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Politics and AIDS: Conversations and Comments

*Interviews Conducted by
Steven Stark*

As AIDS has emerged as a medical and social concern, it has become a political issue as well. In a series of interviews, we asked some leading authorities for their opinions on how AIDS is emerging as a political issue, particularly during the campaign of 1988. In all cases, the comments that follow represent an edited version of their remarks. Those participating were Ronald Bayer, director of the Project on AIDS and the Ethics of Public Health at the Hastings Center; William Schneider, resident fellow at the American Enterprise Institute; Jonathan Handel, a gay activist and a member of the Cambridge, Massachusetts, Human Rights Commission and the AIDS Task Force for the City of Cambridge; Stanley Greenberg, president of the Analysis Group, a national Democratic polling firm with offices in Washington, D. C., and New Haven, Connecticut; Denise McWilliams, director of the AIDS Law Project for the Gay and Lesbian Advocates and Defenders in Boston; William Shannon, professor of journalism and history at Boston University and a columnist for the Boston Globe; and Barbara Whitehead, a social historian and a consultant with Public Policy Associates in Chicago. Steven Stark, a Boston writer, conducted the interviews for this piece.

Stark: In terms of the 1988 election, do you see AIDS emerging as an issue in this campaign?

Whitehead: Well, it's going to be harder and harder to ignore AIDS, because it carries a head count. The death toll does keep rising. And along with that are the costs associated with AIDS, so that eventually its place on the public agenda is going to expand as the costs grow. I saw an article that said in Massachusetts the cost of AIDS will equal the entire Massachusetts Medicaid budget this year. That means it's going to be harder and harder simply to ignore.

But it goes beyond that. AIDS is the ultimate social issue; if you wanted to go to the drawing board and invent some kind of social problem that triggered a host of other disturbing or important social issues, you couldn't do

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better than to invent AIDS. It's a kind of Pandora's box. To talk about AIDS is to talk about an underclass, to talk about drug abuse, to talk about sex education.

Shannon: AIDS will not emerge as an issue during the primary stage, but I think it will next autumn. I think a Democrat, particularly when campaigning in areas like New York City and San Francisco, which have a large gay population, will make the point that the Reagan administration was very tardy and delinquent in coping with the crisis.

But is it a cutting issue? Not at the moment. On the scale of one to ten, with ten being the most important, I think that except in certain communities like San Francisco I would put it down at two or one.

It hasn't made an impact yet. I think it will. But not by 1988. I think most heterosexual people have — after the initial panic — screened it out of their mind, deny it as a real threat to themselves. So the heterosexual cases would have to increase dramatically in number before the broad voting public would decide an election on that basis.

Bayer: I don't think that the issue will emerge as a challenge to what the government has done so far in terms of funding, and the clear evidence is that the response has been woefully inadequate. But the issue will emerge from the right flank, from people suggesting that we haven't done enough in terms of repressive measures — why aren't we screening more people mandatorily, why have we allowed civil libertarians and the gay lobby to set the political agenda on this issue. That's my concern. I think it's substantiated by the kinds of things we hear even from the center of the Republican Party in terms of "much wider" mandatory screening.

The issue is one that could be easily politicized. There is an enormous amount of anxiety that is generally kept under wraps. But when the appropriate moment arises, that anxiety will express itself. Last year, for instance, it took a huge effort on the part of a broad coalition in California to defeat the LaRouche amendment, though they defeated it very handily. About 70 percent voted against the amendment. However, it took enormous exertion, and the entire establishment of California was opposed to it — the health establishment, the media, the TV networks, and political figures.

Despite the fact that this was an amendment backed by someone who is widely thought to be politically paranoid, it was able to get 30 percent of the vote. I take that as a sign that there are many people out there whose anxieties could be mobilized in a way that would be socially disastrous.

Greenberg: AIDS is a big public health issue. It is not yet a political issue, and I think it will become one only if parties or presidential candidates choose to try to shape it as such. At the moment I'm not sure that is happening.

Handel: It's an issue but only barely. If you watch the debates you will see one question on AIDS and I think that there is both a positive and a negative to that. I think that on the one hand the candidates are really afraid of the issue and

they are afraid of how it is going to play. On the other hand, given who a lot of these candidates are, it's a positive that we are not getting even more negative.

Moreover, the health community has been so united in its approach to AIDS and its insistence that discrimination is not appropriate that it would be hard for right-wing candidates to stand up there and say some of the things they might be inclined to say.

McWilliams: AIDS doesn't seem to be taking on anywhere near the significance that I think it should. Candidates are coming out with fairly vague, broad statements when they bother to mention it at all. I think there has been very little thoughtful analysis or debate.

There are a variety of reasons for this. Part of the problem is that to date there is still the perception that it is a disease of marginal types of people. People see it as a disease of homosexuals, IV drug users, poor people — constituencies that traditionally politicians felt no compelling need to address. I think it also raises the sorts of issues that this society has never dealt with well. We have never dealt well with the issue of sex. We've dealt even less well with the issues of homophobia and racism. And we are doing an abysmal job of addressing addiction in this country. AIDS doesn't come by itself, it comes with all these other issues. So in a sense it is almost all of our failures packaged into one word.

Stark: Do you see AIDS breaking down as a partisan political issue?

Whitehead: It hasn't yet. But if Bob Dole says that he wants the Republican Party to be a party that embraces an ethic of caring, is he going to include AIDS? Does he mean to talk about people with AIDS and their families? Or when Mike Dukakis says we need to have opportunities for all people, does he mean to include AIDS patients and their families, that they should stay in the work force as long as possible? This is something that all candidates will have to address.

Schneider: There are several different issues. There's testing, which I think will become an issue principally for people on the right fringes of the Republican Party, who are demanding more rigorous screening and testing. There's funding, which is an issue on the left, where there are many groups demanding more research and educational funding. But I think that basically, for most of the broad middle of the electorate, the issue isn't all that important. Of course, it's a serious issue; they want more funding; they want more testing; they want the government to do something more about it. But it's not that divisive an issue. I don't think you're going to see leading Democratic or Republican candidates divided on it.

It's an issue that everyone is concerned about, but there's a kind of broad consensus. The broad consensus is, Do whatever is necessary to rid society of this plague. People take it very seriously. But it isn't an ideological issue. The issue really has a kind of ideological meaning only to the groups on the left and the right, who insist on interpreting it in moralistic terms.

Greenberg: People don't view it as a narrow interest-group-based issue. I believe there would be very strong public resistance to politicizing the issue. There's been very strong positive response to congressmen who have mailed out educational information, but I believe that candidates who sought to use this issue as a way of trying to link Democrats to homosexuals would find a public that was unreceptive to that position. I also believe that the president did try with the AIDS testing issue to see whether they could turn this into something that paralleled the drug testing issue.

What we have found in our polling is that drug testing has not caught on as some kind of test of people's commitment to a conventional family life or sexual preferences. The public supports AIDS testing, but mainly as a public health matter that would benefit society and benefit individuals who are afflicted. But there is no evidence that they use it as some kind of litmus test on social issues or family issues. In addition, the health professionals have become so deeply involved in this question that I think it's become very difficult to turn it into a partisan issue. Health professionals have been very cautious about universal AIDS testing, and that's made it difficult for elected officials to try to shape the issue in a way that would offer political advantage.

Stark: If a presidential candidate asked you for advice and in boldly political terms said, "I want to say the right thing but I also want to say the politically beneficial thing," what would you tell him?

Whitehead: I think AIDS offers a real opportunity for politicians if only they would see it as such. If people are looking at political candidates for signs of character, and if character is defined as telling the truth and facing facts and showing courage and gutsiness in the face of long odds, then what better issue is there than AIDS? I think a model here is C. Everett Koop, the surgeon general. He has stood out as probably the only public figure who's willing to talk directly and clearly and in a factual way about what AIDS is and what it is not. If we're talking about moral leadership, then that's my definition of true moral leadership.

I think that's the challenge for the candidates. I would tell someone that it's a good opportunity for leadership. They should use it.

Shannon: I would tell them that it's a very serious public health problem. I should preface it by saying that this question is so complicated and potentially so serious that a candidate would do best to handle it in as truthful, direct, and responsible a manner as possible. This is a case where being too clever would probably not serve any purpose. I think the only voters who are going to be deeply agitated are two sets of voters. One is homosexuals, who are not going to vote for a conservative Republican candidate in any case, because of the Reagan administration's record on gay rights. At the other extreme are fundamentalist Christians, who are unlikely to vote for a liberal Democrat on any issue. So I think the votes to be won or lost are few. I then would simply have him say that it's a very serious public health issue, that we have to have extensive testing for public health reasons so

that we can track the progress of this disease and know the shape of the enemy we're fighting. But if we are to do that, we also have to have stringent protections like the Kennedy bill now pending in Congress to protect the rights of all persons who are tested.

Then, second, in addition to all the other fiscal problems we have, we have to start planning for how our medical health insurance programs are going to cope with what is a totally new and staggeringly expensive burden, one that strikes people who are normally not health risks at all. I've seen estimates that by the early 1990s the cost of caring for AIDS patients will be anywhere from eight billion to thirty-eight billion.

I would also add a third group that the issue might influence, aside from gay men and fundamentalists, and that is blacks and Hispanics, because this disease seems to hit with higher incidence among them than the general population. Now, coming from a strictly political point of view, those groups have a poor voter registration and voter turnout record, but nevertheless insofar as you are appealing to blacks and Hispanics and want to have an issue beyond the standard ones to appeal to them, you could stress the importance of health care for them, because many of them have no health insurance.

Schneider: I would advise the candidate to say, when asked about the issue — or to announce on his own initiative — that the United States government will do whatever is necessary and reasonable to rid society of this plague — that we have to increase education, quite clearly, that we have to be realistic about the risks involved, that we have to support funding where there is any indication that it will be productive. I think a candidate has to indicate that he takes the issue very seriously.

In fact, they have handled it very reasonably. As I say, it's principally those on the left and right of American politics who insist on a confrontational position. I think once the crisis became evident the government has been very seriously concerned and attentive. It took a while for people to understand the dimensions of the crisis. A great deal of headway has been made. Obviously, there's always more that can be done. But considering that the disease has not yet spread widely outside the male homosexual and intravenous drug user communities — and it simply has not spread widely in these communities — I think the government has been quite responsible in its approach to the problem.

Stark: Let me ask a broader question. To take it out of the domain of just electoral politics, in defining politics broadly, how do you see AIDS changing the American body politic?

Whitehead: One of the distinguishing characteristics of polity, almost since the beginning, and one of the reasons that Americans believe they're exceptional, is that we have been an extraordinarily optimistic and self-confident people. This is a young country, and our social confidence is a resource. AIDS is a great threat to social confidence in this country for a couple of reasons. Postwar American medicine, with its successes in conquering disease, had

a lot to do with bolstering a sense of social confidence. It's been a realm where Americans could demonstrate their individuality, their innovative methods. Much like the space program, it's been a carrier of a sense of progress. When we think about AIDS, not only is it a disease that metaphorically fragments the society, but also you have to think about what's happening to the medical establishment itself.

There used to be a broad consensus in the postwar period about what doctors were and what they should do, who patients were and what they should be, and what hospitals were and what they should do in the community. All of that is being called into question. In a sense, we could become very European, and the optimistic American outlook could become tragic very quickly. Broadly speaking, I think AIDS has that effect.

AIDS also creates a kind of wall of suspicion. You have to know someone's history and we know so little of each other's history. Everyone who enters a hospital or a dentist's office is now treated as if they are potentially infected.

It's a little bit bleak. And then there are movies like *Fatal Attraction*. One of the reasons that it has become such a box office success is that it is not only about old-fashioned morality or about a backlash against career women, it's about the penalties of intimacy with a stranger. And that's the message of AIDS as well. I think we just can't trust each other. We make fewer assumptions about people whom we don't know well, and in contemporary society, none of us know each other very well.

I would like to be optimistic. I would like to tell you that I feel optimistic. But I don't think that there's anything, at least in the history of the way that we have dealt with AIDS to this point, that would encourage optimism. However, I don't think it's too late.

I don't think it's too late to have people begin acting collectively to deal with this.

And I think it's a tremendous opportunity for the candidates, for one or more, to show real courage and leadership. People seem to focus on the economy and whether candidates have the courage to step forward and talk about tax cuts, but an equally good test of their capacity for leadership is the AIDS issue. We need more Koops out there right now. It's remarkable to me that he has been the only public figure who has been talking the way people should talk about this issue.

Schneider: I have been struck, having read the polls on this for a number of years, about the rationality of people's responses. While of course one will always find evidence of irrationality and hysteria in the public, the fact is, people have behaved very reasonably. There is no real evidence of any antihomosexual hysteria emerging out of it. If I had to describe the public's view of gay men in a single word as a result of this crisis, I think it would be sympathetic. They are concerned, they are a little confused about the messages they are getting. If you watch the news or read the newspapers, you get two very different and conflicting messages. One of them is, Panic, ten million Americans are going to die, and the other is, Don't panic, because the disease is very hard to catch and you shouldn't be

alarmed about casual contacts or allowing people carrying the AIDS virus in the workplace or in the schools. It's a very conflicting message. It's a very difficult message to sort out and I think the public has been quite responsible about it, and that's one of the reasons that most politicians don't want to inflame the issue.

Bayer:

I don't have a good answer. As the numbers mount even further, as they most certainly will in the next three to four years, especially in places like New York, San Francisco, LA, and Miami, I think that the impact is going to be quite profound. I think the sheer magnitude of living in communities where large numbers of relatively young people are dying will have a profound effect. The other thing that's going to happen is, as the color of people with AIDS gets darker, within relatively cosmopolitan communities, it will have an interesting impact. Up until now, rather than provoking an hysterical homophobic response, I think what in fact has happened in places like New York and San Francisco is that there has been an integration, or at least a consultative relationship established, between gay male leaders and the political establishment that ten or fifteen years ago would have been unthinkable.

But the attitude will be very different with addicts. Whatever efforts have been made to expand the notion of how a humane and decent social system responds to a disease like this will take on a very different quality when it's black and Hispanic addicts that are being dealt with. I think, for instance, the issues of physicians' refusals to treat patients with the infection will grow, and a tendency to think about creating special hospitals will intensify, not so much to meet the needs of AIDS patients as to create separate places where these people — or "those people" — are taken care of. I cannot help but feel that a hospital made up primarily of black and Hispanic addicts with AIDS would be a very grim place. It would not be the designated ward in San Francisco General Hospital.

It depends, of course, very much on the pace of scientific progress. We are used to being able to deal with acute situations rapidly, with some degree of dispatch in our culture, and unless there are quite dramatic developments in medicine in the next few years, one of the things that American culture is going to have to come to grips with is a sense of its own limits or powerlessness in the face of things like this epidemic. I think that will have a profound cultural impact. Teaching people a sense of restraint and also a sense of their own limits will not be easy. I think you can get people to appreciate the fact that we can do a great deal to limit the spread of this epidemic but that we can't stop it and that we should think in terms of the long haul. I think those are going to be very critical challenges.

Greenberg:

AIDS has been incorporated into the list of indicators that there are big problems on the horizon, that there is some kind of social decay, that the country's off on the wrong track. AIDS has become part of a bundle of things that give you a reason to fear the future. Drugs fall into that category, trade deficits fall into that category, divorce rates fall into that category, and AIDS is part of that list. It suggests that one needs to be anxious

about the future. So I think it does reinforce a mood in the country that is fairly pessimistic.

Overall, there is an electoral environment in 1988 which would favor a change in leadership away from the incumbent leadership to new leadership. Under normal circumstances, that would favor the Democrats. Wherever you go in the country, there is a pretty strong majority that say the country's off on the wrong track, and AIDS is part of that mood. That is conventionally the response — let's throw out those in office and let's bring in a new crowd to try to get the country off in a good direction. Those are the kinds of numbers that were evident when Jimmy Carter was thrown out in 1980.

AIDS is one of those reinforcing elements that say we're just not dealing with the kinds of things that are going to create enormous problems for our kids and enormous problems for us in the years ahead.

Handel: I think the gay male community conceives the world differently now. The effect of AIDS in the gay and lesbian communities has been striking. I think that the story of AIDS that is by and large untold and underreported is the incredible work that the gay male community has done in forming organizations, in helping its own and crying out in the wilderness for many years when there wasn't any real attention to this disease. The effect has been that a lot of people who were not political, or people whose economic interest ran counter to their interest as gay people, speaking particularly of white gay men, affluent white gay men, have become a lot more politicized. I keep hearing from people who are saying, I am angry, what I am seeing about AIDS makes me angry, the death of my friend makes me angry, the march on Washington uplifted me, you know, I am getting involved.

Outside the gay male community, it's a different story. The nongay communities have not been affected by AIDS in nearly the same compelling way that the gay male community has. I don't think there has been much of a sort of drawing together in these communities as a result of AIDS.

McWilliams: Well, I think AIDS has several potential implications. I think the issue is going to create enormous pressure on people, if not for quarantine then at least to ghettoize the problem. I think it has the real potential to develop a scapegoating mentality — you know, your taxes wouldn't be so high if it weren't for this, for example, or, our medical system wouldn't be quite so strained but for these immoral sorts of people. I think it has enormous implications for how people deal with employment situations. For instance, even though in this state the use of the HIV antibody test for employment purposes is prohibited, there are attorneys in businesses across the country who make the argument that they should be allowed to use the test because that is going to have a direct impact on the employee benefit package they can offer their employees.

I think it also has real serious implications for people in unions, because obviously again you are going to get into the ghettoizing mentality, that

they-are-dragging-all-of-us-down type of thing. And to put it mildly, unfortunately that is the tack that we seem to be following. You know, a situation like this calls for all the wisdom and compassion we can muster, and we're getting very much mired in this traditional us-them mentality.

Stark: Well, related to that, let me ask you another question. About a year ago if you looked at the media, and I guess using that as a measure of what is on people's minds, AIDS seemed to have been a much bigger issue. Correct me if you think I am wrong, but if that is true, why has it seemed to recede somewhat, do you think, in the past nine months to a year?

McWilliams: In this country, we have a notoriously short attention span and, particularly, where there have not been that many new, dramatic developments on AIDS. I think our reporting is not the type that is geared to taking a long hard look at an issue. It's much more the glitzy sort of headline approach. We just haven't had that many glitzy headlines coming out lately. Second, I think people are getting tired of it. It is interesting that if you look at the history of how the media has covered this issue, how much it has been the search to find and portray the innocent victim of AIDS. Right now I think we are down to children. It is interesting to note that the news coverage that has been out there has been around the children of IV-drug-using parents.

Handel: Prior to Rock Hudson, the disease got very little attention, and the quality of attention that it did get was pretty marginal. It was a gay disease and it was a scare story every now and then. We've really got a system that encourages very episodic attention to issues, and that applies to Iran, the Contras, AIDS. With AIDS a lot of the hot news pegs sort of disappeared.

Stark: Anything else you want to add?

Greenberg: The only other thing I would add is that wherever we've done this research — and this includes work in the South — people want government to take charge on this problem, they want control of AIDS, they believe the government has to play a very affirmative role and they believe the Reagan administration has been pretty indifferent. They don't believe they politicized it but they think they've not used the government to take charge. They believe there was no leadership to deal with this issue. And it reinforces the feeling that nobody's in charge.

Handel: I thought one of the striking stories about AIDS about a year ago was what I thought of as the tale of two Arcadias, I guess because there is Arcadia, Florida, where a kid with AIDS was ostracized or some of the kids were ostracized, not allowed to go to school, and the mayor was one of the first people to pull his son or daughter out of school and help start or encourage the fear. And at exactly the same time, apparently, there was a kid, a school-age kid with AIDS in Arcadia, Illinois, who had no problem going to school, he had incredible community support, which I guess is a counter-example to what I've said before about communities pulling to-

gether. And the question to me is why in Arcadia, Florida, did the darkest side of American politics rule and the darkest side of the American character, the fear and ignorance, and in Arcadia, Illinois, it was sort of the most exalted and the best that you hope for in this country. I don't think there are quick answers to that. I think that honest answers to a question like that go to the socioeconomic levels of the community and education and courage on the part of particular politicians and educational and religious leaders in the community; they really go in some sense to the quality of life in the community. But it was a striking sort of study in contradiction. 🐼