AIDS is the most terrifying public health calamity in the United States since the spread of paralytic polio in the early fifties. Gay people, already the victims of a medical nightmare, simultaneously find themselves the target of an intense and widespread campaign of homophobic frenzy. The sexual bigots and theocratic right seek to use the tragedy of AIDS as a battering ram to destroy the partial and fragile social gains won by gays over the last twenty years. White House communications director Patrick Buchanan summed up the Reagan gang’s perspective with the comment that the “poor homosexuals have declared war on nature and now nature is exacting an awful retribution.”

The energetic bigots of biblical reaction have been out in force, advocating discrimination in health insurance, jobs, housing and education, and the use of an AIDS-antibodies test as the basis for blacklisting. These fanatics would ideally like to see all gays dead or at least in concentration camps. Their “minimum program” is to destroy the flimsy protection afforded AIDS sufferers by civil rights legislation. The retributive moralists of the right have a larger agenda however. They are trying to use the widespread fear of AIDS to promote a campaign of anti-science and anti-sex (particularly gay sex). These are the same people who want to ban Playboy, Penthouse, Darwin, rock videos and other examples of what they characterize as “secular humanism.”

As Jonathan Lieberson observed in a recent issue of the New York Review of Books, (16 January): “ignorance has been making considerable progress” in present-day America. Militant ignorance must opposed by militant enlightenment. In the spirit of the old union maxim that “an injury to one is an injury to all” the labor movement must take the initiative in counteracting the homophobic hysteria surrounding AIDS, and in campaigning for the allocation of sufficient social resources to find a cure. Such a campaign should be waged in the context of defense of the victims—actual and potential—of AIDS and of the virulent disease of retributive-moralistic social reaction.

Probably the most important fact about AIDS politically is that HTLV-3 (the “AIDS virus”) is not transmitted in ordinary social contact. One of the most conclusive proofs of this was a year-long study of sixty boys in a French boarding school where more than half were hemophilia patients. Of these, half had been infected with HTLV-3—presumably by the use of contaminated blood products to treat their condition. According to French virologist Dr. Luc Montagnier, co-discoverer of the “AIDS virus,” careful tests of the other boys “showed no indication that any were infected, and all the students lived together in ‘very close, casual and continual contact’” (San Francisco Chronicle, 22 October 1985).

In addition to demanding a massive publicly-funded research campaign to fight the disease, it is critical to defend the civil rights of those infected. No one should be denied health insurance because of exposure to the virus and all afflicted children must have the unqualified right to go to school if they wish. The labor movement must fight for free health care for the AIDS and AIDS-related complex (ARC) victims and must vigorously combat all attempts at job or housing discrimination against those affected and against gays in general. It is also vital that any antibody testing be voluntary and that anonymity be strictly protected.

HTLV-3, the “AIDS virus,” attacks a particular type of white blood cell known as T-4 lymphocytes, which play a key role in co-ordinating the immune system. When the virus has infected the T-4 cells sufficiently, the body becomes susceptible to any of a number of secondary, ultimately fatal, diseases.

Now at epidemic levels in the United States and central and eastern Africa, HTLV-3 has so far appeared in over 70 countries reporting to the World Health Organization. Estimates of the number of infected persons in the U.S. range from 750,000 to two million. One of the reasons that the statistics are so indefinite (besides the appalling underfunding of AIDS-related research) is that scientists have not yet been able to determine the length of the incubation period. Estimates vary from one to many years. AIDS is one of the world’s more difficult diseases to contract. The virus that causes it can only live outside the body under extraordinarily favorable conditions. It can be communicated by the transfusion of contaminated blood—thus intravenous drug users who share needles can also be very much at risk. HTLV-3 is most commonly spread when semen is mixed with the blood of a sex partner—often via bruised or torn rectal tissue. This is in effect a “transfusion” of infected lymphocytes. It seems probable that those whose immune systems are already weakened are most likely to develop the manifestations of AIDS or ARC.

The Origins of AIDS

There is considerable controversy in the medical press over whether or not AIDS was carried to the U.S. from central Africa and Haiti via the fleshpots of Nairobi and Port-au-Prince (or via imported blood plasma). Fearing a racist smear of African countries as the “source” of the epidemic, some nationalist regimes have simply denied that the disease exists within their borders. The government of Kenya reluctantly admitted recently to five cases in the country while a survey reported in the January issue of New African revealed that 54 percent of the prostitutes in Nairobi alone were infected with the virus. One doctor interviewed by New African said:

“Governments in Africa, and even the medical fraternity, are becoming obsessed with the political argument between Western and Third World nations as to where the
AIDS virus originated. The origin of the virus is important to scientists, of course, and will be a vital factor in finding a cure. But at the moment this obsession, and the political mud-slinging that goes with it, is detracting from the realities of the spread of the disease in this region and the precautionary advice to which every citizen and visitor is entitled.

In any case, current testing methods for AIDS are notoriously unreliable. It is thought that five percent of those who test positive do not have the virus at all. A recent issue of The Lancet, a British medical journal, reported: “a study of 224 aboriginal Indians living in the Amazon rain forest which shows that four percent tested positive for the AIDS virus antibody in their bloodstream. Of the nine people whose blood was shown to contain the antibody, five were women. All appeared healthy” (cited in The Body Politic, February 1986). It is probable that these “positives” resulted from the detection of another virus.

A Medical and Social Tragedy

In the U.S. AIDS has so far killed over 10,000 people. A majority of the victims have been homosexual males. Insurance company figures indicate that factoring in AIDS raises the mortality rate for 30-year-old white males from one to twenty per thousand. The federal Centers for Disease Control in Atlanta now estimates that AIDS may soon become one of the ten leading causes of premature death nationally.

In an attempt to offset the media scare campaign, some gay publications have made much of the fact that each year more Americans are killed by pneumonia (45,000) or traffic accidents (50,000) than by AIDS. Yet this dramatically underestimates the seriousness of the epidemic. The geometric rate of increase in new cases has slowed somewhat (in early 1985 they were doubling every 12 months, now they are doubling at a rate of once every 20 months). This is hardly cause for relief, as the number of new cases discovered in 1986 is expected to approximately equal the total number of cases reported in the previous course of the epidemic.

AIDS poses not only a medical, but a social tragedy for gays, coming as it has just as they had won some small measure of sexual freedom. From Philadelphia to Houston to San Francisco, politicians are demanding the padlocking of gay bars, bathhouses and even bookstores. In New York, where a number of bathhouses and bars have been closed, the state health commissioner has threatened to break into hotel rooms to prevent consent.

The Politics of ‘Afr-AIDS’

The rampant homophobia which has accompanied the spread of this horrible affliction has a grisly parallel in the Nazi occupation of Poland. “When the Warsaw Ghetto was stricken by epidemics of typhoid, the slogan ‘Jews-Lice-Typhoid’ was spread by the Germans among a not unreceptive Polish population” according to historian George Mosse in Toward the Final Solution. Writing in The Body Politic, a Canadian gay newspaper, Scott Tucker noted that, “A similar tactic is today used against gays, reducing us to rodents and insects who carry plague and deserve a purge from society.”

In the spirit of the reactionary “anti-syphilis” crusades of the 1890s, Lyndon LaRouche’s sinister right-wing cult (which recently made headlines by capturing two spots on the Illinois state Democratic ticket) is spearheading a national petition demanding a referendum to quarantine anyone infected with HTLV-3.

The depth of the homophobic tide which these nuts are attempting to ride was revealed in a December 1985 poll by the L.A. Times. Fifty-one percent of those interviewed said they would support a law to make it a crime for an AIDS patient to have sex with another person and favored quarantining all AIDS patients. Forty-five percent think job applicants should be tested for AIDS antibodies, 42 percent would support legislation to close gay bars and 15 percent want to tattoo anyone with AIDS!

Even in the few areas of the country where their numbers have given gays some small social space and a little clout in local politics, the AIDS hysteria has led to a dramatic upsurge in ostracism and homophobic violence. In San Francisco, where the official crime rate declined by 10 percent in 1984, assaults on gay men increased by 16 percent, and half of these were explicitly AIDS-related. Meanwhile complaints of discrimination in housing and employment increased 41 percent in the same year. In New York, reported instances of discrimination against homosexuals rose from 20 in 1983 to 320 last year according to the Commission on Human Rights (New York Times, 17 February).

Sexual Bigotry and Medical Research

The AIDS crisis clearly exposes the nature of the capitalist health care system in the U.S. (the only indus-
trialized country in the world besides South Africa without any kind of medicare). Most AIDS victims up to now have been young gay men with jobs and health insurance. They have been welcomed with open arms by profit-hungry hospitals and medical centers. This will soon change as the insurance racketeers demand the right to test prospective customers for HTLV-3 antibodies before issuing policies. Ultra-conservative ideologue William F. Buckley took this one step further when he proposed compulsory testing for the whole population (New York Times, 18 March). Such tests would provide lists of those with positive results and have frightening implications for homosexuals (and others) in a period when right-wing politicians are openly talking about quarantine. You don’t need much imagination to foresee the camps originally designated by the McCarran Act to hold leftists in a “national emergency” being used to warehouse potential AIDS victims.

Sexual bigotry has heavily influenced the response to AIDS. After years of virtually ignoring an affliction that seemingly attacked only homosexuals, drug addicts, Haitians and a few hemophiliacs (“expendables” in Reagan’s America), recent African studies which show that a large percentage of the heterosexual population in the so-called “AIDS belt” has been infected came as something of a shock to the medical establishment. There is no evidence that the virus is presently spreading widely as a result of heterosexual activity in North America, as it has in East Africa.

In the U.S. the demographic profile of AIDS victims is shifting. Blacks comprise only 13 percent of the population but they now account for almost 25 percent of AIDS victims. New cases among drug users in New York have begun to outpace those among gay men for the first time. As more AIDS victims appear in the black ghettos, the current homophobic hysteria will inevitably begin to take an ugly and more explicitly racist character.

Last year’s disclosure that movie star Rock Hudson was an AIDS victim did much to “legitimize” the affliction. The publicity and glitzy show-biz extravaganzas in Hudson’s honor at least made it possible to die with a little dignity. It can hardly be an accident that Reagan’s first pronouncement on AIDS came only a few weeks after Hudson made the front page of Time, Newsweek and People magazines. In a public relations ploy, Reagan cynically announced: “One of our highest public health priorities is going to continue to be finding a cure for AIDS”; but the same news item which reported this, also noted that the administration was proposing to reduce the Congressional appropriation for AIDS research in 1986 by 22 percent, from a paltry $244 million to $193 million (New York Times, 6 February). A comparison with the $295 billion earmarked for the anti-Soviet arms buildup (a ratio of something over 1500 to 1) gives a rough index of social priorities in the “free world.”

FreeEnterprise Medicine and AIDS

The medical industry has generally exhibited the same callous indifference to the AIDS tragedy as the White House. In a piece published in the 27 November 1985 New York Times, Robert E. Pollack, a professor of biological sciences at Columbia University, noted that: “Samples of the virus have been isolated and their entire sets of genes decoded. The human populations for testing and eventual inoculation with a vaccine exist and are ready to volunteer. Yet the communities of physicians, and of public and corporate researchers, seem unable to organize the process. Why is the nation unwilling or unable to expend the effort and money to launch an applied-biology and bio-engineering effort to develop and test a vaccine?”

Why indeed? L. Patrick Gage, vice president for exploratory research at the giant Hoffman-LaRoche pharmaceutical company, provided the answer: “This will sound awful, but you have to understand that a million people isn’t a market that’s exciting. Sure, it’s growing, but it’s not an asthma or a rheumatoid arthritis” (quoted in the San Francisco Chronicle, 15 November 1985).

Although it had been known since January 1983 that people were contracting AIDS from blood-bank transfusions, the vast majority of blood banks refused to carry out testing until they were faced with lawsuits and widespread boycotts of their services. Like every other field of human activity, medicine under capitalism is a business, where allocation of resources is determined by the projected rate of profit—not by social utility.

One of the critical lessons which the AIDS hysteria has brought home to many homosexuals is their relative isolation and vulnerability to persecution in this virulently homophobic society. Gay activists living in the midst of their own “communities” in big cities often have a dangerously exaggerated notion of the real social weight of the homosexual population. The programmatic expression of this misperception is captured in the formula: “the liberation of homosexuals can only be the work of homosexuals themselves.”

For gays (as for women, blacks, and other specially oppressed layers in capitalist society), such sectoralism is a dead end. Those gay militants whose consciousness does not transcend their own particular community and experience are incapable of participating in a social movement which can eradicate the oppression of homosexuals at its base. There is only one social force—the working class—which possesses both the economic power and the objective interest to overturn the system of capitalist rule in which all forms of special oppression are rooted. It is the task of revolutionary Marxists to imbue the working class with the recognition that it cannot itself be free without “destroying all the inhuman conditions of life in contemporary society,” as Karl Marx put it in 1844.

For an All-Out Attack On AIDS!

The solution to the AIDS crisis is a massive government-funded assault against the virus on the scale of Reagan’s “Star Wars” research program. Such an undertaking could provide basic research which would also be valuable in the production of vaccines for leukemias, lymphomas and other human tumors which are thought to be caused by viruses. Yet the rulers of this society refuse to devote the kind of resources necessary for such
an effort. They are far more interested in the pursuit of world domination than in the eradication of human suffering.

Only a workers state committed to guaranteeing health care as a birthright can provide decent medical care for everyone. One of the tasks of the future proletarian revolution will be to expropriate the entire medical industry, in all its component parts. The health care business in capitalist America—the hospitals, the medical research establishment and the pharmaceutical industry—constitutes one of the most cynical and profit-mad sectors of this sick capitalist society. Under the rule of the working class, medicine, like every other industry, will finally be run in the interest of the population as a whole, not according to the dictates of the market.

- For a massively funded, all-out program to find a cure for AIDS!
- No AIDS-test blacklisting! defend the rights of aids victims to jobs, education and housing!
- For accessible, free, quality healthcare for all!
- Expropriate the medical industry under workers control!