Reagan & AIDS

Dying of Red Tape

A Bad Time for an Epidemic

Just six months after Ronald Reagan took the oath of office, the Centers for Disease Control (CDC) published it's the first article in the *Morbidity and Mortality Weekly Report* (MMWR) on a newly emerging disease, "Pneumocystis Pneumonia — Los Angeles." Just as with the COVID pandemic, AIDS struck an administration that was fundamentally inadequate to meet the challenge, with a leader seemingly oblivious to the national, global, and personal ramifications of the disease.

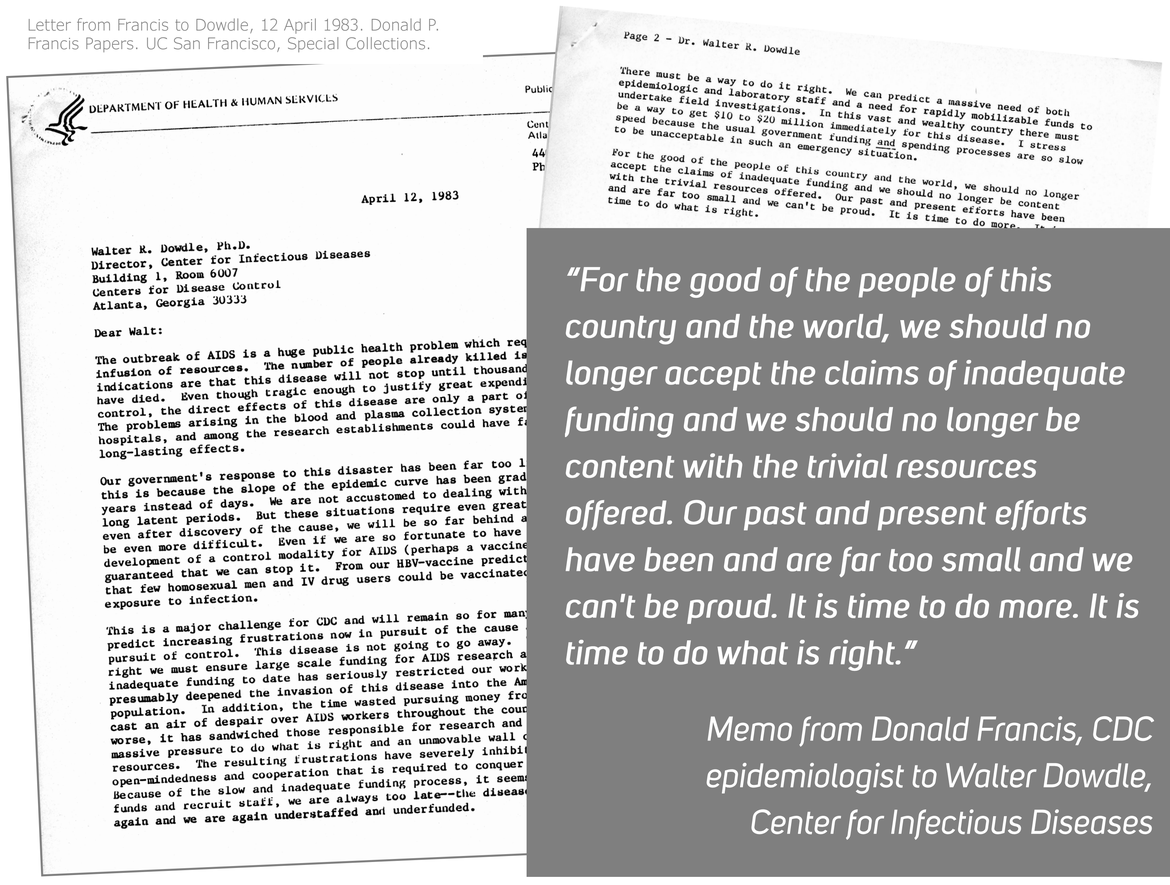
The early years of the AIDS pandemic can be characterized by political inertia (partially due to homophobia and racism; partially due to standard bureaucratic inertia); lack of sufficient funding (due to the blinkered adherence of the Reagan administration to domestic budget cutting); scant mainstream media attention; scientific in-fighting between the National Cancer Institute and Centers for Disease Control (both for potential glory and funding competition); denialism in the gay community and blood bank industry; and a public health education effort stymied by the unseemly nature of disease transmission (sex and intravenous drugs). But perhaps the largest factor in slowing the American response to this new danger was, like COVID, the politicalization of public health.

Pneumocystis Pneumonia — Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Centers for Disease Control. MMWR, 5 June 1981.

Letter from Francis to Dowdle, 12 April 1983. Donald P. Francis Papers. UC San Francisco, Special Collections.



DEPARTMENT OF HEALTH & HUMAN SERVICES

April 12, 1983

Walter R. Dowdle, Ph.D.
Director, Center for Infectious Diseases
Building 1, Room 6007
Centers for Disease Control
Atlanta, Georgia 30333

Dear Walt:

The outbreak of AIDS is a huge public health problem which req
infusion of resources. The number of people already killed is
indications are that this disease will not stop until thousand
have died. Even though tragic enough to justify great expendi
control, the direct effects of this disease are only a part o
The problems arising in the blood and plasma collection syste
hospitals, and among the research establishments could have f
long-lasting effects.

Our government's response to this disaster has been far too l
this is because the slope of the epidemic curve has been grad
years instead of days. We are not accustomed to dealing with
long latent periods. But these situations require even great
even after discovery of the cause, we will be so far behind a
be even more difficult. Even if we are so fortunate to have
development of a control modality for AIDS (perhaps a vaccine
guaranteed that we can stop it. From our HBV-vaccine predict
that few homosexual men and IV drug users could be vaccinated
exposure to infection.

This is a major challenge for CDC and will remain so for many
predict increasing frustrations now in pursuit of the cause
pursuit of control. This disease is not going to go away.
right we must ensure large scale funding for AIDS research a
inadequate funding to date has seriously restricted our work
presumably deepened the invasion of this disease into the Am
population. In addition, the time wasted pursuing money fro
cast an air of despair over AIDS workers throughout the coun
worse, it has sandwiched those responsible for research and
massive pressure to do what is right and an unmovable wall
resources. The resulting frustrations have severely inhibit
open-mindedness and cooperation that is required to conquer
Because of the slow and inadequate funding process, it seem
funds and recruit staff, we are always too late--the disease
again and we are again understaffed and underfunded.

Page 2 - Dr. Walter R. Dowdle

There must be a way to do it right. We can predict a massive need of both epidemiologic and laboratory staff and a need for rapidly mobilizable funds to undertake field investigations. In this vast and wealthy country there must be a way to get $10 to $20 million immediately for this disease. I stress speed because the usual government funding and spending processes are so slow to be unacceptable in such an emergency situation.

For the good of the people of this country and the world, we should no longer accept the claims of inadequate funding and we should no longer be content with the trivial resources offered. Our past and present efforts have been and are far too small and we can't be proud. It is time to do more. It is time to do what is right.

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Memo from Donald Francis, CDC epidemiologist to Walter Dowdle, Center for Infectious Diseases



Anthony Ferrara, right, tells congressional committee members of his ordeal with AIDS as Michael Callen, left, and Roger Lyon wait to testify.

AP

Tales of anguish

AIDS victims request federal aid to ease physical, emotional toll

By MARLENE CIMONS
Los Angeles Times Service

WASHINGTON — In December 1982, after he was diagnosed as suffering from acquired immune deficiency syndrome, Michael Callen, 28, a New York paralegal, called his parents and told them: "I am going to die."

"My family didn't know what was going on — they didn't even know I was gay," he said. "For me, AIDS was another 'closet' — another coming out."

Callen was among three AIDS victims who described their physical and emotional battles with the disease Monday before the House Government Operations subcommittee on intergovernmental relations and human resources. Subcommittee Chairman Ted Weiss, a New York Democrat, has introduced legislation to create a $60 million fund for states and local communities to respond more quickly to public health emergencies such as AIDS.

THE AIDS VICTIMS, along with representatives from the medical community and officials [illegible] rights organizations, pleaded with lawmakers [illegible] and with more money, more research [illegible] ssion to the AIDS epidemic.

[illegible] victim from San Fran-

ported in the United States, with the numbers of known victims doubling every six months. About 60 percent of those with the disease have died. No one with AIDS is known to have regained immunity. The cause of the disease is unknown, although it is thought to be a virus.

All three men would die of AIDS — Anthony Ferrara in June 1984, Roger Lyon in November 1984, and Michael Callen in December 1993.

Epidemiologists with the CDC understood that time was the essential factor in any attempt to identify the virus and the means of transmission, and consequently, control the spread of the disease. They were desperate for funding. CDC epidemiologist Don Francis wrote his superior, "The outbreak of AIDS is a huge public health problem which requires a massive infusion of resources. The number of people already killed is large and all indications are that this disease will not stop until thousands of Americans have died."

Since the administration was resistant to spending federal tax dollars on research into this new disease, the House of Representatives, controlled by Democrats, stepped in with hearings, and subsequently, supplemental funds.

"I came here today with the hope that this administration would do everything possible, make every resource available-there is no reason this disease cannot be conquered. We do not need infighting, this is not a political issue. This is a health issue. This is not a gay issue. This is a human issue. And I do not intend to be defeated by it. I came here today in the hope that my epitaph would not read that I died of red tape."

Testimony of Roger Lyon, Federal Response to AIDS: Hearings before a Subcommittee of the Committee on Government Operations, August 1983.

"In the face of this appalling specter, one would expect the government of the United States, the world's most affluent and technically advanced nation, to be sparing no resource in its fight to stop AIDS. But as a physician and researcher who has worked with this problem from the beginning, I have to characterize the federal response to AIDS as bordering on the negligent. I see in my office every day young men who should be in the prime of life but who instead are wasting away towards an early, pointless but once-preventable death. They regularly ask me why their own government does not seem to care if they live or die."

Opening statement of Dr. Marcus Conant, UC Medical Center, San Francisco. Federal Response to AIDS: Hearings before a Subcommittee of the Committee on Government Operations, August 1983.