

Ignorance and Discrimination: The United States and the HIV/AIDS Epidemic

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On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

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The “Gay Plague”

Beginning in the early 1980s, the "gay plague" has infected over 84 million people and taken the lives of another 40 million people (World Health Organization, n.d.). Local, state, and federal governments would largely ignore the epidemic due to the stigma surrounding the virus, which claimed that the virus only impacted the LGBT community. Although the media first exacerbated the stigma due to the initial linkage between the virus and the gay community, members of the white house would also further the stigmatization of the virus. In 1984, when over 4,000 people had died from the "gay plague," Ronald Reagan's press secretary joked about the situation with journalists who asked about President Reagan's potential measures to mitigate the epidemic (Lopez, 2015). Today, however, the "gay plague" is known as HIV/AIDS and continues to infect thousands of people each year in the United States (*HIV & AIDS Trends and U.S. Statistics Overview*, 2022). In a homophobic society, such as the one that existed in the United States in the 1980s, associating HIV/AIDS with the LGBT community created a sense of shame and fear for those suffering from the virus, especially when laws began exempting those infected from military enrollment, immigration, and the refusal of allocating research funds to the Centers of Disease Control (CDC) from the Reagan administration.

This research paper examines how the United States government used the HIV/AIDS crisis to create and propagate a power gap between the LGBT community and itself. Langdon Winner's political technology framework examines the epidemic and the policies and legislature enacted to further the stigma of shame and fear associated with HIV/AIDS and, thus, the LGBT community (Winner, 1980). Although this paper predominantly focuses on the LGBT community and their struggles, it is essential to remember that Black and Latinx communities

have historically and continue to be disproportionately affected by HIV/AIDS as well (*HIV & AIDS Trends and U.S. Statistics Overview, 2022*).

STS Research Paper Focus

The STS research paper addresses the research question: How has the HIV/AIDS crisis been utilized to create and strengthen a power gap between the LGBT community and the U.S. government? Documents from the 1980s, such as policies, newspaper articles, and lawsuits, were analyzed in order to address this question. These resources were found through searches regarding the HIV/AIDS epidemic, formerly known as GRID, and exclusionary (or discriminatory) policies, along with public sentiments towards the LGBT community during this period. This research paper is divided into the various levels at which the U.S. government failed to quell the HIV/AIDS epidemic. The topics are then further organized by the chronological order in which events such as the LGBT rights movement and the changes in laws that occurred in the aftermath, the chronological order in which bills passed as it relates to funding research for HIV/AIDS, addressing the epidemic to the nation, and various discriminatory policies surrounding housing and employment discrimination and a military ban.

The HIV/AIDS Epidemic

On June 5, 1981, the Center for Disease Control (CDC) published an article describing a rare lung infection found in five previously healthy gay men in California. With the release of this article, other doctors began reporting other opportunistic infections rising among gay men, indicating weakened or faulty immune systems (*A Timeline of Hiv and Aids*, n.d.). Gay-related immune deficiency (GRID), or a more demeaning and insensitive name, the "gay plague," became the common name for the virus due to the linkage between the gay community and the description of their newly weakened and faulty immune systems (Altman, 1982). Today, this is

known as HIV, which is now understood to transmit through contact between broken skin, mucous membranes, blood, or bodily fluids. HIV then infects CD4 cells to replicate itself and then kills its host CD4 cells, causing a decrease in immune system functions. When the amount of white blood cells falls below 200 cells, HIV has then progressed to acquired immunodeficiency syndrome (AIDS). At the time, when the virus was still vastly unknown and misunderstood, many feared the various possibilities of transmission of HIV/AIDS, such as regular physical contact, saliva, or through simply being in the same room. Two years later the CDC confirmed that transmission does not occur through casual contact, food, water, air, or surface as many had feared (Center for Disease Control, 1983).

As the infection and death rates skyrocketed throughout the 1980s, government sectors failed to provide resources for those infected with HIV/AIDS and implement exclusionary policies. One of which included Congress not approving funding for AIDS research and treatment until the summer of 1983 (*A Timeline of Hiv and Aids*, n.d.). Another case included the Pentagon; as more information and testing became available, they announced testing military recruits for HIV in 1985, withholding the right to discharge or dismiss any positive person (Lalwani, 2021). On the executive side, many criticized President Ronald Reagan for his lack of transparency and funding allocation towards the epidemic that was slowly taking over the United States. Due to these criticisms, four years after the first cases of AIDS in the United States, President Reagan mentioned AIDS for the first time during a speech. As detailed, the federal government lacked in various ways, but many held out hope that state governments would take a better approach to mitigate the virus and support the LGBT community in their time of need.

Instead, many local governments began ordering the closure of bathhouses, bars, and clubs that gay men frequented in an attempt to mitigate the spread of HIV/AIDS (*A Timeline of*

Hiv and Aids, n.d.). These measures did not help mitigate the virus and were rather, reactive to the fear-mongering against the LGBT community that was spreading throughout the country along with HIV/AIDS. The fear-mongering proved to have worked by the end of the 1980s, as a poll found that 44% of Americans reported having or knowing someone who has avoided spaces frequented by gay men as a way to avoid contracting AIDS. Another poll found that 43 to 44% of Americans believed HIV/AIDS was "God's punishment for immoral sexual relations" (Inc, 2019).

Six years after the onset of the virus, the United States Federal Drug Administration (FDA) approved the first medication to treat HIV/AIDS. The treatment options would continue to expand over the next several years towards antiretroviral treatment (ART), with most of these medications expedited through clinical trials without knowledge of the potential side effects for patients. Years later, patients would report heart complications and liver and kidney failure (Kalyesubula & Perazella, 2011). Despite the introduction of treatments, by 1992, AIDS became the number one cause of death for men between the ages of 25 and 44 (*A Timeline of Hiv and Aids*, n.d.). As groups continued to advocate for testing, sex education, and protection, along with improving antiretroviral treatment and creating pre-exposure prophylaxis (PrEP), the infection rate of HIV/AIDS finally began dwindling throughout the 2000s. Today, however, 1.2 million people continue living with HIV, with over 18,000 deaths reported in 2020 in the United States alone (*HIV & AIDS Trends and U.S. Statistics Overview*, 2022). The number of deaths and infections is a lasting sign of the lack of resources allocated to the research for potentially curative treatment for HIV/AIDS.

Political Technologies

The stigma surrounding HIV/AIDS continues to permeate society today, as seen with the Monkeypox virus that surged in the summer of 2022. As the LGBT community had the most significant number of cases and reports of Monkeypox, this disease would be advertised as a predominantly LGBT disease, creating a false sense of security amongst people outside of the LGBT community. Apart from creating a false sense of security of a population that can and has been affected, it is imperative to correct the misinformation that implies an inherent difference between those in the LGBT community and those that are not. There is no reason why a virus would impact one community more than others unless allocation of resources and inequality play a factor, such as the policies enacted by the U.S. government. Thus, it is essential to analyze these policies through the lenses of the political technology framework.

The political technology framework is elaborated on by Langdon Winner, a political theorist who focuses on social and political issues related to modern technology. There are two routes for something to be considered a political technology. One regards the technological development process that determines an artifact's politics that can further a power dynamic. At the same time, the other describes an inherent political technology that is comorbid with existing political relationships (Winner, 1980). In the case of the HIV/AIDS epidemic, a virus is not an inherent political technology, but rather the policies, propaganda, and legislatures created the politics that now surround the HIV/AIDS epidemic. The creation of discriminatory policies, propaganda, and legislatures created a power dynamic of control, fear, and shame as policies affected military enrollment, immigration, and funding allocations toward research.

Political technologies frameworks have been used in other literature to examine the factory systems, television, space program, and nuclear power as they are all political

technologies (Winner, 1980). The technologies listed previously have all changed how politics have shifted or changed on a national and global scale. One example of the utilization of the framework was a way to look into how the creation of the atomic bomb was an inherently political artifact ruled by an authoritarian chain of command to prevent the potential annihilation of the world. However, this political framework does not come without its drawbacks; a critique often associated with this framework is that it often gives an "excuse" to ignore political morality. Society's utilization of technology is responsible for its societal implications, and one cannot solely blame technology for them. Thus, it is essential to keep these critiques in mind to establish equitable and equal political decisions regarding technology.

Results and Discussion

The LGBT Community, HIV/AIDS, and the U.S. Government

The HIV/AIDS epidemic has killed millions globally and remains prevalent today as a vaccine and curative treatment remain nonexistent. The members of the LGBT, Black, and Latinx communities continue to remain the most impacted by this epidemic. This STS research paper examines the progression of the LGBT community towards equality and how the epidemic halted those advancements. The main reason was due to the U.S. government's lack of funding/resource allocation towards research, along with discriminatory policies that created a sense of hopelessness within the LGBT community and especially those infected with HIV.

Overall, the United States government utilized the HIV/AIDS epidemic in order to create and fortify a power gap between themselves and the LGBT community. Members of the U.S. government clearly understood the severity of the virus but ignored it due to it predominantly affecting a marginalized community. In the context discussed here, this is what created the power gap. The community struggled and pleaded with the U.S. government, but it would take years for

President Reagan to acknowledge the virus as a problem for the nation and allocate funds for research. However, Congress and state governments prioritized censoring any potential or perceived "advertisement" of homosexuality over minimizing the prevalence of infections, thus strengthening the power gap. By associating the virus with the LGBT community, it strengthened the stigma that HIV/AIDS was a "gay disease," leading to regulations and policies that furthered the stigmatization, discrimination, and prosecution of those with HIV, AIDS, and those who are deemed to be at a "higher risk."

The Before

Prior to the HIV and AIDS epidemic that both dominated and decimated the LGBT community, the community had been making significant progress in achieving freedoms and rights throughout the 1970s. Many in this community believed and hoped this signified a change on the horizon and a new era of freedom and equality approaching. The most significant event often deemed the catalyst for activism in the LGBT community was the Stonewall Riots of 1969, otherwise known as the Stonewall Rebellion.

The Stonewall Riots of 1969 began during a time when displays of homosexuality were illegal. Police often raided gay bars and clubs, usually ending with the arrest of several customers who were dressed in drag, displaying affection to the same gender, or committing other 'offenses.' The Stonewall Inn was a popular club frequented by gay youth. As the club had ties with the mafia and would pay off the police, it was considered a "safe haven" for its customers. In June 1969, police raided the Stonewall Inn, and customers took a stand against the police, throwing various objects while chanting "Gay power!" Those customers were beaten and arrested by the police, but the next night, a larger crowd of thousands stood to defend the Stonewall Inn (Conference, 2009).

This act of defiance and unity demonstrated by the LGBT community brought about the creation of advocacy groups such as the Gay Liberation Front (GLB), Human Rights Campaign, Gay and Lesbian Alliance Against Defamation (GLAAD), and Parents, Families, and Friends of Lesbians and Gays (PFLAG) (Editors, 2022). Together, these groups advocated for increased visibility, rights, and freedoms, bringing about monumental change for the community. These changes included the first gay television movie, the first on-screen kiss between two men, Edward Koch publicly advocating for the LGBT community in Congress, the first Gay Pride Week, and the American Psychiatric Association's decision to remove homosexuality as a psychiatric disorder. By 1980, several corporations, towns, and cities would adopt policies prohibiting discrimination based on sexuality, and twenty-two states would end restrictions on sexual relations between two consenting adults (Rosen, 2014). The power gap between legislatures and the LGBT community had been in a steep decline, with the LGBT community garnering more and more rights throughout the years.

The policies enacted in the decade after the Stonewall Riots were vital for the continuous battle for LGBT rights and changes in public opinion toward this community. Additionally, these policies illustrate the improvement of the relationship between legislatures and the LGBT community, as many began shifting positions from being against discrimination and prosecution regarding sexuality. These improvements indicated a bridging power gap between the government and the LGBT community, a hopeful sign to those fighting for equality. With this, many in this community believed that the next logical step, which seemed possible in the near future, was the legalization of gay marriage. However, the start of the HIV/AIDS epidemic dimmed that optimistic light, taking the lives of various LGBT activists and extinguishing the flames of the growing fight for equality.

Lack of Government Response

As previously stated, the HIV/AIDS epidemic was initially reported by the Centers for Disease Control (CDC) in 1981 as an increased number of gay men with opportunistic infections, indicating a lowered immune system. As months and years went by, scientists and doctors began to gain more insight into the retrovirus causing the epidemic. However, during the early years of the epidemic, government officials neglected the issue through the delayed acknowledgment of the virus and the refusal to allocate the necessary resources and funding to combat the epidemic. By the end of the 1980s, over 47,000 people in the United States had been infected with AIDS and the first comprehensive federal AIDS bill had not yet passed Congress. The LGBT community felt hopeless, abandoned, and mistrustful towards the U.S. government (*A Timeline of Hiv and Aids*, n.d.).

One may believe that the government has the best interest of its people in mind when suffering through possible pandemics, epidemics, and other health emergencies. The HIV/AIDS epidemic, however, revealed the prejudices existing within the U.S. government by highlighting their refusal to acknowledge a virus because it predominantly affected the LGBT community and other marginalized groups like the Black and Latinx communities. In order to compare the government's response time, the Spanish Flu from 1918 and the recent COVID-19 epidemic will serve as comparisons. From the initial case reporting of the Spanish Flu in April 1918, by the end of 1918, state and federal governments had worked to establish the closure of schools, quarantine measures, and education to raise awareness about sanitary habits (*1918 Pandemic Influenza Historic Timeline | Pandemic Influenza (Flu) | CDC*, 2019). For COVID-19, the first known case in the U.S. was on January 21, 2020, and the U.S. had declared a public health emergency within ten days.

In contrast, the first reported case of HIV/AIDS was in 1981 (*Five Months In*, 2020). President Reagan addressed HIV/AIDS for the first time in 1985 after a reporter questioned him about it, and in 1987, the first national commission on AIDS was formed (*A Timeline of Hiv and Aids*, n.d.). The treatment of the HIV/AIDS epidemic was unique, and having reference points regarding other epidemics that occurred before and after the HIV/AIDS epidemic makes it clear that the treatment of this epidemic was in stark contrast to that of previous and future epidemics.

The epidemic was not simply ignored due to the unknown nature of the virus but was a laughing point for the press and Reagan's press secretary, Larry Speakes. During a press conference in 1984, three years after the beginning of the epidemic and with over 4,200 people in the United States having died, Larry Speakes stated that President Reagan had not expressed any concern regarding the 'gay plague' before asking the reporter if he had AIDS as a joke, with the press pool erupting into laughter (Lopez, 2015). The acknowledgment of HIV/AIDS as a 'gay disease' and the lack of action paints a nefarious picture regarding the government's inaction towards the epidemic that infected and killed thousands of people within the United States. Not only were the individuals involved in these decisions uncaring about the situation at hand, but rather, they thought of the thousands of deaths in the gay community as comical. In itself, the virus or the HIV/AIDS epidemic is not inherently a political technology, but rather the U.S. government's use of it to further discriminate against the LGBT community.

Consequently, the government would not allocate the proper funding to the CDC and other AIDS research groups to find a possible cure or vaccine. At the beginning of the epidemic, the CDC requested funding to sufficiently study the virus and provide more information to the American public. Funding denial persisted until 1983, when AIDS was grouped with Toxic Shock Syndrome (TSS) and Legionnaires Disease, after which a public health emergency trust

fund was passed (Bennington-Castro, 2020). This same year, however, President Reagan cut budgets for the CDC and the National Institute of Health (NIH) even though the nation was amidst an epidemic. In response, a CDC staffer wrote to the Assistant Director of the CDC, "The inadequate funding to date has seriously restricted our work and has presumably deepened the invasion of this disease into the American population." The rejected AIDS Prevention Plan formulated by the CDC in 1985 allegedly had Washington leaders asking the CDC to "look pretty and do as little as you can" in regards to the HIV/AIDS epidemic (Bennington-Castro, 2020). Due to the lack of budget during these times, members of the LGBT community would join hands to support one another and raise money for research. It would not be until October 2, 1985, that Congress would finally allocate \$190 million to AIDS research (*A Timeline of Hiv and Aids*, n.d.).

The United States was more than willing to "sit by and look pretty", allowing the thousands of infected patients with HIV and AIDS to die a painful and solitary death. With the lack of acknowledgment and funding, the U.S. made it clear that the epidemic was a source of laughter, ignorance, and relief as the deaths of members of the LGBT community were continuously brushed off their shoulders and excused due to the unknown aspects of the disease (that they did not attempt to rectify), economic issues, or Congress not having enough votes to pass budgets and other acts. These factors unfortunately re-establishes the power gap that had been diminishing over the previous decade. The U.S. government had the financial and legislative power to help the LGBT community during its time of need but chose to look the other way. By forcing the community to beg, plead, and attempt to raise their own funds in response to the government's inaction, it only emphasized how truly powerless they were in the

face of ignorance and how much they needed their government to help them. In turn, this made the power gap stronger and largely visible to both parties.

Discriminatory Policies Enacted

Rather than the government attempting to contain the spread of the epidemic through federal funding of research and public awareness, several local, state, and federal governments would enact discriminatory policies towards HIV+ individuals. The policies included an FDA ban on blood donations from gay men, housing and employment discrimination, and a military ban. Instead of solely affecting individuals with HIV/AIDS, the stigma perpetuated around the virus severely impacted the LGBT community as a byproduct as well.

Throughout 1983 and the years following, much of the public considered HIV/AIDS a "gay disease" despite many publications from the CDC regarding the various transmission routes and cases that displayed the impact of HIV/AIDS outside of the LGBT community (Editors, 2021). However, this sentiment would only be strengthened in 1983 when the Federal Drug Administration (FDA) placed a lifetime ban on blood donations from all gay men (*Why Does FDA Ban 'Gay' Blood?*, 2022). The ban directly connected HIV/AIDS and the LGBT community on a federal level, thus allowing a confirmation bias in individuals who previously believed that the virus only affected the LGBT community. The spread of HIV/AIDS, however, was not isolated to the LGBT community as many believed. The stigma led many to wrongly believe that the contraction of HIV/AIDS signified that one was a part of the community or was having sexual relations with someone who was. During a time when displays of homosexuality, sodomy, and gay marriage were illegal, these accusations could have lasting impacts on those accused. Thus, the increasing stigma surrounding HIV/AIDS created a false sense of security

among those who did not identify with the LGBT community and a sense of shame for those who tested positive.

Additionally, with the introduction of education surrounding the transmission of HIV/AIDS, the Senate would pass the Helm Amendment banning the "promotion of homosexuality" in all federally funded AIDS education material (*Senate Says Federal AIDS Education Material Can't Promote Homosexuality*, n.d.). The nature of these policies furthered the stigma that HIV/AIDS was a "gay disease" and thus increased the sentiment that the epidemic was a way to punish the LGBT community for their "immoral ways." The ban on "gay blood" and the Helm Amendment, which prevented the correction of misinformation, indirectly blamed the HIV/AIDS crisis on the LGBT community. The Helm Amendment made it abundantly clear that reducing the "advertisement of homosexuality" was more important than educating the public on the HIV/AIDS epidemic. Due to the combination of this practice and amendment, by 1986, 46% of people polled by Gallup stated that they had avoided places in which members of the gay community would gather, two times the amount from the year before (Inc, 2019). The poll demonstrated the evident effects of the widespread misinformation between transmission routes and communities affected, harming the progress the gay community had strived for in the 1970s.

At a local level, the discrimination of those with a positive HIV antibody test and those determined to be part of a "high-risk group for HIV/AIDS" were often denied access to housing, jobs, and health insurance (Katz, 2005). The rampant discrimination would lead to the case of *People v. West 12 Tenants Corp.*, which established that it is illegal to discriminate against people who have HIV under disability laws. The creation of the Health Insurance Portability and Accountability Act (HIPAA), specifically the privacy amendment, guaranteed the right to

privacy for HIV+ individuals, protecting them from discrimination and the selling of their information (Legal, n.d.). The combination of potentially having a person's status disclosed without consent and the prospect of discrimination regarding a job, housing, or health insurance continued to strengthen the power gap between the gay community and local/state governments. In order to avoid this, members would have to seek help from officials to pass legislation to make discrimination based on HIV/AIDS status illegal and guarantee the right to privacy.

On a federal level, in 1985, the Pentagon announced the testing of all new recruits for possible exposure to AIDS to prevent these individuals from serving in the military (Bill Keller, 1985). After its implementation, the Pentagon's regulation resulted in further discrimination, as many soldiers who tested positive for HIV were prosecuted for sodomy and disobedience (Garrett, 1989). The association of the LGBT community with HIV/AIDS led to increased discrimination in different aspects of everyday life. The discrimination of being perceived as a "high-risk" member for the contraction of HIV/AIDS was sufficient to restrict some necessities of life, such as housing and accessibility to a job and healthcare. Beyond that, a positive person could be prosecuted for sodomy due to the stigma that having HIV/AIDS was only a "gay disease" that only spreads within the gay community.

When taken together, the policies and regulations enacted throughout the HIV/AIDS epidemic display a clear picture of ignorance and homophobia from both society and government officials. The regulations allowed and even encouraged the blatant discrimination and prosecution of those with the official diagnosis of HIV/AIDS and those deemed high-risk for contracting the virus, thus showing the disastrous effects of utilizing an epidemic as a political technology. The government's refusal to rectify misinformation spreading for years severely impacted HIV-positive individuals. Discrimination against people deemed "high-risk" became so

rampant that intervention was needed as the misinformation grew within communities. Alone, the United States did little to nothing to help the Americans suffering and dying daily, which only furthered and encouraged the sentiment that HIV/AIDS was a "gay disease," leading those outside the LGBT community to view those within the LGBT community with disdain.

Discussion, Limitations, and Future Work

By the start of the HIV/AIDS epidemic, the power gap between members of the LGBT community and the United States was closing, as measures for equity and equality were on the rise. However, the epidemic provided a unique opportunity for the government to "punish" the gay community for their existence. The government's refusal to allocate funds and the prosecution of military members for possibly committing sodomy due to their positive results demonstrates how far removed the United States government and state governments were from the epidemic, even as thousands of American citizens were infected and dying daily. The gay community begged the federal, state, and local governments to provide resources, to understand why thousands of community members were dying at alarming rates. The government could distance themselves by furthering the stigmatization of the virus and induce fear within the public while claiming financial troubles, making it highly unlikely that Congress was to pass any necessary legislation. By pushing the blame, it became more difficult to have the government take on responsibility. As people became more wary of the LGBT community and their HIV status, there was less public outcry to force the government's hand. The inaction of the U.S. government reopened the long-standing power gap that had existed previously between themselves and the LGBT community. The government took the epidemic as an opportunity to strengthen this power gap and assert their dominance by controlling the narrative surrounding the epidemic and individuals perceived to be at a "higher risk."

The study done in this STS research paper was limited in several aspects, one of which being time constraints. Some policies and regulations were omitted to maintain brevity, and several accounts from this time period are biased, along with primary sources being long-deceased due to the epidemic that plagued members of the community during this time. Future work must look into how these anti-LGBT sentiments and stigmas surrounding HIV/AIDS continue to permeate the society today despite significant advancements in healthcare and social equality. One example demonstrating the importance of a future study is the beginning of Monkeypox in the summer of 2022. As the LGBT community has maintained a higher awareness of potential infections, they were the first to report the issue of Monkeypox within their community (Chee Tao Chang et al., 2022). However, as history repeats itself and the initial linkage of Monkeypox was to the LGBT community, many began to label Monkeypox as a predominantly "gay disease" and discouraged worry amongst the general population. Not only does this negatively impact a marginalized community, it also discourages prevalence and monitoring in the general public for a virus that can easily infect people not a part of the LGBT community. Education and empathy are necessary to amend society's stigmas concerning the LGBT community and diseases initially associated with this community.

Conclusion

At the time, the United States government and the presidential administration utilized the HIV and AIDS epidemic as a political technology to further a discriminatory agenda against the LGBT community. The lack of empathy given to this community and ignorance permeating throughout all sectors of the country directly affected the lack of resources, education, and discriminatory policies implemented by the U.S. government. The research conducted in this paper is a vital preliminary analysis of the U.S. response to an epidemic predominantly affecting

a marginalized group, in this case, the LGBT community. The sentiments in the '80s regarding this epidemic continue to permeate society today, as seen with the Monkeypox cases in 2022 and the fact that no vaccine or cure currently exists for HIV/AIDS. As we continue making progress towards equality, it is vital to address the inequalities and stigmas of the past to ensure that similar events do not continue to repeat in the future.

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