Silence and Ignorance = Death: Uncovering the Federal Government's Response to the HIV/AIDS Epidemic and the Fight for HIV Rights and Equity

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Abstract:

This research aims to answer: How did the Reagan administration approach the HIV/AIDS epidemic during the early 1980s, and how did affected individuals employ methods of advocacy and activism during the beginning stages of the epidemic? Reviewing literature and primary sources from the 1980s, research on AIDS United and the Gay Men's Health Crisis, two leading HIV advocacy organizations, and interviewing an HIV Navigation Specialist from Being Alive LA, an organization focusing on mental health support and wellness for those living with HIV, all contributed to the research in understanding the Reagan administration's approach and advocacy and activism methods used as a response to the federal government. The Reagan administration remained largely silent during the early stages of the HIV/AIDS epidemic, thus sparking various forms of advocacy and activism. The Reagan administration did not implement enough funding for HIV/AIDs research, prevention, and treatment during the early stages of the HIV/AIDS epidemic, and prioritized military spending over the nation's health. Advocacy and activism groups took the responsibility into their own hands to create AIDS education/awareness, free testing, acted as a source of guidance and help for those who were seeking it, and organized protests and marches. These organizations pushed for federal efforts to combat the HIV/AIDS epidemic, and the public outreach they conducted ensured that the voices of the affected individuals were heard.

I. Introduction

Throughout American history, the battle for LGBTQ+ rights and equity has been long and strenuous. A necessary part of this history is largely ignored, that is, the HIV/AIDS epidemic, which began in 1981 and peaked in the mid-1990s. Specifically, the emotional pain and suffering of those who were directly affected are not showcased widely. On June 5, 1981, the Centers for Disease Control found Pneumocystis carinii pneumonia (PCP) in five men in Los Angeles and noticed a rise in cases of Kaposi's sarcoma in New York among gay men. They believed these two diseases came from an infectious agent through sexual intercourse and injection of drugs. The CDC recommended wearing gloves and safe materials when exposed to blood and other bodily fluids, and disposing of needles when used. The first years of the epidemic received little attention from the media, and as cases started to rise, panic and fear were felt across America ("The AIDS Epidemic"). The period of the HIV/AIDS epidemic highlights the United States government's silencing of LGBTQ+ people and how society may react to an issue that the public feels uncomfortable about, and how science, the understanding of HIV/AIDS, can influence policy-making (Ron & Rodgers). The Reagan administration's lack of response in the early stages of the epidemic angered affected individuals. The federal government's inaction spurred advocacy and activism efforts across the nation because of heightened fear and stigma of HIV/AIDS. Thus, this project aims to answer: How did the Reagan administration approach the HIV/AIDS epidemic during the early 1980s, and how did affected individuals employ methods of advocacy and activism during the beginning stages of the epidemic? The Reagan administration did not implement enough funding for HIV/AIDs research, prevention, and treatment during the early stages of the HIV/AIDS epidemic, and prioritized military spending over the nation's health. Advocacy and activism groups took the

responsibility into their own hands to create AIDS education/awareness, free testing, acted as a source of guidance and help for those who were seeking it, and organized protests and marches. These organizations pushed for federal efforts to combat the HIV/AIDS epidemic, and the public outreach they conducted ensured that the voices of the affected individuals were heard.

II. *Literature Review*

The following journal articles have revealed a slow and ineffective response to the HIV/AIDS epidemic during its beginning stages. Specifically, the Reagan administration reflected a lack of funding for AIDS, which was money necessary for AIDS research, prevention, and care. Their lack of an effective policy and educational awareness exhibited homophobic sentiments, as many individuals viewed and labeled HIV/AIDS as the "gay plague". President Reagan's policy decision examines how policymakers put personal feelings over science and the well-being of the American public. Frustrated with the federal government's lack of action on the epidemic, LGBTQ+ groups placed matters into their own hands by creating clinics, free testing, and conducting activism and advocacy to meet their needs by policymakers.

The response to the AIDS epidemic was slow, and the public health campaigns that emerged in 1985 intended for disease prevention valued inclusivity, and how "everyone was at risk". First, connections can be made between AIDS and COVID-19 in "Campaigns of Autoimmunity: Public Health Responses to AIDS and COVID-19". This scholarly article by Amanda M. Caleb aims to understand the responses to pandemics through autoimmunity, such that targeting minorities will lead to prejudice and society will harm these communities. The research question is how does applying a framework of autoimmunity, that is a nation's response against itself and targeting one population through overrepresentation, discriminate against its own people? The researcher uses campaigns from America Responds to AIDS (ARTA) and

Together Ohio and does not specify the number of participants. ARTA and Together Ohio were both public health campaigns from the Centers for Disease Control to try to reduce the spread of COVID-19 and HIV/AIDS. Caleb finds that the ARTA campaigns exhibited Black communities in a negative light and stated that everyone is at risk. The campaigns included African Americans through "the deceptions of irresponsible drug use, often combined with unsafe sexual practices" (Caleb, 6). Similarly, the Together Ohio campaign targeted Black communities, which contributed to racial stereotyping, that is, the idea that African Americans had higher rates of COVID. Both of these campaigns showed acts of blaming African Americans for disease spreading because of their overrepresentation. The researcher concludes that campaigns intend not to be harmful, but the "overrepresentation of communities leads to more intolerance of division than unification" (Caleb, 13). If a community feels overrepresented by the public, there will be a possibility of discriminatory thinking and practices.

Second, the Reagan administration used its power to contribute little funding towards combating AIDS. In "Inaction and Executive Power as Policy Decisions: The Reagan Presidency and its Response to the AIDS Crisis, 1981-1989", by Alejandro Lopez examines and analyzes how Ronald Reagan used his power to respond to large public health issues. The research question is: how did the Reagan administration respond to the HIV/AIDS outbreak in the early 1980s, and how did it use its power to address it? Lopez used areas of presidential power and significant moments of the federal government's response to the epidemic to conduct his research, such as the first bill for money for AIDS research, the first bill on the federal response to AIDS, the first mention of AIDS by Reagan, and the first speech Reagan made on the matter. In 1982, Reagan increased defense spending in response to the threat of the Cold War and cut spending on health services. The government also did not construct a response to the HIV/AIDS

epidemic, and “states were forced to put forward money for AIDS research because the federal government did not” (Lopez, 31). This reveals a refusal from the federal government and transferring that power to the states. In Reagan’s first speech he made addressing the AIDS epidemic, he expressed the action of states, the role of decisions on sexual matters, and the harmful effects of inaction through policies. In addition, his speech only focused on testing and ways to prevent those with AIDS from entering the country. Lopez concluded that Reagan’s response to the HIV/AIDS epidemic was due to a Devolution mode, that is, a lack of communication from the federal government and the transfer of power to the states. This federal response questioned the responsibilities that the government should uphold when responding to public health.

Third, Reagan’s response to HIV/AIDS was slow and inefficient, and the federal government’s ties to the Centers for Disease Control further delayed a policy response. The article, “Commentary: Deadly AIDS Policy Failure by the Highest Levels of the US Government: A Personal Look Back 30 Years Later for Lessons to Respond Better to Future Epidemics” by Donald P. Francis examines and evaluates the Reagan administration’s handling of the first stages of the HIV/AIDS epidemic and its inconsistency with good public health practices. The author outlines the forces that prevented the Centers for Disease Control and Prevention from controlling disease during the early 1980s. Francis uses methods of drawing personal insight. He reflects on his experience in creating a plan to decrease the risks of homosexuals and heterosexuals contracting HIV and AIDS, which led to rejection by the CDC. In addition, he employed data on AIDS cases and deaths from before 1980 to December 2000. The researcher found that “The Director of CDC during those days, Dr James Mason, was also not willing to fight his bosses to protect the public from AIDS” (Francis, 298). This decision

revealed a leader's choice of his personal opinions (his conservative values) to comply with the actions and decisions of the Reagan administration, over science and the public's health. The Reagan administration did not allow complex issues, such as AIDS, to arise, so there would not be adequate funding for AIDS and the protection of the health of individuals. Francis concludes that the CDC's handling of AIDS/HIV was a result of behavior and actions that prevented clear responses to protecting the health of individuals.

The following two articles were written during the HIV/AIDS epidemic, so an examination of these articles as primary sources is necessary. "AIDS in the United States: Patient Care and Politics", a scholarly article written in 1989 by Aran Ron and David E. Rodgers, explores the intersections of society, politics, and AIDS and HIV. The research question is: What is the influence of forces on the societal and political responses to the HIV/AIDS epidemic in the United States? To complete their research, Ron and Rodgers examined the social and political responses and a case study in New York City. They found that the media did not intervene quickly and did little to cover the topic of AIDS at the beginning of the epidemic. The homosexual community and organizations during the early stages opposed closing gay clubs, where this disease was spreading. A negative outlook and hostility were presented towards homosexuals, such as feelings of fear and anger towards them, causing these communities to feel extremely scared and distressed. AIDS was showcased as a disease only affecting gay men, so the public reacted negatively and blamed them for the fast spread of this disease. The states that had many of the AIDS cases did not receive much from the state government and relied on the federal government instead. These observations contributed to the fact that funding to study and limit the spread of AIDS from the federal government was extremely slow, "By which time several hundred cases of AIDS had been identified, only $2 million had been given to the

Centers for Disease Control in Atlanta to study AIDS" (Ron and Rodgers, 46). Desperate for help, in New York City, individuals affected by AIDS had to take matters into their own hands. They developed programs through the Gay Men's Health Crisis, which led to the creation of the AIDS Institute. Individuals pushed the New York State Health Department to fund HIV testing, counseling, treatment, and research. In addition, the poorer parts of the city had higher levels of HIV infection but significantly fewer resources for help (Ron and Rogers). Ron and Rodgers concluded that through the HIV/AIDS epidemic, they have learned how society may react to an issue that the public feels uncomfortable about and how science, the understanding of HIV/AIDS, can influence policy-making. Because of these inequities and what the researchers have seen so far, there have been individuals throughout the epidemic who fought for HIV/AIDS to be supported and responded to by the government.

Similarly, addressing the clear lack of funding for AIDS at the federal level, "AIDS Funding: Competing Needs and the Politics of Priorities", a scholarly article written by Nancy Krieger in 1988, examines how the government spending resulted from the Reagan administration's policies disproportionately affecting those with AIDS. The research question is how was the Reagan administration's funding for AIDS considered inadequate, and how did the administration reduce their responsibility in terms of protecting health? Krieger used data on AIDS cases in adults, adolescents, and children from the federal budget of 1980-1985, the distribution of federal tax dollars in 1987, the federal research and development budget of 1980-1986, and health care expenditures. She also conducted a case study on how Alameda County, California, handled the AIDS crisis. Kreiger found that the Reagan administration prioritized spending money on national defense, rather than social services, which included health. Additionally, "only $3.8 million (4 percent) of the PHS [Public Health Service] AIDS

budget was directed towards AIDS education" (Krieger, 528). Ultimately, there were not enough funds being used to understand, research, and prevent the spread of AIDS. The administration also cut funding from the Centers for Disease Control's STD program and AIDS prevention (Krieger, 529). In Alameda County, California, the administrators knew that the Medicaid funding being decreased would lead to a decrease in AIDS funding. They decided to allocate $50 thousand to a hospital with many AIDS patients to create an AIDS clinic. From the experiences she has witnessed thus far in this health crisis, Krieger concluded that AIDS funding must come from the funding used for national defense, and not from other health programs. The Reagan administration had the funding capacity to bring sufficient funds to AIDS, but they had used large sums on the military. Also, establishing a national health program would ensure that the individuals of this country were adequately cared for.

These two primary sources, "AIDS in the United States: Patient Care and Politics" and "AIDS Funding: Competing Needs and the Politics of Priorities," describe the lack of funding for health services leading to a lack of awareness and education for HIV/AIDS during the 1980s. The lack of awareness and education for this disease increased stigma, fear, and hostility towards those living with HIV/AIDS and those who were speculated to have this disease, specifically those belonging to the LGBTQ+ community. An emotionally charged community wanted to see a change from the government and the public, and heavy misinformation and fear spread across America. Advocates and activists displayed a sense of urgency for the federal government to realize that their lack of involvement regarding HIV/AIDS was causing cases and deaths to rise throughout America.

Shifting towards how the nation reacted to the epidemic, "Homophobia and HIV/AIDS: Attitude Change in the Face of an Epidemic", by Erin Ruel and Richard T. Campbell, examines

whether the increase in AIDS cases caused an increase in homophobia over time. The research question is “How did attitudes change as knowledge of AIDS transmission improved, and as the AIDS epidemic spread to non-stigmatized groups?” (Ruel and Campbell, 2169). The researchers used data from the General Social Survey, which asks questions about the humanity of homosexuality and homosexuals’ civil rights, and the Centers for Disease Control, which described the amount of AIDS cases by state from 1981 to now. Ruel and Campbell do not state the number of surveyors in the General Social Survey, but state that they used more than 22,000 AIDS cases. They created seven birth groups of 10-year intervals and composed demographic variables in their models. The researchers created a model for individual responses to the survey questions and the presence of AIDS in each state. They found that “AIDS incidence has a constant and negative effect towards the civil rights of homosexuals across all time points” (Ruel and Campbell, 2173). They also discovered that individuals' attitudes toward the humanity of homosexuals became more intolerant over time. The researchers concluded that AIDS increased intolerance towards homosexuals’ civil rights during 1981-1998 and increased intolerance towards the humanity of homosexuality during 1986-1991. Due to the increase in homophobia during this period, gay men became increasingly more vocal to be seen and recognized as a part of society and engaged in pursuing civil rights for their communities.

The next two articles will discuss the various methods of activism and advocacy that occurred during the beginning stages of the HIV/AIDS epidemic across America. To begin, “Only Your Calamity: the Beginnings of Activism by and for People with AIDS”, written by Joe Wright, discusses the purpose, momentum, and methods of AIDS activism throughout United States history. The research question is how did AIDS activism develop as a response to the problem of social death and society’s response to AIDS? The researcher used personal accounts

from Bobbi Campbell, a nurse, and Michael Callen, an individual affected by AIDS. Besides these two individuals, Wright focused on the AIDS communities in San Francisco and New York, in which they organized candlelight marches to honor those who had passed away from AIDS. These two communities, led by Campbell and Callen, joined together to create the Denver Principles: "a set of recommendations to a group of mostly gay and lesbian health care providers" (Wright, 1795). This document, written in 1983, asserted that individuals affected by HIV should not be labeled as victims, but rather just as individuals. In addition, it called for a right to sexuality, freedom from discrimination and stigma from society, medical care, and research. In conclusion, Wright states that the Denver Principles led to the National Association of People With AIDS (NAPWA) and other similar associations. More importantly, the document influenced more forms of AIDS activism and impactful activism work that was completed.

Next, New York was a leading and recurring place where HIV/AIDS activism and advocacy took place. "New York State's Response to AIDS: Evolution of an Advocacy Agency", a scholarly article written by W. Henry Lambright and Mark J. O'Gorman, examines the AIDS Institute's and government agencies' role in the advocacy of AIDS and the development of the AIDS Institute. The research question is how do advocacy organizations evolve and how do bureaucratic agencies utilize advocacy in policy? Lambright and O'Gorman use a model to track the AIDS Institute's life cycle with four stages: birth, early life, growth, and institutionalization or termination. The AIDS Institute was created in the state of New York to be placed in the Department of Health to advise public health and policy. In September of 1983, Mel Rosen, a social worker from the Gay Men's Health Crisis and a gay activist, was chosen as the director of the AIDS Institute. During the institute's early life, he began conducting outreach, such as creating community service programs that "provided information to gay men, helped them cope

with the trauma of the disease, and assisted them with day-to-day needs" (Lambright & O'Gorman, 182). These developments allowed the AIDS Institute to be seen more throughout the public eye. As a result of the AIDS Institute's growth, Comprehensive AIDS Care centers were introduced by the governor and a budget increase of $9.5 million in 1986, compared to $2.8 million in 1984-85. In 1987, the AIDS Institute incorporated physicians with the activists into their advisory council, making it two parties, and drawing more support. The AIDS Institute became stronger: it provided policy ideas for the Department of Health during the 1990s, such as encouraging testing and counseling about AIDS. Lambright and O'Gorman concluded that the AIDS Institute used the power of government to shape policy, had visibility, was a focused area in the state's Department of Health, and utilized its community to carry out its advocacy efforts.

Lastly, Reagan realized the need for research for HIV and AIDS as thousands of individuals contracted and passed away from HIV/AIDS, and the call from advocates and activists. *Executive Order 12601: Presidential Commission on the Human Immunodeficiency Epidemic*, signed by President Reagan on June 24, 1987, established a Commission dedicated to advancing research and prevention of HIV. The 11-member commission's functions included advising the President, Secretary of Health and Human Services, and cabinet members on the spread of HIV, AIDS, and other resulting conditions. Its goal was to ensure the federal state, and local governments "(1) protect the public from contracting the HIV; (2) assist in finding a cure for AIDS; and (3) care for those who already have the disease" (Reagan, Executive Order 12601). The President emphasized slowing down the spread of HIV and allowing the federal government to step in to help with this crisis. Taking these steps for those who are directly affected by HIV or vulnerable to it shows the federal government acknowledging the existence of HIV. Its priorities also included education to the public, research on how the federal, state, and

local governments were combating AIDS, and research on preventative measures and treatments. In addition, the Commission would examine the current state of AIDS and the Secretary of Health and Human Resources was responsible for providing the Commission with the necessary funds and resources for their duties. The Commission would then create a report with recommendations and instructions for the federal government to combat, treat, and prevent HIV for the President after 90 days of being appointed.

The silence and ignorance of the HIV/AIDS epidemic displayed by the government has been largely ignored throughout American history. Thus, providing research on this topic brings light on the fight against HIV/AIDS and LGBTQ+ rights and equity. This research explores and amplifies the importance of public health policy used to address epidemics and how it can advance the lives of individuals, or, unfortunately, end it. On a broader level, this project encourages the study of how policy and lack of policy can directly influence the health and lifespan of Americans. Adding to the research conducted so far on this topic, this research emphasizes the idea that Reagan's policy decisions led to an angered and frustrated community due to the inadequate funding he set aside for public health and AIDS.

III. Fieldwork Reflection and Plan of Action

To expand my knowledge of current HIV/AIDS advocacy and activism methods, there was a desire to volunteer with an organization that conducted some sort of HIV/AIDS advocacy and activism. Unfortunately, there was a struggle finding an organization that had accessible volunteer opportunities, and for the volunteer opportunities that were found, my age wasn't acceptable. Although not directly related to my topic, employment was obtained in the 2024 presidential election as an election clerk. The role included learning how to check voters in, assisting them with the voting machines, and opening and closing the polls. The democratic

process was seen firsthand, and my knowledge expanded by learning the importance of running a smooth, effective, and safe election. The process of participating in the democratic process with advanced technology was observed critically. In certain states, voters may vote on funding and contribute to the money needed to run social services, which include health services.

It was imperative to understand the organizational skills needed for activism, so there was a desire to interview someone from the HIV/AIDS Foundation or the Human Rights Campaign was present, both having Los Angeles ties. However, there was a difficulty in finding someone to interview due to both organizations' large size. Instead, an interview was conducted with an HIV Navigation Specialist from Being Alive LA, Geovanni Botticella. Being Alive LA is a non-profit organization that supports those living with HIV and AIDS through mental health, wellness, education, and prevention ("About Being Alive"). He described his role at the organization, the importance of the organization, and how individuals combat the stigma surrounding HIV/AIDS and support those who are living with HIV. In his role as HIV Navigation Specialist, he sees clients living with HIV and refers them to the resources or organizations that they may need, such as housing, financial support, and food banks. Being Alive LA offers many programs and services to support those living with HIV, such as their harm reduction program, needle exchange, and mental health services. The harm reduction program and needle exchange give immediate resources to individuals out in the community and allow them to exchange unsanitary needles for clean ones to reduce the spread of disease. He emphasized the importance and value of offering mental health and wellness programs to those living with HIV, and how Being Alive LA's mental health and wellness programs are free of charge, and no insurance is needed. He commented on how education is a powerful tool to reduce the stigma surrounding HIV/AIDS, specifically educating on the ways of transmission, understanding the facts about this disease,

and generating discussions about HIV/AIDS and preventive measures. Simply having a place of support and guidance for those living with HIV is a form of advocacy in and of itself.

An examination of past efforts of advocates and activists for the AIDS and LGBTQ+ communities was conducted. Specifically, an examination of AIDS United and the Gay Men's Health Crisis was completed. The AIDS United Council was created in 1984 to advocate efforts for better policies surrounding the HIV/AIDS epidemic, and later the National AIDS Fund was founded to support communities that were affected by HIV ("Our Story"). AIDS United taught the nation about the stigma towards the HIV/AIDS and LGBTQ+ communities was occurring and wanted to ensure the protection and dignity and all individuals. They enforced the idea that HIV rights are basic human rights. In the early 1980s, the Gay Men's Health Crisis (GMHC) created the world's first AIDS hotline, newsletters, and conducted fundraising efforts ("History"). The hotline allowed individuals to ask questions relating to HIV/AIDs, and PSAs and pamphlets spread awareness and education about the disease. The newsletters they created laid out guidelines for healthcare workers to best treat and approach those living with HIV/AIDS. GMHC emphasized the importance of the mental well-being of those affected by HIV/AIDS during times of extreme stigma, fear, and distrust towards the HIV/AIDS and LGBTQ+ community by creating counseling and mentor programs. Peaceful protests and marches forced individuals all across America to listen and see the pain that they were suffering, their anger with the federal government, and to clear the misinformation surrounding this disease. In efforts to slow the rate of HIV infections, the existence of free testing by GMHC allowed individuals to see if they had HIV through their free clinics. In addition to the research on these organizations, a teach-in with the school community was conducted, which consisted of an overview of the federal government's response to the HIV/AIDS epidemic during the early

1980s and the various advocacy and activism methods that took place. To determine the success of the teach-in, participants were instructed to take a short quiz at the end of the teach-in, which they had to answer six short open-ended questions based on the information from the teach-in.

One method these organizations used to advocate and conduct activism was using print media, such as pamphlets and newsletters, to spread awareness and educate individuals about HIV and AIDS. "Communicating with the Media: How to Elevate Your Successes" discusses various methods and tips for effective advocacy work through media. First, it is important to find a hook and connect it to the community, which means finding the purpose of this advocacy and highlighting it. To capture the attention of individuals, finding someone who has a unique perspective on the issue can separate this advocacy work from others. In addition, it is necessary to showcase people with real and relatable stories to draw people and supporters in. It is also important to show that the solutions to these issues are understood easily and set the environment up, not just focusing on the current problems. Another important note specific to advocacy for prevention is, "It's critical to emphasize that community prevention is local" ("Communicating with the Media"). Addressing the needs of the community in media can greatly garner attention and the advocacy work can be further spread. Adding a personal connection through this advocacy can greatly draw individuals in, thus proving this work is effective. Shifting language from "choices" to "options" can help divert the attention to the individuals impacted by these issues and instead focus attention on the items that are available in the communities and society. Lastly, be ready for and acknowledge arguments and put prevention as a focus.

IV. Findings/Results

Through the literature review, there were multiple articles that supported and discussed the idea that the Reagan administration contributed inadequate funding to HIV/AIDs research,

prevention, and treatment during the early stages of the HIV/AIDS epidemic. Reagan decided to prioritize military spending over health services spending during the early 1980s, due to the threat of the Cold War (Lopez). Specifically, in 1985, national defense made up 67.5% of the federal research and development budget, whereas health (the Public Health Service) made up 10.8% of this budget, and AIDS made up only 2.0% of the Public Health Service's funds (Kreiger, 526). Furthermore, the executive order, the *Presidential Commission on the Human Immunodeficiency Epidemic*, signed in 1987, was six years after the first case of HIV in 1981. The timing of the signing of the executive order revealed a delay in response, as there were already thousands of individuals dying from HIV and AIDS ("Estimated AIDS Incidence"). The delay led to various advocacy and activism methods conducted by HIV/AIDS organizations across the country, demanding more funding from the administration and supporting those affected by HIV/AIDS.

Through the interview with Being Alive LA and research on AIDS United and the Gay Men's Health Crisis, various methods of activism and advocacy for HIV/AIDS, both in the past and present, were learned. During the 1980s, Being Alive LA served as a Dying with Dignity organization, in which they arranged and attended funerals, organized finances, and helped family members grieve. As a form of advocacy, Being Alive LA made sure to honor the lives that were taken by HIV or AIDS and served as an example to treat these individuals with respect and dignity, and not fear. My interviewee reflected on the organization's imperative and crucial advocacy work and support for those who passed away from HIV/AIDS, "We even helped them attend funerals because some of our clients were so alienated that when they passed away, they would have no one to attend their funerals, so we would have people would go there." The existence of an organization that focuses on offering mental health, wellness, and support to

those living with HIV and AIDS is a form of support and guidance for these individuals and a form of advocacy for HIV/AIDS individuals. Additionally, their use of education and outreach towards communities about HIV/AIDS is a way of advocating for HIV/AIDS equity and inclusion. The research on AIDS United and the Gay Men's Health Crisis revealed the extensive protests, marches, newsletters, and fundraising efforts that these organizations conducted to put pressure on the federal government for a response and funding to happen. Their desire and hope for the government to fund HIV/AIDS research, prevention, and treatment were clearly exhibited through the efforts of these organizations during the Reagan administration and the 1980s.

My form of advocacy for HIV rights and inclusivity was conducting a presentation on this project. Those who participated in the teach-in were instructed to take a quiz based on the information. After reviewing the results of the quiz, all participants displayed a thorough understanding of the federal government's response to the HIV/AIDS epidemic during the early 1980s and the forms of advocacy and activism that occurred. Because of all of their correct answers from the quiz, a conclusion was made that success was achieved in my advocacy goals of speaking up about this imperative topic.

All across America, individuals participated in protests and marches, demanding funding from the government for HIV/AIDS prevention, treatment, and support. In doing so, they spread awareness about the topic of HIV/AIDS and try to decrease the stigma and hostility surrounding this disease. The federal government increased its funding for health from 1980 to 1985, respectively, from 71.0 billion to 124.4 billion (Krieger, 524). In addition, in 1986, funds allotted for AIDS research and development were approximately doubled, from 2.0% of the Public Health Service Budget to 4.3% of the Public Health Service Budget (Kreiger, 526).

Table 2

Federal budget: Outlays (total, national defense, and health) and deficit, 1980–85[a]

Item	Dollars, billions					
	1980	1981	1982	1983	1984	1985
Outlays						
Total	590.9	678.2	745.7	808.3	851.8	946.3
National defense	134.0	157.5	185.3	209.9	227.4	252.7
(% of total)	(22.7)	(23.2)	(24.8)	(26.0)	(26.7)	(26.7)
Health	71.0	83.3	93.2	102.7	111.6	124.4
(% of total)	(12.0)	(12.3)	(12.5)	(12.7)	(13.1)	(13.1)
Deficit	-73.8	-78.9	-127.9	-207.8	-185.3	-212.3

[a]Source: reference 7, Table 480, p. 293; Table 126, p. 85

(Krieger, 524)

Table 4

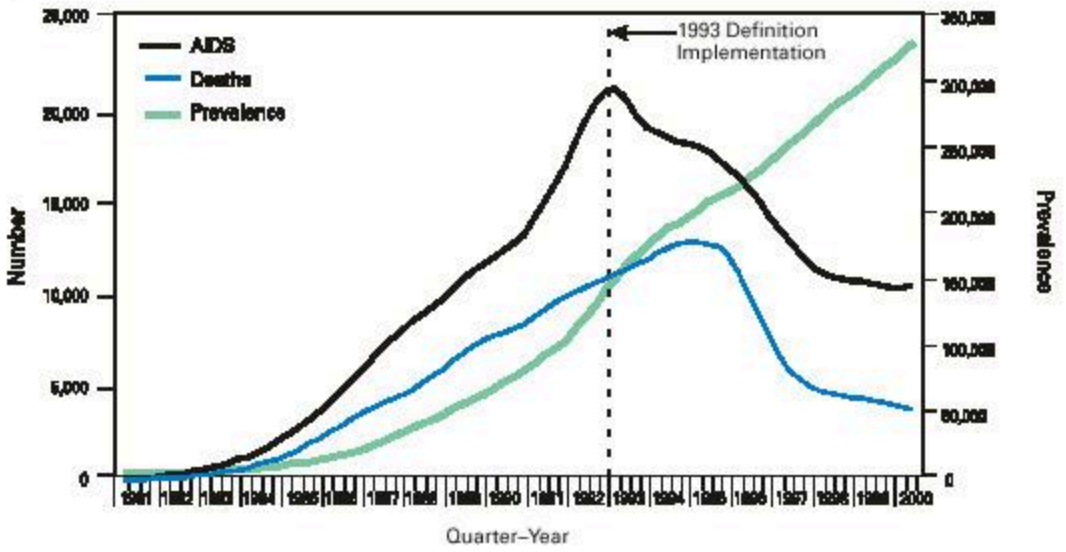
Federal research and development budget: Total, national defense, Public Health Service, and AIDS, 1980–86[a]

Expense	Dollars, billions						
	1980	1981	1982	1983	1984	1985	1986
Total	29.7	33.7	36.1	38.8	44.2	49.9	53.2
National defense	14.9	18.4	22.1	24.9	29.3	33.7	36.8
(% of total)	(50.3)	(54.6)	(61.1)	(64.3)	(66.2)	(67.5)	(69.2)
Health (PHS)[b]	3.6	3.8	3.9	4.3	4.8	5.4	5.4
(% of total)	(12.1)	(11.3)	(10.8)	(11.0)	(10.9)	(10.8)	(10.1)
AIDS	–	–	0.005	0.029	0.061	0.109	0.234
(% of PHS total)	–	–	(0.1)	(0.7)	(1.3)	(2.0)	(4.3)
(% redistributed)	–	–	(91.0)	(93.0)	(5.6)	(10.3)	(NA[c])

[a]Source: references 1, p. 32; 6; 7, Table 976, p. 566.
[b]The budget of the Public Health Service is typically 99% of the total health R & D budget.
[c]Not available.

(Krieger, 526)

FIGURE 1. Estimated AIDS incidence*, deaths, and prevalence, by quarter-year of diagnosis/death — United States, 1981–2000



* Adjusted for reporting delays.

"*Estimated AIDS incidence*"

V. Conclusion/Reflection/Recommendations

The Reagan administration did not implement enough funding for HIV/AIDS research, prevention, and treatment during the early stages of the HIV/AIDS epidemic, and prioritized military spending over the nation's health. Advocacy and activism groups took the responsibility into their own hands to create AIDS education/awareness, free testing, acted as a source of guidance and help for those who were seeking it, and organized protests and marches. These organizations pushed for federal efforts to combat the HIV/AIDS epidemic, and the public outreach they conducted ensured that the voices of the affected individuals were heard. After further review of literature, an important form of activism was to create guidelines specifically for healthcare workers for HIV and AIDS patients because this disease was still new and

unknown to the medical community. Specifically, the Denver Principles highlighted the importance of shifting language for inclusivity, such as removing words like “patient” and “victim” and replacing them with “people living with HIV/AIDS” and how they should be characterized as individuals and not victims (Wright).

A struggle to find relevant fieldwork for HIV/AIDS advocacy was present due to a lack of clear volunteer opportunities with the organizations that were available, as most of these organizations relied on donations as a way of getting involved. There was a reliance on emailing multiple organizations to obtain an interview, but an understanding developed that calling them would be most effective. There was a desire to interview someone from certain large local organizations, but due to their size, it was difficult to locate someone who could answer all my questions. Being Alive LA, a much smaller organization, easily located an employee who was fit to participate in the interview and effectively answer my questions.

It is necessary to understand and research both sides: the reasoning behind the federal government’s response during the early 1980s and the purpose of advocacy and activism during a time of crisis. The silence and ignorance by the federal government at the beginning of the HIV/AIDS epidemic are imperative to be showcased. An emphasis on fear, struggle, and pain felt by the LGBTQ+ community and those affected by HIV/AIDS due to the hostility and stigma towards them is necessary to be highlighted when exploring this topic. Furthermore, the mental and physical toll of those living with HIV and AIDS during the 1980s due to the lack of awareness and research of HIV and AIDS is important to be analyzed, examined, and recognized.

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