



Document Set: AIDS and Scientific Research

Instructions: Examine the included documents. Then, as a group, discuss the questions below. Be prepared to share your discussions with the rest of the class.

Questions:

1. Do you notice any individuals, institutions, or organizations that reoccur throughout the timeline (**Document 1**)? What is their significance?
2. Could you summarize the scientific progress made in diagnosing and treating the AIDS epidemic, as revealed in **Document 1**?
3. In **Document 2**, what is Shilt's opinion of the way the AIDS crisis was handled by the scientific community? What criticisms does he have of the scientific response in particular?
4. In **Document 3**, how does Panem defend the scientific response to the AIDS epidemic against Shilt's critiques?



Document 1: Timeline 1981-1990

1981	1982	1983	1984	1985	1986	1987	1990
<p>The Center for Disease Control (CDC) publishes accounts of five previously healthy gay men in Los Angeles that have contracted rare cases on pneumonia.</p>	<p>The CDC reports the first cases of immune deficiencies in patients with hemophilia, a rare blood disorder.</p>	<p>The CDC first diagnoses AIDS in female sexual partners of males with AIDS.</p>	<p>Robert Gallo and his colleagues at the National Cancer Institute certify that a retrovirus causes AIDS, and announce the development of a blood test that can test for the retrovirus that leads to AIDS.</p>	<p>The first blood test to detect the retrovirus causing AIDS becomes commercially available.</p>	<p>The CDC reports more people diagnosed with AIDS in 1985 than all previous years combined.</p>	<p>The U.S. Food and Drug Administration (FDA) approves the first medication to treat AIDS, called AZT.</p>	<p>The CDC releases a report on the possible transmission of HIV through dental procedures, provoking public fear and debate over the safety of going to the dentist.</p>
<p>Reports are released of a rare form of cancer, Kaposi's Sarcoma (KS), principally affecting gay men.</p>	<p>The CDC introduces the term AIDS ("Acquired Immune Deficiency Syndrome") and defines its symptoms.</p>	<p>AIDS is reported among hemophiliacs, drug users, and Haitians.</p>	<p>The CDC identifies how AIDS is spread, ruling out physical contact, water, food, air, or environmental surfaces as sites for transmission.</p>	<p>The Pasteur Institute files a lawsuit against the U.S. Government. In claiming to have first discovered the retrovirus causing AIDS, they requested certain patent rights to AIDS testing technology. The lawsuit is settled out of court.</p>	<p>The CDC releases a report that AIDS is disproportionately affecting African Americans and Latinos.</p>	<p>The FDA accelerates approval of promising new medications so patients are able to receive them.</p>	
<p>270 cases of severe immune deficiency among gay men are reported. The condition is referred to by some as Gay-Related Immune Deficiency (GRID), creating the false assumption that only gay men are affected.</p>	<p>The CDC reports the presence of AIDS-like symptoms in an infant who received a blood transfusion.</p>	<p>French researcher Françoise Barré-Sinoussi of the Pasteur Institute discovers the retrovirus that causes AIDS.</p>			<p>The International Committee on the Taxonomy of Viruses officially announces that the virus that causes AIDS will be defined as the Human Immunodeficiency Virus, or HIV.</p>	<p>Human testing begins on the first AIDS vaccines.</p>	

All information obtained from hiv.gov



Document 2: From Randy Shilts, And the Band Played On: Politics, People, and the AIDS Epidemic (1987)

The bitter truth was that AIDS did not just happen to America—it was allowed to happen by an array of institutions, all of which failed to perform their appropriate tasks to safeguard the public health. This failure in the system leaves a legacy of unnecessary suffering that will haunt the Western world for decades to come.

There was no excuse, in this country and in this time, for the spread of a deadly new epidemic. For this was a time in which the United States boasted the world's most sophisticated medicine and the world's most extensive public health system, geared to eliminate such pestilence from our national life. When the virus appeared, the world's richest nation housed the most lavishly financed scientific research establishments—both inside the vast governmental health bureaucracy and in other institutions—to investigate new diseases and quickly bring them under control.[. . .]

But from 1980, when the first isolated gay men began falling ill from strange and exotic ailments, nearly five years passed before all these institutions—medicine, public health, the federal and private scientific research establishments, the mass media, and the gay community's leadership—mobilized the way they should in a time of threat. The story of these first five years of AIDS in America is a drama of national failure played out against a backdrop of needless death. [. . .]

People died while scientists did not at first devote appropriate attention to the epidemic because they perceived little prestige to be gained in studying a homosexual affliction. Even after this denial faded, people died while some scientists, most notably those in the employ of the United States government, competed rather than collaborated in international research efforts, and so diverted attention and energy away from the central struggle against the disease itself.

People died while public health authorities and the political leaders who guided them refused to take the tough measures necessary to curb the epidemic's spread, opting for political expediency over the public health.



Document 3: From Sandra Panem, "A Drama and Questions," Science, (1988)

The importance of homophobia in understanding the response to AIDS cannot be denied. [In the book] Shilts clearly shows that homophobia among both heterosexuals and homosexuals affected early confrontation of the epidemic. . . Yet there is as much danger in overemphasizing homophobia as the explanation for social non-responsiveness as there is in denying it. Even had this disease first appeared in a different population, we would probably not have been much better able to respond early. This lesson is absent from Shilt's analysis, but it is one that should force examination of the organization of biomedical research and health-care delivery. [. . .]

Questions that the narrative suggests but that are neither spelled out nor developed include: What is the appropriate way to set priorities for resource allocation (personnel, funds, capital equipment) during a health emergency? What is the appropriate division of labor between federal agencies (such as the CDC and NIH)? Who is in charge during a public health crises? Who should have oversight of government efforts against a new disease? What are the costs of a massive reallocation of resources toward a new disease? Who is responsible for providing education and health care services? What happens to other serious health and research efforts in the face of a new disease? How do partisan and science politics relate to each other? How are these and other questions to be answered? The failure to acknowledge that unresolved, complex, and difficult problems are the underlying explanation for the response to the AIDS epidemic leads Shilts to a too simple, incomplete and unsatisfying view of the issues involved.