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# Comparing Pandemics: HIV/AIDS VS COVID-19

A Comparative Media Study by Soukie Dia

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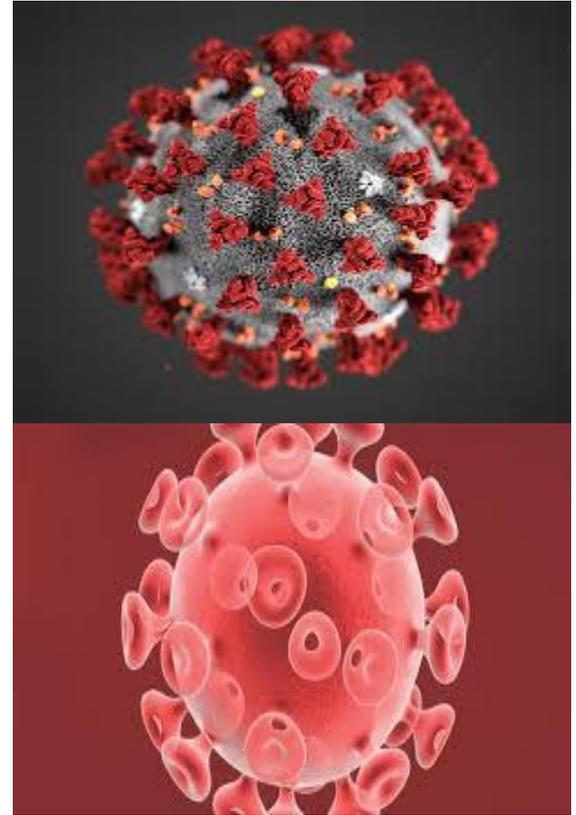
Media Culture and Global Politics

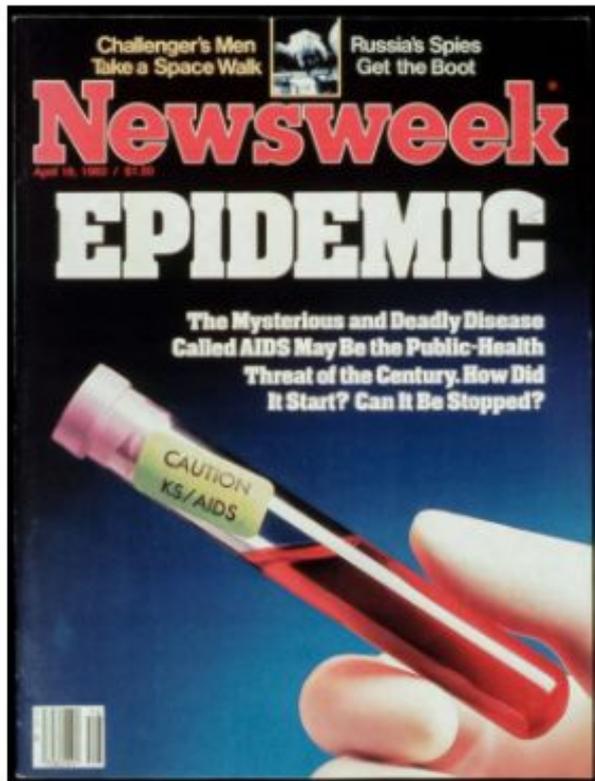
Prof. Nina Khrushcheva

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## Central Themes:

- **Origins and Spread of the Virus**
  - **Social Stigma**
- **Institutional/ Communal Response**
  - **Accessibility**





This 18 April 1983 cover story appeared 1 month before French researchers reported in *Science* the isolation of a retrovirus that might be involved with AIDS.



## Origins

- When the HIV/ AIDS epidemic began in 1981, many people had the same anxieties regarding HIV/AIDS as we feel now about the coronavirus: How many would become infected? How many would die? When would it end?
- In the earlier stages of the HIV/AIDS crisis, health professionals could not trace the origins of the virus.
- In contrast, health professionals were immediately able to trace where COVID-19 originated, how it was spread, and what its genetic code was. This has allowed the virus to be studied for possible treatments in much earlier stages of its transmission than HIV/AIDS

Dr. Curran said there was no apparent danger to nonhomosexuals from contagion. "The best evidence against contagion," he said, "is that no cases have been reported to date outside the homosexual community or in women."

The quote above was stated by Dr. James Curran, who was a spokesperson for the Federal Centers for Disease Control in Atlanta, in 1981.



## Social Stigma: HIV/AIDS Epidemic

- US President Ronald Reagan's conservative administration initially refused to acknowledge the gravitude of the HIV/AIDS crisis because it was thought that the virus was exclusively a "gay plague".  
<https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html>
- People living with HIV/AIDS were heavily stigmatized because of the virus' association with marginalized groups such as the LGBTQ community, minorities, and intravenous drug users.  
<https://www.youtube.com/watch?v=1LKJ5Zz zL0w>

For President Trump, the answer has been deflection. Facing a torrent of criticism for [playing down the epidemic in its crucial early stages](#), he has been trying to push blame back to China, worsening existing tensions between the two superpowers. Despite warnings that he is encouraging xenophobia, Mr. Trump has repeatedly used the term “China virus” in what critics see as an effort to distance himself from the problem.

<https://www.nytimes.com/2020/03/19/world/asia/coronavirus-china-u-nited-states.html>



## Geopolitical Stigma: COVID-19

- In African countries, fear quickly bred stigma towards those infected with HIV. Stigma was often related to the association of HIV with prostitution, promiscuity and high-risk lifestyles. Cultural and religious taboos have inhibited open discussion about an epidemic that spreads mainly through sexual contact.  
[https://www.youtube.com/watch?time\\_continue=139&v=do5A7TfXdl4&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=139&v=do5A7TfXdl4&feature=emb_logo)
- In the early stages of the COVID-19 outbreak, the virus was portrayed as an 'Asian Problem' by prominent figures, such as Donald Trump.
- Despite the widespread ignorance of certain administrations, such as the Trump administration's xenophobic effort to dispel COVID-19 as an East Asian virus, as COVID-19 more evidently spread into European and American cities, the pandemic became less and less centered in an East Asian stigma.



## Institutional Failures: HIV/AIDS VS COVID-19

- The stigmas surrounding HIV/AIDS prevented national governments around the world from acting fast enough. The lack of public health response in the earlier stages of the pandemic (mainly throughout the 1980s) intensified the gravitude of the epidemic throughout the mid-1990s: As of Oct. 31, 1995, over half a million Americans had contracted AIDS, of whom some 311,000 had died.
- Similarly, the reactionary rate to COVID-19 by national governments outside of Asia, such as the United States, has been far from ideal — particularly the lack of testing and President Donald Trump's ignorant statements denying the pandemic. As a result, the amount of confirmed cases could reach a peak of over 500,00 in the US alone.





## Local & Communal Successes: HIV/AIDS

- The HIV/AIDS crisis had an instrumental impact on public health models around the world. The negligence and ineptitude of the federal government approach to the HIV/AIDS crisis put more responsibility on local administrations to help those in need. In response, many local administrators chose to engage directly with gay and lesbian community groups to take the lead on testing, counseling and home health procedures. This collaboration of public resources being poured into community health organizations and support groups continues to be the most instrumental way to deal with HIV/AIDS around the world, and is also instrumental throughout the ongoing COVID-19 crisis.

<https://www.npr.org/sections/health-shots/2020/04/10/831045850/could-lessons-from-the-early-fight-against-aids-inform-the-coronavirus-response>



# Accessibility

- In both the case of HIV/AIDS and COVID-19, people's accessibility to care is beholden to a for-profit health-care system that privileges those with the ability to pay.
- While new therapeutics and treatments such as [PrEP and PEP](#) have made HIV less transmissible and AIDS more survivable, these remain out of reach for poor and marginalized people, including many LGBTQ+ people, people of color, and others with limited access to suitable health care and resources.
- Similarly, accessibility to COVID-19 testing for those who are not in critical condition or of a certain affluence has served as the main reason behind the rapid spread of the virus in many nations

## Questions:

1. Do you think that the global experience of COVID-19 will bring nations together? Or make them more divisive?
2. How have you interpreted the role of 'community' in the midst of the pandemic?
3. Do you think that the media has paid enough attention to the experience of developing nations in the midst of the pandemic?
4. How does COVID-19 make us reinterpret our ideas of 'privilege' and 'security'?

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