the NCI and other agencies' efforts to develop a blood screening method for early detection and a vaccine.

⁹History of HIV and AIDS Overview." AVERT, 26 Nov. 2018, www.avert.org/professionals/history-hiv-aids/overview

¹⁰"HIV and AIDS --- United States, 1981--2000." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm

¹¹"Poll Indicates Majority Favor Quarantine for AIDS Victims", The New York Times, December 20, 1985.

¹²"HIV and AIDS --- United States, 1981--2000." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/preview/mmwrhtml/mm5021a2.htm.

The Reagan Administration's proposed fiscal year 1985 budget for AIDS research (CDC, NIH, FDA, and ADAMHA) totaled \$54,092,000, and \$85,584,000 in 1986. HHS Secretary Margaret Heckler sent a memorandum to House Appropriations Committee Chairman Whitten requesting a PHS total of \$126,457,000 to fund AIDS research, treatment, and education efforts.

Total number of AIDS related deaths

1985: 12,529

1986: 24,559

1987 - 1988

March 12th, 1987: Approximately 300 people gather in Manhattan to establish ACT UP (AIDS Coalition to Unleash Power). ACT UP was formed by HIV/AIDS patients to strategize non-violent direct action efforts to end the AIDS crisis.

March 20th, 1987: The FDA approves AZT (azidothymidine), the first drug to prolong lives of AIDS patients, and, at the time, AZT was the only effective treatment for HIV infection.

March 24th, 1987: ACT UP held its first strategic protest on Wall Street to bring attention to the FDA's slow approval process of drugs to treat HIV/AIDS and the pharmaceutical companies' exploitation of AIDS drugs (specifically Burroughs Wellcome, the manufacturer of AZT). The cost of AZT, per patient, was between \$8,000 and \$10,000 a year. Shortly after ACT UP's protest, the FDA announces a two year shortening of the drug approval process.

March 25th, 1987: Congress approved a \$77 million supplemental appropriations bill for AIDS research and education: \$20 million for a mass mailing to every household with information about AIDS, \$27 million for testing, counseling, and minority education programming, and \$30 million for AIDS drugs.

The Reagan Administration's proposed budget for AIDS research, treatment, and education for fiscal year 1988 was \$533,868,000.

December 21st, 1987: Congress approved appropriations for all PHS agencies to fund AIDS research, treatment, and education to the NIH, CDC, ADAMHA, FDA, HRSA, OASH, and Minority Health totaling \$951,039,000.

Total number of AIDS-related deaths

1987: 40,849

1988: 61,816

1989 - 1990: The Reagan Administration's budget for AIDS research for fiscal year 1989 is \$1,300,000,000, and the budget is consolidated in OASH "in order to improve the coordination, flexibility, and visibility for the high level of resources being devoted to this top public health priority".¹³ In August, 1990, Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, named for the young man who, with his mother Jeanne White Ginder, rallied national attention and support for Ryan's right to attend school after he was diagnosed with AIDS in 1984, at the age of 13, as the result of a blood transfusion. Today, the Ryan White CARE Act is the largest discretionary program for HIV/AIDS care.

September 14th, 1989: Seven members of ACT UP infiltrate the New York Stock Exchange, chain themselves to the VIP balcony, and effectively stop trading in protest of the high cost of AZT.

September 18th, 1989: Burroughs Wellcome, the pharmaceutical company which produces and sells AZT, lowers the price to \$6,400 per year.

In 1990, after President Reagan leaves office, he publicly apologizes for his neglect of the HIV/AIDS epidemic.

Total number of AIDS-related deaths

1989: 89,343

1990: 120,453

Step 1:

What can you infer about the social, political, cultural, and economic influences that may have impacted the information presented on pages 5 - 8 relating to:

1. The increase in diagnoses and deaths

¹³Smith, Pamela W., Swerdloff, Jill T. Federal Funding for AIDS Research and Education. Library of Congress, Congressional Research Service Issue Brief Order Code IB87028, 1988.

2. The amount of mandatory and discretionary federal funding for research, treatment, and prevention approval of pharmaceuticals by the Federal Drug Administration (FDA)

3. Cost of these drugs for patients

Step 2:

Consider the following questions as you analyze the four data tables on pages 9 - 12 from the Library of Congress Issue Brief from the Science Policy Research Division, Congressional Research Service. (You can access the full Issue Brief here: [IB87028: Federal Funding for AIDS Research and Education](#))

What does the information tell you?

What do you notice?

What inferences can you make?

TABLE 1
 FEDERAL FUNDING FOR AIDS RESEARCH AND EDUCATION
 (in thousands of dollars)

Agency	FY81 Actual	FY82 Actual	FY83 Actual	FY84 Actual	FY85 Actual	FY86 Actual	FY87 Actual	FY88 Approp.	FY89 Request a/
NIH	\$0	\$3,355	\$21,668	\$44,121	\$63,737	\$134,667	\$260,907	\$467,806	\$587,630
CDC	200	2,050	6,202	13,750	33,298	62,133	136,007	304,942	400,719
ADAMHA	0	0	516	2,791	2,578	12,155	47,504	112,257	177,617
FDA	0	150	350	798	9,005	9,527	15,774	24,770	65,420
HRSA	0	0	0	0	0	15,311	11,900	36,956	40,016
OASH	0	0	0	0	0	0	30,363	4,308	28,598 b/
TOTAL	\$200	\$5,555	\$28,736	\$61,460	\$108,618	\$233,793	\$502,455	\$951,039	\$1,300,000

a/ In the FY89 President's Budget, all AIDS funding is proposed for consolidation in OASH.
 b/ Includes a \$15 million "contingency fund."

NIH: National Institutes of Health
 CDC: Centers for Disease Control
 ADAMHA: Alcohol, Drug Abuse, and Mental Health Administration

FDA: Food and Drug Administration
 HRSA: Health Resources and Services Administration
 OASH: Office of the Assistant Secretary for Health, HHS

Source: Public Health Service Budget Office, March 25, 1988.

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TABLE 2
NIH EXPENDITURES FOR AIDS RESEARCH
(in thousands of dollars)

Institute	FY82 Actual	FY83 Actual	FY84 Actual	FY85 Actual	FY86 Actual	FY87 Actual	FY88 Approp.	FY89 Request
Cancer	\$2,400	\$9,790	\$16,627	\$26,874	\$45,050	\$63,755	\$89,944	\$125,280
Heart, Lung, & Blood	5	1,202	4,871	9,323	15,468	17,244	24,738	39,032
Dental	25	25	81	97	1,712	3,247	3,169	3,526
Diabetes, Digestive, & Kidney Diseases	---	---	---	---	---	495	3,351	3,650
Neurological	31	684	1,510	1,168	1,435	3,685	12,212	13,393
Allergy & Infectious Diseases	297	9,223	19,616	23,273	63,276	145,760	223,383	310,268
Gen'l Med. Sciences	---	---	---	---	---	5,420	2,394	11,100
Child Health & Human Development	---	---	---	---	1,400	4,762	14,292	20,443
Eye	33	45	60	200	96	253	3,830	4,947
Environmental Health Sciences	---	---	---	---	---	216	3,917	4,234
Aging	---	---	---	---	---	184	361	452
Arthritis & Musculo- skeletal & Skin	---	---	---	---	---	100	660	687
Research Resources	564	699	1,356	2,802	6,157	11,027	50,418	38,010
Nursing	---	---	---	---	---	---	510	707
Fogarty Int'l Center	---	---	---	---	---	---	4,500	4,736
Office of Director	---	---	---	---	73	4,759	10,977	7,165
Bldgs & Facilities *	---	---	---	---	---	---	19,150	---
TOTAL, NIH	\$3,355	\$21,668	\$44,121	\$63,737	\$134,667	\$260,907	\$467,806	\$587,630

* The B&F funds were not included in the AIDS tables of the FY88 conference agreement on the continuing resolution, but report language indicates that the funds will be used for facility renovation related to AIDS on the NIH campus. AIDS funding for the Arthritis Institute also was not included in the conference agreement.

Source: PHS Budget Office and conference report on the FY88 continuing resolution, March 1988.

IB87028
April 1988

TABLE 3
FUNCTIONAL BREAKDOWN OF PHS SPENDING ON AIDS
(in thousands of dollars)

	FY84 Actual	FY85 Actual	FY86 Actual	FY87 Actual	FY88 Approp. a/	FY89 Request
I. Pathogenesis and Clinical Manifestations	\$45,690	\$61,051	\$90,257	\$154,423	\$276,279	\$385,571
II. Therapeutics	8,728	11,950	58,180	129,061	175,727	243,244
III. Vaccines	2,879	10,186	18,049	33,210	62,259	92,611
IV. Public Health Control Measures (total)	4,081	25,222	51,712	145,040	315,351	400,097
A. Information/Education	1,423	6,541	28,440	132,539	296,355	373,567
1. General Public (non-add)	(749)	(3,238)	(5,206)	(28,519)	(49,546)	(50,785)
2. School & College Age (non-add)	---	(136)	(114)	(11,076)	(29,916)	(36,450)
3. High Risk & Infected Persons (non-add)	(282)	(2,549)	(20,211)	(81,970)	(189,525)	(241,970)
a. Testing/counseling/referral (non-add)	---	---	(218)	(26,039)	(72,493)	(102,738)
4. Health Care Workers (non-add)	(392)	(618)	(2,909)	(10,974)	(27,368)	(44,362)
B. Prevention of Transfusion-related AIDS	522	11,531	11,650	1,733	3,040	3,312
C. Development & Evaluation of Blood Tests	2,136	7,150	11,622	10,768	15,956	23,218
V. Patient Care and Health Care Needs	82	209	15,595	40,721	29,218	67,731
VI. Multidisciplinary Research	---	---	---	---	92,205	95,746
A. Construction	---	---	---	---	(43,085)	(25,000)
VII. Contingency Funds	---	---	---	---	---	15,000
TOTAL, PUBLIC HEALTH SERVICE	\$61,460	\$108,618	\$233,793	\$502,455	\$951,039	\$1,300,000

a/ This total includes two amounts not shown in the AIDS tables of the FY88 conference agreement (H.Rept. 100-498): \$19,150 of the construction money (in the NIH B&F account), and \$660 additional for NIH (in the NIAMS account).

Source: Public Health Service Budget Office, Mar. 25, 1988.

IB87028
April 1988

TABLE 4
GOVERNMENT-WIDE SPENDING ON AIDS
(Obligations in \$ millions)

	FY82 Actual	FY83 Actual	FY84 Actual	FY85 Actual	FY86 Actual	FY87 Actual	FY88 Estimate	FY89 Estimate
Public Health Service	6	29	61	109	234	502	951	1300
Medicaid (Federal share)	*	*	*	*	130	210	375	600
Social Security	*	*	*	*	*	41	71	111
Medicare	*	*	*	*	*	10	15	25
Veterans	2	5	6	12	24	30	52	66
Defense	0	0	0	0	79	74	52	52
Prisons	*	*	*	0	1	3	6	6
State	0	0	0	0	0	1	2	2
Labor	0	0	0	0	0	1	1	1
TOTAL	8	34	67	121	467	872	1525	2162

* No estimate is available for this year.

Public Health Service -- PHS supports research into the causes, prevention, and potential cures of AIDS. Through education, PHS also attempts to prevent the further spread of AIDS.

Medicaid and Social Security Disability Insurance -- HHS deems AIDS patients to be disabled, which qualifies them for Social Security Disability Insurance (SSDI) benefits and in certain circumstances, for Supplementary Security Income (SSI) benefits. In many States, SSI eligibility may guarantee them Medicaid eligibility.

Medicare -- Some AIDS patients are over 65, some have been on Social Security Disability long enough (24 months) to qualify for Medicare, and a few qualify for other reasons.

Veterans Administration -- VA provides medical care to veterans with AIDS. The estimates for 1988-92 are subject to wide variation. This is a conservative estimate which assumes that the 1987-92 increase in cases will not exceed the 1986-87 increase.

Defense -- Defense is screening current personnel and recruits for evidence of AIDS infection. As the backlog of current personnel are screened, required funding will decline.

Bureau of Prisons -- The Bureau of Prisons randomly tests asymptomatic inmates entering Federal prisons, and uniformly tests all persons being released from Federal prisons. Medical staff treat inmates with AIDS. Beginning in FY88, all prisoners with AIDS will be offered AZT.

State Department -- State conducts AIDS antibody tests as part of routine in-service physical examinations of Foreign Service Officers and physical examinations for new employees, and has recently begun testing refugees and persons seeking immigrant visas.

Department of Labor -- DOL screens current Job Corps enrollees and new applicants for evidence of AIDS infection.

Source: Office of Management and Budget, March 17, 1988.

IB37028
April 1988

Step 3:

After you conduct your analysis of the Issue Brief tables, answer the case study question and support your position by citing evidence from your analysis and information included in this case study.

Did social stigma impact U.S. federal government funding for research, treatment, and education to combat the spread of HIV/AIDS?

GIVE VOICE TO HISTORY PROJECT TRANSCRIPT

File Name: Tom Cassidy

- 1-** Eric: I'm Eric Marcus from Making Gay History. In the 1980s and '90s, I recorded a hundred interviews with trailblazers from the LGBTQ Civil Rights Movement. Now, with the Give Voice to History Project, I'm bringing some of these stories into your classroom.

This is Tom Cassidy's story. Tom was a CNN news anchor who made history when he went

- 5-** public with his AIDS diagnosis at a time when the disease was killing thousands and fueling a growing anti-gay backlash.

Tom Cassidy was a total alpha male. Athletic, smart, in charge. Despite growing up poor in a Boston housing project, he worked his way to the top of cable TV journalism. By 1983, Tom was a rising star covering business news and the stock market at CNN.

- 10-** So here's the scene. It's the fall of 1990. I arrive on the 20th floor of CNN's headquarters in New York City. An assistant walks me through the buzzing newsroom to Tom's private office.

Phone ringing. Tom Cassidy from CNN. 5 Penn Plaza. 85th and Park—85th and 5th. 7147907. Yes, okay, great.

- 15-** Tom loved his job, but it meant hiding the fact he was gay. Back then, almost all gay people who worked in journalism—and virtually everyone who worked in front of the camera—kept that part of their lives very private. For Tom, it was a price he was willing to pay for a job he loved. But in October 1987, Tom's life was turned upside down at the same moment that he had to report on the biggest news story of his career.

Eric: When did you first think you had AIDS?

- 20-** Tom: It all happened kind of quickly. I tested positive the day of the stock market crash in '87.

Eric: October 19th.

Tom: Right. And then I started to have to think more about it, what all this meant, testing positive.

Eric: Were you surprised?

- 25-** Tom: Yeah, kinda, because I felt good and I was traveling 200,000 miles a year and being the attack dog reporter here in the money market area. And I was just going full speed. And I eventually had pneumonia in July.

Eric: And you couldn't come to work with that.

Tom: No... and.... I called my doctor and he said I should come to see him that afternoon. And
30- it was classic pneumocystis [pneumonia]. And he said, "Do you know what that means?" And I said, "AIDS?" My instinct was, "I have to go back to work!" And he said, "You are to go home and pack a bag and go to Mt. Sinai." Your life changes in such fundamental ways when that word comes to you. I felt terrible, terrible! And I was a jock and I had never felt terrible.

Eric: It wasn't your time.

35- Tom: It wasn't my time. Exactly. And I'm certainly supposed to not just suddenly die. And I came back to work. They put me on the air the first day back. And I looked very skeletal. For, gee, a year-and-a-half, a solid year-and-a-half there were probably a maximum of six people in my life that knew I was sick. I was popping those AZT and going to work every day and feeling wobbly. And the camera doesn't lie. And so you had extra make-up. Eventually I became so
40- anemic I had nine transfusions.

Eric: Effective treatments for AIDS were still years away. Tom was taking AZT, the one drug that was proven to help extend life for those infected with HIV. But it often had brutal side effects. As the disease and the drugs to treat it took an ever more visible toll on Tom's body and he wound up in the hospital, he had to make a decision: whether or
45- not to tell his boss at CNN that he had AIDS. The epidemic had been met with fear and panic. People lost their jobs when they shared their diagnosis and Tom was determined to continue working.

Eric: When did they find out here at the office?

Tom: When I came back to work my boss, Lou Dobbs, asked me to come into his office. And
50- he said, "How are you doing?" And I said, uh, I was trying to put the best foot forward, and said "Great. Great." And he said, "How sick were you?"

Eric: Were there beads of sweat on your forehead at that point?

Tom: Yeah. And I said, "Well, I was pretty sick." And he said, "Well, how sick?" I said, "I was very sick." And he said, "How sick?" And I said, "Well, I have AIDS." And his eyes just sort of
55- rolled back. It was very much a feeling of relief for me, because Lou Dobbs is clearly one of the most important people in my life. Almost, clearly a brother figure. He's a western cowboy, a macho homophobe, who was really a very good friend of mine. And I was afraid of what his reaction would be.

Eric: Because of the AIDS or because of being gay?

60- Tom: Both. He totally surprised me. I did not have any negative reaction from him. He said, "What do you want me to do?" He said, "Do you want me to tell anybody or do you want me not to tell anybody?" I said, "I think you better tell everyone."

Eric: Why at that point?

Tom: I was tired. I was tired of living a lie.

65- Eric: About AIDS?

Tom: And also about being gay. Because they were intertwined at that point. And he scheduled a meeting for the whole department. And he told them. I wasn't around.

Eric: That must have been very hard.

Tom: It was very hard for him.

70- Eric: For you, as well.

Tom: Well... Eric: Or was it simply comforting?

Tom: It was almost comforting.

Eric: Did they surprise you?

Tom: Oh, yuh.

75- Eric: What did you expect?

Tom: I didn't know.

Eric: What did you fear?

Tom: Rejection and people freaking...

Eric: Because of...

80- Tom: Because I had AIDS, first of all. That's not an easy message to get and to be around.

Eric: And you're a prominent figure within the company.

Tom: Very prominent, yeah. And I've been here a long time. And I came in the next day...and... you know, there were flowers... and mass cards... and a lot of messages. There was a lot of love. And my life hasn't been the same since.

85- Eric: After Tom went public with his diagnosis at CNN, he jumped at the opportunity to be the focus of a TV series about AIDS. Tom told me, "I make my living essentially being a face. What I decided to do was to lend that face to AIDS."

Tom Cassidy died from AIDS-related complications on May 26, 1991, just seven months after I interviewed him. He was 41.