What Should the Federal Government Do to Deal with the Problem of AIDS?

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The Reagan Administration's Response

WHEN A MEMO TITLED "What should the federal government do to deal with the problem of AIDs?" crossed Carl Anderson's desk, the special assistant for the Office of Public Liaison (OPL) in the Reagan White House changed the content of the text with one stroke of his pen. Initially drafted by the Working Group on Health Policy (WGHP) in September 1985, a committee with representatives from the Departments of Justice, State, and Health and Human Services (HHS), the document laid out a course of action to deal with the then four-year-old AIDS epidemic. The WGHP concluded that the White House needed to sponsor a major public education campaign that addressed AIDS as "a public health problem" but that also considered "the civil rights and needs of individuals." A month later, Anderson, the first White House staffer to edit this memo, deleted the civil rights phrase and inserted a call for the publication of a "special report on AIDS, and enhanced public information efforts." Anderson sent his version of the document to the Domestic Policy Council (DPC), the presidential domestic advisory board, for vetting.

On December 19, 1985, the DPC reviewed the memo in a meeting that was both typical and atypical for that advisory body. As was usually the case with DPC meetings, about a dozen Reagan administration officials, including representatives from the Departments of Education, Labor, and HHS, participated in discussions about domestic issues. But the meeting was unusual in two ways: first, President Reagan attended the session; second, the agenda included a discussion of the AIDS epidemic. The DPC meeting held at the end of 1985 was only the fifth time the advisory body had discussed AIDS, and it was the only time, up to that point, that Reagan

had attended a session with AIDS on the agenda. In the middle of the meeting, President Reagan commented that "AIDS must be dealt with as a major public health problem," echoing the phrase in the memo and subtly eliding the civil rights approach. Most of the DPC members agreed and called on all individuals to take responsibility for their actions. Notably, the representative from the Department of Education, Gary Bauer, the undersecretary for education, flagged the lack of "emphasis on personal responsibility" in "booklets developed for students" as a problem that the federal government needed to address. The meeting ended with the DPC strongly recommending that the president sign the revised memo. Three days later he did just that: in the last days of 1985, Reagan initialed the final version of "What should the federal government do to deal with the problem of AIDS?" He authorized federal agencies and state and local governments "to take all necessary steps to lessen the risks of the spread of AIDS" and to treat AIDS as a public health problem in need of "a special report on AIDS."3

Department of Health and Human Services, the agency that would ultimately oversee the writing of the report, requested that the president take an entirely different kind of action on AIDS. HHS proposed that Reagan sign Executive Order No. 12291, a rule that sought to add AIDS to the list of Dangerous Contagious Diseases. With AIDS on this list, the State Department could deny visas to applicants with AIDS and the Immigration and Naturalization Service (INS) could prevent any potential immigrant with AIDS from entering the country. While the decision to adopt this policy would not take effect for another year and a half, the simultaneity of these events suggests that the Reagan administration considered the development of domestic AIDS policy in concert with AIDS policies that affected people outside the United States.

Contemporary critics of the Reagan administration's AIDS policy criticized it for failing to address the actual scope of the epidemic, particularly as it manifested itself in the United States. The most widely read of those attacks, journalist Randy Shilts's And the Band Played On, published in 1987, cited numerous examples of how Reagan's first-term administration refused to fund AIDS programs. 5 Shilts assigned the failure to address AIDS to the rise of the New Right, the administration's desire to shrink the welfare state, and the consistent demonization of homosexuality by modern conservatives.6 Almost every review of the best-selling book highlighted

Historical accounts of the AIDS epidemic, Ronald Reagan's presidency, and the rise of the New Right have echoed Shilts and his reviewers. These explanations would have us believe that this chapter's opening vignettes, particularly the first one, which showed how slow Reagan was to act on AIDS, typified his administration's response to AIDS. Most historians have argued that Reagan all but ignored the epidemic. Pointing to Reagan's slow start on AIDS — he did not sign a document dealing with AIDS until the end of 1985, did not mention the term "AIDS" in public until 1986, and spent very little money on researching the epidemic even though the first reported cases of AIDS coincided precisely with Reagan's first months in office - most authors writing about him omit anything but a passing reference to AIDS and Ronald Reagan.8

Instead of discussing AIDS, historical accounts of the politics of the 1980s describe the ways the New Right came to power, in part, through a reaction to gay rights and AIDS. According to historian Sara Diamond, "The onset of the Reagan era brought unity to the Right's disparate elements. New Right think tanks and electoral projects promoted a three-fold set of priorities: anticommunist militarism, supply-side economics, and 'traditional family values.'"9 On this point, theorists whose work makes up the interdisciplinary history of AIDS agree, arguing that Reagan failed to act on AIDS because of his commitment to the New Right, which required a moralistic stance against gays and lesbians and drug users, the people most associated with AIDS. Ultimately, both sets of scholars argue that the administration's response to AIDS was part of its larger conservative attack on the social movements of the 1960s and 1970s, which had loosely united to extend civil rights to racial, gender, and sexual minorities. 10

While I agree that the Reagan administration's sluggishness in responding to AIDS must be documented and reiterated for us to have a full account of the political history of the 1980s, the historical record points to a more complicated, and internally contradictory, administrative reaction to AIDS after 1985. Focusing on the administration's rhetoric, as articulated by the officials charged with plotting a course to deal with AIDS, to the exclusion of understanding what the government actually produced once it acknowledged the necessity of action prevents us from seeing that a conservative, morally driven ideology about AIDS was not all-powerful in this period. This chapter will argue that putting AIDS at the center of a historical analysis of Reagan's presidency unsettles our understanding of modern conservatism previously understood by historians and other analysts as a movement that brought together people who defended "family values" with those who called for laissez-faire economic policy and anticommunism.

Careful attention to the historical narrative of how the administration responded to AIDS suggests that the federal government's decision to design an AIDS prevention strategy produced splits and disagreements among political appointees in both the domestic and foreign policy arenas. When it came to the making of domestic AIDS education, on one hand, education and religion advisors to the president, namely, Gary Bauer, William Bennett, and Carl Anderson, steered the administration toward a morality-based AIDS initiative that shunned homosexuality and hailed abstinence and heterosexual marriage as the only forms of effective AIDS prevention. On the other hand, Surgeon General C. Everett Koop and Admiral James Watkins, the head of the Presidential Commission on the Human Immunodeficiency Virus Epidemic (Presidential Commission on HIV), fundamentally disagreed with Bauer, Bennett, and Anderson. Koop argued that to address AIDS required a commitment to rational science and Christianity as well as explicit discussions of sexual practice, drug use, and condom distribution. The presidential commission, under Watkins's leadership, presented sharp criticisms of the eviscerated welfare state, a position that put the commission in direct opposition to those who called for economic conservatism in the form of less governmental spending. While all of these men considered themselves religious and conservative, the stances of Koop and Watkins infuriated Bauer, Bennett, and Anderson, three of the leading religious conservatives in Reagan's administration.11

Beyond the disagreements AIDS exposed among social conservatives working on domestic policy, it also produced splits within the administration over how to incorporate a response to AIDS in a foreign policy based almost entirely on anticommunism and containment of the Soviet Union. Beginning in 1986, when the administration began to act on the foreign policy implications of AIDS by instituting an immigration policy that excluded potential immigrants with AIDS, foreign policy specialists who worked at the State Department and the Central Intelligence Agency criticized attempts to control the spread of AIDS within the United States by keeping immigrants with AIDS outside the borders as well as the administration's apprehension about condom distribution. The State Depart-