

## More Than Miles: An Analysis of the Different Bicoastal Responses to the Early AIDS Epidemic

Hannah Szapary  
*Brown University*

### Abstract

This paper examines the different bicoastal responses to the early AIDS epidemic that occurred in the early 1980s. Specifically, research is conducted on newspaper articles from *The New York Times* and *The San Francisco Chronicle* from this time period to study the dissimilar responses in the two major cities, New York City and San Francisco, with large communities of those afflicted with the disease. The research conducted illustrates that in San Francisco, AIDS was largely a disease affecting homosexual males (MSM) who were better tolerated and more vocal as a community than elsewhere in the nation. Physicians in San Francisco, used to taking care of these men, became alarmed by their rates of infection. Consequently, during the first two and a half years of the HIV/AIDS epidemic, San Francisco's political, medical and social responses to the crisis were predominantly more proactive than concurrent reactions in New York City, hence explaining the disparity in content and tone of newspaper articles published in *The San Francisco Chronicle* and *The New York Times* between July 3<sup>rd</sup>, 1981 and December 31<sup>st</sup>, 1983.

On November 25<sup>th</sup>, 1980, a man named Ken Horne walked into his doctor's office in San Francisco complaining of nausea, fatigue and purple-blue spots on his skin. A homosexual prostitute, Horne had recently visited a New York City bathhouse that Canadian flight attendant Gaetan Dugas, "patient zero" of a disease later called AIDS, had also frequented. Horne's doctor performed a biopsy, diagnosing Horne with Kaposi's Sarcoma, a very rare cancer usually detected in elderly men (Lieberman, 2009). Over the next six months, forty-one men living in New York and California would receive the same diagnosis (Lieberman, 2009). All were homosexual males, also referred to as MSM (men who have sex with men). As the number of cases grew with alarmingly high mortality rates, New York City and San Francisco shared the burden of being the epicenters of the initial outbreak. New York saw a higher number of cases, but this represented a much smaller proportion of the population in a city ten times more populous than San Francisco. The demographics of the disease changed rapidly in New York: in addition to MSM, Haitian immigrants and injection drug users were particularly affected, adding to the stigma surrounding AIDS, and striking people who were not in a position to organize responses quickly or advocate for themselves (Brier, 2011). In San Francisco, AIDS was largely a disease affecting MSM living in a city where they were better tolerated and more vocal as a community than elsewhere in the nation, and physicians, used to taking care of these men, became alarmed by their rates of infection. Previous scholarly work comparing the responses from the two cities to the epidemic has illustrated that policy changes and public spending varied drastically between them (Hughes & Arno, 1989), yet newspapers have not closely been studied as valuable information to determine exactly how reactions differed and the epidemic was portrayed within each city. This paper seeks to fill this gap, examining the bicoastal responses to the early AIDS epidemic in newspaper articles that occurred in the early 1980s. Consequently, during the first two and a half years of the HIV/AIDS epidemic, San Francisco's political, medical and social responses to the crisis were predominantly more proactive than concurrent reactions in New York City, and this disparity was reflected in the dissimilar content and tone of newspaper articles published in *The San Francisco Chronicle* and *The New York Times* between July 3<sup>rd</sup>, 1981 and December 31<sup>st</sup>, 1983.

To research this topic, articles from both newspapers published during the specified period were examined. A ProQuest search of the *New York Times* database was performed using the terms "AIDS," "GRID," or "homosexual." To access original *Chronicle* articles, microfilm on loan (by request) from the San Francisco Public Library to Ludington Library was reviewed, and articles on file at the University of California, San Francisco library were delivered electronically to the University of Pennsylvania library. The term 'HIV' is defined as human immunodeficiency virus, an infection of the immune system that over time

leads to ‘AIDS’, defined as acquired immunodeficiency syndrome, in which failure of the immune system allows other life-threatening diseases to occur with readily bodily defense. Both ‘MSM’ and ‘homosexual’ are used in newspaper articles from both cities: ‘MSM’ is taken in this report to mean men who have sex with men, regardless of sexual orientation, and the term ‘homosexual’ is defined as any individual who is romantically attracted and/or sexually attracted to another member of the same sex.

In the early 1980s, as New York’s government still distanced itself from the MSM community, the San Francisco administration was proactive about strengthening the solid ties that existed prior to the epidemic. Less than four months after the first cases became public, the *Times* reported the outcome of a New York City Council meeting that had a bill favorable to MSM on its agenda: “A City Council committee defeated yesterday a proposal to ban discrimination against homosexuals... the 10<sup>th</sup> in 10 years ... demonstrators [were] given the options of being carried out or walking out in chains” (“New AIDS Office Set Up for City”, 1983). The bill’s failures demonstrated the ongoing prejudice within the city government, and the treatment of the bill’s supporters illustrated the hostility faced by MSM. Not until the spring of 1983 was “a special municipal health office established... a new office... of Gay and Lesbian Health Concerns” (“New AIDS Office Set Up for City”, 1983). Historically, MSM in San Francisco had been treated much more respectfully, with a stronger political presence, including the election of openly gay Councilman Harvey Milk in 1978 (Brier, 2011). The MSM community was given an office dedicated to addressing health needs at least six months prior to the one created in New York, as a *Chronicle* article reported “urgent meetings with city Health Department officials and... community leaders of the city’s gay men to map out fresh strategies for combatting the mysterious outbreak” (Perlman, 1982). The *Chronicle*’s tone conveys that San Francisco’s government was prepared to work with MSM at a very early stage of the disease and that maintaining a mutually respectful association between the two was a high priority. New York did not have a strong relationship with the MSM community in place, and this led to delays. The *Times* candidly acknowledged this difference, commenting that in San Francisco, “homosexual groups say they are generally pleased at the way the city has responded to the epidemic... [They] are a prominent politically powerful community” (“San Francisco Seeks to Combat Fear of AIDS,” 1983). This article noted both the political power that likely influenced San Francisco’s early efforts with the MSM community and marked the contrast that the *Times* perceived between the working relationship that existed in San Francisco but not New York.

Compared with New York City Mayor Ed Koch, Mayor Dianne Feinstein of San Francisco made a greater effort to allocate city resources in the first two years of the epidemic to help the afflicted. The *Times* reported in 1983 that Koch was considering a plan to convert an

abandoned school into a victims' center, which leaders of the MSM community had long advocated for: "They had been privately urging the Mayor to allow the school to be used as a health and counseling center for AIDS victims, without success...[City Councilwoman Carol] Bellamy said...she was pleased Mr. Koch had 'finally' taken some action" (Goodwin, 1983). This article's tone clearly expressed the frustration felt at Koch's delayed response. Eight months earlier, by contrast, the *Chronicle* published a much more favorable article detailing Mayor Feinstein's announcement of a proposal to "spend \$293,000 for the research and treatment of diseases that have been predominantly striking gays... [Funds] would go to the Kaposi's Sarcoma clinic... for counseling of victims and their families" ("Mayor Seeks Funds to Fight Gay Disease," 1982). The *Chronicle* portrayed Feinstein in a very positive light, reporting on the specifics of her plan and praising her initiative to allocate funds. The *Times*, noting Mr. Koch "did not estimate...the cost," (Goodwin, 1983) focused more on politics. It portrayed his decision as a hesitant response to vocal activists, suggesting he was walking a fine line between answering his critics without alienating the majority of constituents in New York who did not consider AIDS funding a priority.

Differences existed not only between the local governments' responses to the crisis, but also between the federal government's responses to researchers in each city who were applying for grants. In August 1983, when the NIH funding was slow, a *New York Times* medical reporter wrote that money alone was not necessarily sufficient to conquer the disease: "the question is really an accusation that lack of research money has held back some otherwise attainable breakthrough on the AIDS problem.... money alone seldom solves scientific mysteries...unless researchers are trying to answer the right questions, money is of little help" (Altman, 1983). Thus, he argued that funding for AIDS research was of little use unless researchers were able to formulate ideas clearly enough to conduct research, perhaps intending to divert readers' attention away from the fact that New York researchers had acquired little federal funding. In fact, San Francisco's reputation of being at the forefront medically was well known nationally and this likely biased government officials who were reviewing grants to give their requests more consideration (Kevany, 2015). One week before the *Times*' article ran, a University of California, San Francisco medical center researcher attempted to explain to a *Chronicle* reporter the reasons why doctors had consciously created "local hysteria" (Reza, 1983) over AIDS. He stated that "government officials were responding too slowly to the disease and in order to combat it fully we knew that we had to get them involved. And the only way to build political pressure to encourage research funding was by telling people how frightening this thing is," (Reza, 1983) thus admitting that doctors chose to dramatize the disease's effects to pressure the government into allocating more funding for AIDS research. This aggressive attitude encouraged readers to agree with the need to fight for

funding, rather than calling it futile. Clearly, large differences existed between San Francisco's aggressive approach to acquiring grants, reflected in a candid *Chronicle* interview, and New York's weaker efforts, which were mirrored by a *Time's* report that minimized the value of funding.

In comparison to their counterparts in New York City, health care workers in San Francisco were portrayed as providing health education in a more direct, constructive fashion during the early years of AIDS. This difference is evident when examining methods through which the medical community decided to approach the instruction of AIDS prevention to MSM, whose sexual behavior was at that time thought to be responsible for transmitting the disease. In a June 1982 *Chronicle* article, San Francisco physician Peter Volberding tried to control the disease's spread with more constructive advice as he "advise[d] patients to use a condom... [he] felt a certain responsibility not to interfere with the lifestyle patients have adopted" (Meredith, 1982). Dr. Volberding understood that MSM patients were not going to become celibate, and thus offered constructive advice on how to reduce transmission given their lifestyle. Many San Franciscan doctors were used to managing the sexual health of MSM and did not hesitate to have frank discussions about prevention, unlike New York, where this subject was still unmentionable. In a May 1982 front page *Times* article detailing the medical community's concern about the "disorder", Dr. Lawrence D. Mass stated that as a part of the necessary education, "gay people whose life style consist[ed] of anonymous sexual encounters [were] going to have to do some serious rethinking" (Altman, 1982). Dr. Mass's tone is clearly critical, and his attempt at advice is actually a disparaging statement that did not give the MSM community reasonable strategies to lower their risk. Later that summer, the *Times* published another article about the anxiety caused by the spread of AIDS in which New York City Health Commissioner Dr. David Sencer stated that "it's unfortunate we don't have anything positive to recommend to people at the present time. We just don't know" (Herman, 1982). Thus, while the *Chronicle* candidly warned MSM to use a condom, the *Times* was unwilling, or unable, to offer this potentially life-saving advice. Taking the place of the medical community, "informational groups have sprung up among homosexuals, such as the Gay Men's Health Crisis, which published an exhaustive pamphlet on the syndrome and runs a 24-hour hotline" (Herman, 1982). Over time New York health officials turned to "the Gay Men's Health Crisis, a private volunteer group...to expand its counseling and educational programs," (Chira, 1983) to all affected groups, illustrating the medical community's ongoing failure to provide instruction. By comparison, "as early as 1981 [doctors] had created a task force within the UC San Francisco medical center to...attempt to instruct citizens on the causes and prevention of AIDS: 'The clinic group hopes its work will not only lead to an end of the current outbreak but also shed light on the causes'" (Petit, 1981). Furthermore, a June, 1982 *Chronicle*

pointed out that San Francisco doctors had already established “the only Kaposi’s sarcoma clinic in the country...[which had] the difficult task of alerting the community to danger in order to promote early detection” (Meredith, 1982). These early attempts at education and the desire to more effectively counsel people about AIDS highlight the San Francisco medical community’s earlier, more proactive effort to provide useful health education compared with New York City.

The San Francisco medical community became alarmed sooner about the epidemic than their counterparts in New York City, creating a sense of urgency reflected in multiple *Chronicle* articles. In May 1982, one of the earliest *Chronicle* articles about AIDS, the assistant director of the local Bureau of Communicable Disease Control stated that “in San Francisco, it’s an epidemic beyond anything that’s acceptable” (“The Strange Deadly Diseases That Strike Gay Men,” 1982). The University of California, San Francisco developed health guidelines to “protect both patients and health workers from infections caused by the Acquired Immune Deficiency Syndrome” (Perlman, 1983). David Roberti, one of the authors, stated in the *Chronicle* that “AIDS is a problem destined to be with us for a long while, unless we act quickly,” (Perlman, 1983) illustrating the medical community’s desire to work swiftly to conquer the disease. Around the country and in New York City, hospitals would review these guidelines, as a *Times* article stated that doctors there were awaiting “guidelines...that were published in the current issue of The New England Journal of Medicine,” (“San Francisco Seeks to Combat Fear of AIDS,” 1983) a highly respected medical journal with a national audience. This suggests that they would likely be adopted by hospitals nationally, and that the rest of the country, including New York, was looking to San Francisco’s proactive medical community for direction on how to care for AIDS patients in a manner that balanced the welfare of the public with compassion for victims. While the *Times* looked favorably upon San Francisco’s prompt responses to the epidemic, its own local medical community was slow to become alarmed, as a *Times* article interview with a city health official pointed out in the fall of 1983: “‘AIDS is certainly not going away’ Dr. Mary Chamberland said... ‘But there has been less of an increase than had been predicted’” (“Despite Rise in AIDS Officials are Encouraged,” 1983). The emphasis here on downplaying the increase in cases is in stark contrast to reactions in San Francisco, reflecting a disparity between the senses of urgency felt by the medical communities of each city. While San Francisco became a groundbreaker in developing ways to appropriately care for patients, New York, like the rest of the country, was left to follow the former’s lead.

Providing compassionate care was a priority in San Francisco, while New York focused less on addressing patients’ emotional needs. This difference was clearly evident in each city’s use of isolation beds for hospitalized AIDS patients, which cut off patients from any non-professional human contact. In a lengthy *Times* article addressing the care

of AIDS patients in hospitals, the author wrote that as a precaution to prevent the spread of disease, “All isolation beds in the intensive-care unit [were] filled with gay men with AIDS...they [were] terrified that their fate will be like the fate of another group of individuals- lepers” (Henig, 1983). The analogy comparing AIDS patients to lepers underscores the isolation these men were forced to endure. Moreover, it indicates that New York physicians did not comprehend how AIDS was transmitted, and irrational fear drove them to provide care that lacked compassion and wasted money. New York was a massive city with large demands on its resources. The *Times*'s decision to emphasize medical costs was detrimental to patients because it drew public attention to the financial burden victims placed on the city and fueled negativity driven by resentment. Conversely, the *Chronicle* reported that a hospital board studying infection control determined that “strict isolation rooms are not necessary for AIDS patients” (Wood, 1983). Thus, based on observation of the transmission of AIDS, San Francisco physicians concluded that isolation rooms were not routinely indicated. Published four months after the *Times*'s piece, this article demonstrated that San Francisco was prepared to sympathetically approach inpatient care in a responsible manner that did not compromise workers' safety.

While both the San Francisco government and business community recognized the importance of taking active steps to limit the spread of disease occurring in public bathhouses, New York City struggled to take action. Like MSM in San Francisco, men in New York's gay community were aware that bathhouses enabled high-risk behavior with multiple partners, as a gay man interviewed by the *Times* commented that he had “stopped...from going to places like bathhouses” to “going to bars...thus there [was] less chance of passing something along” (“Homosexuals Find a Need to Reassess,” 1983). However, compared with New Yorkers, San Francisco leaders in the gay community and bathhouse owners were more proactive in their response: they posted warnings earlier and were more willing to obey legal restrictions. As early as 1982, a *Chronicle* article included an interview with Dr. James Curran, who “endorsed the urgent warnings being issued by many...in the [San Francisco] gay community. Stay out of the public baths” (Perlman, 1983). By the middle of 1983, San Francisco passed local ordinances “to require warnings at gay bathhouses” (Shilts, 1983), which owners posted, prompting the *Chronicle*'s article in June 1983 making the public aware that “gay bars to cooperate with health department” (Shilts, 1983). In response, “wholesome options such as Other Ways...[offered] recitals, lectures, dinner dances, bingo nights and even weekend retreats” (“How AIDS Crisis Is Changing Gay Lives in the Bay Area,” 1983) arose to create alternatives for those who frequented the bathhouses. Randy Shilts was the first openly gay reporter hired by a major newspaper when he joined the *Chronicle* in 1981. He was very vocal about the need to curb bathhouse behavior, publishing several articles in 1983 for a mainstream audience that talked candidly about

sexuality and transmission of AIDS from the MSM perspective (Brier, 2011). A search of the ProQuest *New York Times* database did not uncover any articles printed in the *Times* until 1985 that addressed the role that bathhouses played in AIDS transmission. At that time, an article noted that Mayor Koch was willing to consider making San Francisco's bathhouse guidelines applicable to his city, illustrating how far behind New York was in regulating the situation: "San Francisco's efforts to limit the spread of AIDS [in place since 1983] at bathhouses and similar facilities...are being evaluated by New York officials concerned about the spread of AIDS there" (Lindsey, 1983). The timing and tone of this quotation from the *Times* demonstrate the lack of emphasis placed on bathhouse behavior as an important mode of transmission, perhaps reflecting the higher proportion of patients in New York infected by other means, notably Haitian immigrants and IV drug users, compared with San Francisco patients who largely identified as MSM. Notably, a review published in *Jama* in 1989 found that "50 percent or more of the IV drug users in New York City have antibodies to HIV" (Mechanic & Aiken, 1989). and a study in *Cancer Research* in 1985 classified Haitians in New York as "a high risk group" (Frank et al, 1985) for HIV, illustrating that in the scientific literature the heterogeneity of the patient population in New York was acknowledged. Thus, this *Times* article may more reflect a much lower level of comfort reporting on a topic many readers would consider distasteful. When a New York MSM group tried to institute guidelines at the end of 1985, they met great resistance from bathhouse operators: "Only [two] were in compliance with guidelines...they did it with a gun to their heads...they didn't do it for the clients" (Gross, 1985). This contrasts sharply with the attitude of San Francisco owners, as noted above, who respected the need to control health risks despite the threat to business.

The San Franciscan community was more proactive in confronting discrimination against AIDS victims than were the people of New York City. In New York, such discrimination persisted after death: a *Times* reporter interviewed the partner of one victim who said that after his boyfriend passed away, the hospital staff "wrapped him in the sheets he was in and...all they did was to pour embalming fluid on top of the sheets and put him in a plastic bag" (Clendinen, 1983). These actions reflected the discriminatory position of a large funeral directors association outlined in another *Times* article: "The New York State Funeral Directors Association...urged its members yesterday not to embalm victims of AIDS" ("Undertakers Unit Warns of AIDS," 1983). When no formal opposition to this policy came from New York City, Governor Cuomo was forced to step in and vowed to "to ensure that the civil rights and human dignities of AIDS victims and families [were] not compromised" ("Undertakers Unit Warns of AIDS," 1983) and called the lack of community reaction "unscientific behavior born out of fear rather than fact" (Chira, 1983). His words suggest prejudice was due to ignorance and fear, but both the treatment of the bodies and the blunt description of it by



the *Times* dehumanized the victims. Even if it wasn't the paper's intention, as history has shown regarding other ostracized groups, taking away people's humanity makes society less sympathetic toward them and more tolerant of substandard treatment. The *Chronicle* did the opposite of this, championing those who fought prejudice when it occurred. As the *Chronicle* reported in June 1983, while filming a live television broadcast calling attention to AIDS, "TV station technicians refused to be in the same studio with two AIDS victims who were to be interviewed" (Shilts, 1983). The article then described the "turmoil" in the local community, quoting the opinion of one man, Robert Bolan, that "if there were any way [AIDS] could be spread on a casual basis... it already would have shown up helter-skelter in the general public" (Shilts, 1983). Unlike New Yorkers, San Francisco's citizens rejected intolerance: producer Steve Ober sided against his technicians, implying disciplinary actions had been taken because: "I wanted to do this show because I have a friend with AIDS...It was scary that we had [this] pandemic fear right in our studio" (Shilts, 1983). Although victims in both cities faced discrimination, the disparity in the responses highlights the intolerance of prejudice that existed in San Francisco, which fueled a more proactive response when conflicts arose.

The San Francisco public was more proactive in its volunteer efforts and social services than the New York community, whose response was hindered by the stigma surrounding the disease. Responding to a lack of federal money, San Francisco stores such as Grocery Express, a home delivery market, tried to fill the void. A very positive profile of the business appeared in the *Chronicle*, publicizing that the store would: "donate \$3 to the AIDS/ Kaposi's Sarcoma Research Foundation for every \$20 order placed [and felt] a responsibility to pick up slack now that the federal government is reducing its involvement in meeting social needs" (Watson, 1983). Here, the paper applauded a businessman who openly offered support for AIDS victims, undeterred by the possibility of negative repercussions. Looking to enhance public education, a San Francisco Democratic Club spokesman, unafraid of any political backlash, announced it "will be sending out 16,000 AIDS brochures to a computerized list of single men in heavily gay neighborhoods" (Shilts, 1983). The city felt a call to action from the beginning of the epidemic, as a 1982 *Chronicle* article cited "forums and fundraisers for AIDS [were] among the ways San Francisco's community has been responding to the epidemic" (Saltus, 1982). Perhaps the largest was the organization of a "parade...to draw 500,000 marchers to pressure the government for more funding," (Shilts, 1983) demonstrating the fervent desire to call attention to the epidemic. New Yorkers were less willing to offer help, as a *Times* article noted in 1983, two years into the epidemic, that the city's service organizations provided "no counseling for patients or for families...when an AIDS patient [was] discharged, no one follow[ed] up" (Brooks, 1983). In contrast to the *Chronicle*'s article prominently featuring pictures of

Grocery Express's owners, *Times* articles reported the "unfounded fear that AIDS can be spread by casual contact has caused some of the victims to be doubly punished" ("The Fear of AIDS," 1983), and local "tenants had decided to evict [a doctor] because they were frightened of the AIDS patients and felt the nature of [his] practice would lower their apartment values" (Shenon, 1983). Unequivocally, the fear and stigma surrounding AIDS hindered New York's social responses, unlike San Francisco's impressive activism.

In 2012, the UNAIDS organization reported that over 35.3 million people were living with AIDS, and over 25 million had died from the disease by then (UNAIDS, 2013; DeNoon, 2006). Scientists know that AIDS is caused by a virus affecting men, women, and children of all races, socioeconomic classes, and sexual preferences, and it cannot be transmitted by casual contact. The early years of the epidemic, however, were different: AIDS was a mysterious illness targeting mostly MSM but also Haitians and IV drug users, in two iconic American cities on opposite coasts. As they bore an unusually large burden of AIDS cases in the epidemic's infancy, the unique environment of each city propelled more proactive political, medical and social responses from San Francisco. This disparity was clearly reflected in coverage of the epidemic by each city's major newspaper, which was influenced by and generally reflected the prevailing local attitude towards AIDS. These findings enhance previous scholarly work illustrating that there were major differences in the ways New York City and San Francisco responded to the epidemic in terms of policy and public spending data, adding newspaper analysis to a larger set of historical evidence that argues for a more proactive response by the latter city. The fact that there is such a stark contrast in the way each metropolis portrayed the epidemic through newspaper articles is significant: it indicates that newspaper analysis may be another useful method to better understand a city's response to a crisis, reflecting underlying social and political reactions, but it also illustrates two experiences in handling an epidemic that will undoubtedly prove useful for future dire situations. Research of this topic helps to understand not only the differences between these early reactions but also what caused the disparity. One can then closely examine the positive actions taken to confront the disease, and use them as a model for future epidemics, while at the same time reflect on ways to prevent inaction from recurring, as recalling history often lends a hand in teaching the world to avoid the mistakes once made as well as build on the successes of former times.

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