The Compass

Volume 1 | Issue 11 Article 4

May 2024

Inaction and Executive Power as Policy Decisions: The Reagan Presidency and its Response to the AIDS Crisis, 1981-1989

Inaction and Executive Power as Policy Decisions: The Reagan Presidency and its Response to the AIDS Crisis, 1981-1989

By: Alejandro Lopez, *Arcadia University*

Abstract

Federal level responses to major public health crises are dictated almost entirely by the adherence of individual presidential administrations to different modalities of Federalism. This project examines the ways in which the Reagan administration utilized different modes of presidential power and authority to respond to the outbreak of HIV/AIDS in the 1980s. While much is known about the impact of HIV/AIDS on men who have sex with men (MSM), the larger queer community, and the overall response of the Reagan Administration to the HIV/AIDS epidemic, less is known about the specific way in which Reagan and his administration used executive powers in that response. Therefore, the focus of this project is to analyze how the Reagan administration employed different forms of presidential power and authority in addressing the HIV/AIDS epidemic, from the first reports in 1981 through the end of his second term as president in 1989. In addition to analyzing presidential power and responses to public health crises, I will discuss scholarly theories on the modes of presidential action and will examine governmental communications to determine how and to what extent the federal response to major public health crises is shaped and/or affected by Federalism. I will demonstrate how the Reagan administration acted unilaterally in the hopes of justifying its derelict devolution of authority to the state administrations and relied on a more unitary means of executive powers.

I. Introduction

Public health emergencies present a unique challenge for the American mode of governance. State and federal-level governing bodies are explicitly made separate by the Constitution, and neither operate a monolith within their jurisdictions. Public health crises, especially in an era of global travel and deeply connected interstate interests, often quickly transcend state and national boundaries. This can challenge traditional notions of state and federal responsibilities in coordinating a nationwide response to a given outbreak. As a result of the increased number of administrative responsibilities placed on the executive branch with the expansion of the federal bureaucracy, there has also been an increased number of health response systems delegated to the executive branch. Additionally, the presidency has shifted towards a more personality-driven office, where the candidate who appeals best to the American public and has the best command over the bully pulpit can be chosen over who might be most qualified. Public health issues do not end at state borders– they necessitate coordinated, national responses, and that responsibility falls on the president. This change in power and responsibility of the presidency has resulted in challenges to the matter of responsibility in the face of public health crises. In order for the federal government to adequately respond to public health issues, it would need to engage in substantive federal level management of research and response, as well as coordinate with each state to provide necessary resources. In the absence of a federal response, state and local governments are forced to do as much as they can with limited resources and funding. This is often not enough to prevent the needless deaths that such catastrophic failures of public health responses cause.

This paper will examine the ways in which presidential administrations have utilized different modes of presidential power to respond to major public health crises. Specifically, I will examine the response of the Reagan administration to the outbreak of Human Immunodeficiency Virus/Acquired Immunodeficiency Deficiency Syndrome (HIV/AIDS) in the early 1980s. The HIV/AIDS epidemic was first reported at the beginning of Reagan's administration, but the administration did not respond substantively until towards the end of the decade. Therefore, the focus of this project is to analyze how the Reagan administration employed different forms of presidential power and authority in addressing the HIV/AIDS epidemic, from the first reports in 1981 through the end of his second term as President in 1989. In addition to analyzing presidential power and responses to public health crises, I will discuss scholarly theories on the modes of presidential action and will examine governmental communications to determine how and to what extent is

the federal response to major public health crises shaped and/or affected by Federalism. I will demonstrate how the Reagan administration acted unilaterally in the hopes of justifying its derelict devolution of authority to the state administrations and relied on a more unitary means of executive powers.

II. Literature Review

Of the literature in this survey, scholars of Executive Power fall within a spectrum. At one end are adherents to a strict belief of broad unitary executive power vested by the Constitution. On the other, there lies a belief that the federal government should devolve issues to states to preserve state sovereignty. To best understand how approaches of presidential action and authority have been used within public health contexts, I have separated scholars into four groups based on their interpretation of executive authority: those who believe in a strong unitary response; those who believe in a broad, but not complete federal jurisdiction; those who believe in a form of federalism considered "cooperative," in which the federal government operates as equals with its state counterparts; and finally those who believe that there is no federal responsibility, and that as many issues as possible should be left to state regulation. I use these categories in my analysis of the Reagan administration's response to the HIV/AIDS crisis.

The issues facing scholars in determining the appropriateness of executive power maps, somewhat unsurprisingly, onto partisan conflicts. In many ways, the Executive branch has been forced into the role that strong unitary response proponents claim as the correct power mode. Congress has not only delegated out legislative powers to the executive branch over the last century, but it has become increasingly divided[1] and dysfunctional.[2]

The inability of the federal government to function as a cohesive structure is not only damaging to public opinion of the institutions, but creates a threat to the long-term survival of American democracy. Within contemporary American politics, the ability of the legislature to stonewall and obstruct the operation of the executive, the creation of new legislation, and even the composition and legitimacy of the courts proves them to be the most powerful but also the most harmful and in need of change.

III. Analytic Framework[3]: Four Modes of Federal Power

As established in my literature review, I have isolated four modes of federal power that explain how presidential action can be described by its relationship to an executive administration's adherence to federalism and the separation of powers. Each of these modes comprises two factors which will be used as the lens through which to examine the AIDS crisis. First, I will describe each of the four modes; I will then follow that with a section that examines the Reagan administration's response to the AIDS crisis as a function of each mode (See Table #1 below for a summary of this framework).

A Strong Unitary Response is broadly defined by reliance on the powers of the executive branch. Executive power is constituted from three sources: 1) those enumerated in the U.S. Constitution, 2) those established implicitly through the delegation of authority by the Congress and the creation of the administrative state, and 3) an informal power that comes from holding a highly visible office with frequent media attention. Broad Federal Jurisdiction is defined by the federal government's recognition of its broad authority with express delegation to state-level entities. In this analytical frame, power is shared between the central and state governments, but it is clear that any autonomy granted to states is given under the authority of the central government. When examining the federal response to the AIDS crisis through the 1980s, we would expect to see this mode of power sharing in the extent to which the federal government grants authority to individual states to engage in a policy response but retains clear jurisdiction over the devolution of this authority.

Cooperative Federalism is broadly defined by an adherence of the federal government to a system whereby state executives and leaders in the federal executive branch engage in open and clear communication and goal setting. Here I define communication as any formal or "on the record" language used or disseminated by the White

1. Sarah Binder, "The Dysfunctional Congress," *Annual Review of Political Science* 18, no. 1 (2015), https://doi.org/10.1146/annurev-polisci-110813-032156.
2. Ibid.
3. My department chair, Dr. Amy Widestrom, provided immense help in the editing and revision of this section and my Methods, and I would again like to express my gratitude for her grace and assistance.

House and its public communication channels. Within the AIDS crisis of the 1980s, this would be exhibited as programming/initiatives announced in cooperation between the federal and state governments, or joint efforts between the President and governors to make progress in the fight against AIDS.

Finally, in a Complete Devolution to State Governments, the federal government either neglects an issue to the point where states are compelled to address it themselves or they explicitly wash their hands of the situation. When looking at the AIDS crisis, a devolution mode of executive action could be seen in two seemingly conflicting ways: either explicit delegation of power, with the Executive branch defining AIDS as a state-level public health issue; or a lack of communication, leaving states to operate without federal guidance (See Table #1 for operationalization of these four modes). Using the above framework, I will determine which mode best fits the Reagan administration's response to each of the four events over the eight years of the Reagan administration from 1981 to 1989. This timeline captures the overlap of an emergence and proliferation of HIV/AIDS with the beginning of the Reagan presidency in 1981.[4] I have isolated two factors from each mode of executive power to evaluate policy decisions made by the Reagan administration. As I evaluate the response to each of the four key moments and a timeframe limited to the days immediately preceding and following them, I expect to see a stark disparity between the executive branch using policies on each end of the spectrum, from Strong Unitary Responses to Complete Devolution.

Table #1: Factors of Executive Action

Mode of Executive Action	Key Factors
Strong Unitary Response	*Factor #1*: Preservation and centralization of power through precedent-altering or precedent-ignoring legal arguments *Factor #2*: Heavy reliance on existing executive powers to set, enact, and enforce policy goals outside of appropriate delegation by the legislature
Broad Federal Jurisdiction	*Factor #1:* Federal initiatives that involve state leaders but still recognize federal supremacy *Factor #2*: Declared federal policy that empowers and advocates for state leadership
Cooperative Federalism	*Factor #1:* Bilateral communication between state executives (governors) and the President/ executive branch *Factor #2*: Admission by the federal government of shared responsibility with the states
Complete Devolution to States	*Factor #1*: A lack of communication and directives from the federal government *Factor #2:* Outright refusal of federal responsibility, delegation (explicit or implicit) of responsibility to the state level

IV. Methods

To analyze the case study, I will utilize both pattern matching and content analysis methodologies to investigate the extent to which the Reagan administration's political rhetoric aligns with the power-sharing modes I have

4. P. M. Sharp and B. H. Hahn, "Origins of HIV and the AIDS pandemic," *Cold Spring Harbor Perspectives in Medicine* 1, no. 1 (2011), https://doi.org/10.1101/cshperspect.a006841.

identified.[5] This approach determines the administration's commitment to a specific mode of power sharing and develops measurable indicators for future case studies. To help narrow and focus my analysis, I first developed a historical timeline of the AIDS crisis and isolated key moments in the federal government's response to the AIDS crisis. This allows me to focus on pivotal rhetorical moments in the Reagan administration's response. The key historical cut points I have identified are as follows:[6]

- September 28th, 1982: The first bill that would allocate money for AIDS research is introduced in Congress.
- August 1st, 1983: The first hearings on the federal response to AIDS are held in the House of Representatives.
- September 17th, 1985: Four years into the AIDS crisis, President Reagan makes his first mention of AIDS.
- May 31st, 1987: President Reagan makes his first speech on the AIDS Crisis.

I have chosen these events specifically because they are all "firsts." The records I use to apply this framework include documents publicly available from the Reagan White House (press releases, briefings, the President's schedule and diary, etc.), Congressional testimony, news articles from the duration of the Reagan administration, and first-hand accounts of the AIDS crisis from gay activists who lived and operated during the administration. I have chosen this selection of records as it has maximized the scope of understanding of the administration's thought processes. Ultimately, I seek to evaluate how the Reagan administration acted in response to AIDS, why it chose to respond the way it did (be it blind adherence to principle or otherwise), and if its response was effective. I chose not to include the actions of these federal agencies because despite their organizational existence as administrative agencies with executive oversight, they do not hold the same power over the media and bully pulpit that the presidency does. This distinction is crucial because this project examines political decisions and their implication on administrative policy, not the policy of public health agencies. As noted above and outlined in Table #1, two factors have been isolated in each of the four modes of response. In a Strong Unitary Response, these factors are 1) a preservation and centralization of power through precedent-altering or precedent-ignoring legal arguments or 2) a heavy reliance on existing executive powers to set, enact, and enforce policy goals outside of appropriate delegation by the legislature. I am defining a preservation and centralization of power through precedent-altering or precedent-ignoring legal arguments as goals or policy set forth by the administration that operate outside of precedent established by the system of judicial review. For "heavy reliance on existing executive powers," I will be looking to see if the quantity and range of topics addressed by executive power use suggests the administration chose to operate without the express permission or direction of the Congress.

In the Broad Federal Jurisdiction mode, the factors are 1) federal initiatives involving state leaders but still recognizing federal supremacy and/or 2) declared federal policy empowers and advocates for state leadership. I define both of these by language in executive branch communications explicitly empowering and recognizing state leaders' (specifically governors, by name, title, or reference to their respective states) role in actionable policy.

In the Cooperative Federalism mode, I have defined it as using 1) bilateral communication between state executives (governors) and the executive branch and 2) admission by the federal government of shared responsibility. I define bilateral communication as acknowledgement via executive branch communication that there has been communication to and from the federal and state-level executive branches. I define admission of shared responsibility as any admission by the executive branch that state and federal governments must respond with proportionate effort.

Finally, the Complete Devolution Mode has factors of: 1) a lack of communication and directives from the federal government or 2) outright refusal of responsibility or an explicit or implicit delegation of responsibility to the

5. I considered other methodologies, such as a quantitative analysis, a policy analysis, or a comparative case study. I determined that because my research is not primarily informed by empirical data, a quantitative analysis would not fit. This project will examine policy as an end result, and my findings certainly warrant further policy analysis, but my focus on political messaging is not in line with one. I decided against a comparative case study, which would allow me to identify a unique feature of causes and causality because there is no comparative case in this instance to analyze.

6. "Timeline of the HIV and AIDS Epidemic," HIV.gov, accessed March 24, 2023, https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1981.

state level. For the first key feature, it is difficult to prove that there was a lack of communication, and so I will treat a lack of publicly available results that specifically address the issue at hand in each of my four key moments as a lack of communication. I will treat any requests state level officials make of the federal government that are refused or ignored as a "refusal of responsibility" (See Table #2).

V. Data

Timestamp 1: 1982 Funding Proposal

The emergence of uncommon conditions in "active homosexual men"[7] like Kaposi's Sarcoma and Pneumocystis pneumonia were initially reported in 1981. Isolated almost entirely to these "active homosexual men"[8] within communities in gay hotspots like San Francisco and New York City, the condition that would first be known as GRID would go largely unnoticed outside of the communities affected until 1982, when at least one new case

Table #2: Framework as Applied to Methodology

	Does the Reagan Administration's response exhibit either quality of a Strong Unitary Response?	A Broad Federalist Response?	A Cooperative Federalist Response?	A Devolution to States?
September 28th, 1982	Factor 1: Yes/No If present, examples could include: phrases that include "precedent" Factor 2: Yes/No E.g. The President creates executive orders that go against the will of the Congress	Factor 1: Yes/No E.g. Legislation and executive programming that empowers states to utilize resources allocated by Fed. Factor 2: Yes/No E.g: Programs that allow states to tailor things to their needs	Factor 1: Yes/No E.g. Published communications between Governors and White House Factor 2: Yes/No E.g. Press releases that discuss importance of state/fed communication	Factor 1: Yes/No E.g. No published communications or directives from exec branch Factor 2: Yes/No Communication that explicitly tasks response to state level w/o full support
August 1st, 1983	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No
September 17th, 1985	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No
May 31st, 1987	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No	Factor 1: Yes/No Factor 2: Yes/No

7. Lawrence K. Altman, "Rare Cancer Seen in 41 Homosexuals," *The New York Times,* July 3, 1981, https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html.
8. Ibid.

was being reported daily, and 120 otherwise healthy people would die from GRID.[9][10] The relative isolation of cases to socially stigmatized groups allowed for inaction as an initial acceptable policy decision. The AIDS crisis may not remain as immediately urgent as it was in the late 20th century, but its effects have been long lasting and devastating to queer communities. By 1982, the Reagan administration had established its administrative leadership and was beginning to enact its doctrine of smaller government, fewer taxes, a balanced budget, and tight monetary policy that heavily favored a free market economy. In the proposed budget for fiscal year 1982, the Reagan administration proposed increases in defense spending to respond to the growing threat of the Cold War at the expense of social programs, including health and social safety net spending.[11] The proposed 1982 budget slashed federal spending on health services without considering the national implications the AIDS crisis would have within the span of the next few years. Even public health professionals working outside of the scope of early GRID patients were concerned about this drastic cut in social services spending. Dr. Karen Davis, a professor at the Johns Hopkins School of Public Health, wrote in 1981:

> As a result, the Reagan health policy, more than any other portion of the Reagan Administration economic and social strategy, threatens the very life and health of many of the nation's residents. The portrait for a significant setback in life expectancy, degree of disability, and access to healthcare services to relieve pain and suffering of many of our nation's most vulnerable...the poor, the elderly, the handicapped, and minorities...is real.[12]

Alarms were raised among public health experts as early as 1981 regarding whether the administration possessed the ability to respond to everyday health crises, let alone a widespread disease that would systematically erode a patient's immune system. These red flags were a troubling sign of what was to come. In addition to public health officials, there were several figures on the national political stage who were similarly troubled. Representative Henry Waxman of California would go on to hold one of the first Congressional hearings in April, 1982. At this hearing, the president of the American Public Health Association, Stan Matek, proclaimed:

> We cannot look to this administration for such leadership. We cannot look to a president whose economic priorities would leave us with less coping capacity, rather than more...we don't know how close we are to the end of [the] rope when it comes to resolving the dangers represented by...the syndrome complex you are looking at.[13]

Months before the introduction of the first bill that would fund federal programs and research regarding the AIDS crisis would be introduced in Congress, the Reagan administration was making clear their desire to ignore the growing calls for help.

In searching for a response from the administration regarding H.R. 7192,[14][15] I was unable to ascertain any specific administrative stance on this bill. What was available from the same period was the recording of a press conference from October 15th, 1982, held by Larry Speakes, the acting White House Press Secretary for the first six years of the Reagan administration. Speakes was asked by a reporter whether the administration had any

---

9. "HIV/AIDS Timeline," Centers for Disease Control and Prevention, accessed April 24, 2023, https://npin.cdc.gov/pages/hiv-and-aids-timeline.
10. "Diffuse, Undifferentiated Non-Hodgkin's Lymphoma among Homosexual Males – United States," *Morbidity and Mortality Weekly Report* 31, no. 21 (1982), http://www.jstor.org/stable/45194844.
11. Karen Davis, "Reagan Administration Health Policy," *Journal of Public Health Policy* 2, no. 4 (1981), https://doi.org/10.2307/3342474.
12. Ibid.
13. Kaposi's Sarcoma and Related Opportunistic Infections: Hearing Before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives," *U.S. Government Printing Office*, April 13, 1982, https://exhibits.lib.berkeley.edu/spotlight/queer/catalog/22-987.
14. The first proposed bill to appropriate funds for basic research on "Acquired Immune Disorders and Other Opportunistic Infections"
15. A Bill to Appropriate Funds for Basic Scientific and Medical Research on Acquired Immune Disorders and Related Opportunistic Infections, H.R. 7192, 97th Cong. (1981-1982).

reaction to the Center for Disease Control's declaration of AIDS as an epidemic. Speakes' response was both callous and telling: "What's AIDS? I don't have it, do you?"[16] The press room erupted in laughter at the back-and-forth as Speakes and the reporter joked about loving each other, just so long as it wasn't put in those terms.

Timestamp 1: Analysis

I have aggregated the Reagan administration's response to timestamp one, H.R. 7192 introduced in Congress, and have analyzed it using my established methodology. I have found that the Reagan administration's response to proposed early funding for AIDS research in 1982 has not met the established criteria for a Unitary response, a Broad Federal response, or a Cooperative Federal response. Their response, expanded upon above, was nearly non-existent. This fulfills the first criteria of the Devolution mode. AIDS deaths by September 1982 were approaching 1000 individuals.[17] As with any epidemic, governments and their public health systems must intervene. In ignoring the AIDS crisis, claiming to have no knowledge of it, and not commenting on proposed funding, I believe the Reagan administration implicitly passed the buck to state-level authorities, thus fulfilling the criteria for Factor Two of the Devolution mode. I have not included responses and actions taken by executive agencies like the Food and Drug Administration and the Centers for Disease Control in my analysis.

Timestamp 2: 1983 Federal Hearings

Through my research it has become clear that by this point in the AIDS crisis, the Reagan administration was aware of the AIDS crisis and the threat it posed to the American public.

Throughout a two day hearing, which would mark some of the first moments in Washington D.C. in which the government would hear publicly from medical professionals and gay activists, the Reagan administration's awareness and choice of inaction became more clear. This was evidenced in the testimony of Stephen Endean, executive director of the Gay Rights National Lobby, who discussed the issue of funding for AIDS research:

> Since fiscal year 1981, when AIDS was first identified as an epidemic, the [NIH]...has only spent $12 million on AIDS research to date...By contrast, State and local governments...have committed about $8 million to AIDS research this year, almost as much as the Federal Government estimates it will spend...in 1983.[18]

Endean describes one of the biggest issues present in the early years of the AIDS crisis: a lack of understanding of the pathology, origins, and treatment because funding for AIDS research was nearly nonexistent. Endean went on to describe the environment that contributed to this funding gap, describing the extent to which the Reagan administration was willing to commit to a reduction of government spending, even at the expense of lives:

> Recently, both Houses of Congress overwhelmingly voted to include $12 million for AIDS research... shortly the bill will go to President Reagan and, unfortunately, he has threatened to veto it.[19]

This veto threat, as well as the hardline rhetoric the Reagan administration used regarding government spending, prioritized budget cuts and tax reduction over all else. This permeated the administration's relationship with the public and the Congress. By threatening a veto, the Reagan administration wielded its power to prevent AIDS funding without ever declaring so. This would become a recurring theme in the August 1st and 2nd hearings.

Timestamp 2: Analysis

From the two days of testimony provided before the House panel, I have selected three key moments which have guided my analysis: the testimony of Stephen Endean, executive director of the Gay Rights National Lobby; the testimony of Dr. Bruce Voeller, President of the Mariposa Education and Research Foundation; and a question-and-answer session between the subcommittee and the panel of experts they had convened. Together,

16. Larry Speakes, "Press Briefing," Jon Cohen AIDS Research Collection, October 15, 1982, https://quod.lib.umich.edu/c/cohenaids/5571095.0487.001?rgn=main%3Bview.
17. Christopher Criswell, "A Brief Timeline of AIDS," accessed April 25, 2023, https://www.factlv.org/timeline.htm.
18. *Federal Response to AIDS, before a Subcommittee of the Committee on Government Operations*, 98th Cong. 38 (1983).
19. Ibid.

these segments of the hearings provide a clear picture of the administration's response or lack thereof, and how it guided state, local, and non-governmental officials in their response. Multiple testimonies and statements from the Chair of the Subcommittee described the barriers to AIDS funding as a result of administration policy. Aggregated, these testimonies and the above excerpts demonstrate clearly the factors I have isolated as partially indicative of a Strong Unitary Response. The Reagan administration, through its use of veto threats against Congressional action combined with a defacto gag order,[20] demonstrates a heavy reliance on existing executive powers in line with Factor #2 of the Strong Unitary executive mode. Again, I was unable to find any evidence that would support the existence of a Broad Federal Jurisdiction or Cooperative Federalism mode of executive power. The administration did not put forth information on responding to the AIDS crisis, distinctive of the Complete Devolution mode (Factor #1). Further, as described in the testimony of Stephen Endean, states were forced to put forward money for AIDS research because the federal government did not, and would not, fulfilling Factor #2 of the Complete Devolution mode.

Timestamp 3: 1985 Press Conference

In 1985, AIDS claimed more lives than it had in the past four years combined.[21] A September 17th, 1985 press conference would mark the first time President Reagan directly addressed the AIDS crisis. In this press conference, Reagan was asked two separate questions on AIDS: one regarding funding for AIDS research and one regarding school children attending school with other students who have been diagnosed with AIDS. Regarding AIDS funding, allocated funds for the AIDS crisis increased significantly (more than fourfold)[22] in the two years between the Weiss hearings and the September 17th, 1985 press conference. When asked if the sum of money dedicated to the AIDS crisis is sufficient, Reagan first responds by saying the $100 million dedicated to AIDS in fiscal year 1985 in combination with the funding from previous years amounted to nearly half a billion dollars. He goes on to describe the $126 million as "something of a vital contribution." Regarding schoolchildren with AIDS, the CDC would not definitively identify all modes of transmission for HIV for another year. Further, Ryan White, an Indiana boy with severe hemophilia, infected with AIDS via a blood transfusion, was reaching the national spotlight because he had been barred from attending school. When asked about parents keeping their children from school for fear of contracting AIDS from Ryan White, Reagan again responded with bothsidesism:

> On the other hand, I can understand the problem with the parents. It is true that some medical sources had said that this cannot be communicated in any way other than the ones we already know and which would not involve a child being in the school. And yet medicine has not come forth unequivocally and said, "This we know for a fact, that it is safe." And until they do, I think we just have to do the best we can with this problem. I can understand both sides of it.[23]

The CDC had, at this point, determined that AIDS was not casually transmitted in school settings. In response to this press conference, the agency put forth a statement saying: "None of the identified cases of (AIDS) infection in the United States are known to have been transmitted in the school, day-care or foster care setting."[24] Reagan's rhetoric on AIDS at this point in the epidemic addressed a minimum on the surface, even then, five years in, with hundreds of thousands of infections and tens of thousands

20. Ibid., 154.
21. Boyce Rensberger, "AIDS Cases in 1985 Exceed Total of All Previous Years," *The Washington Post*, January 17, 1986, https://www.washingtonpost.com/archive/politics/1986/01/17/aids-cases-in-1985-exceed-total-of-all-previous-years/38c933d7-260c-414b-80f7-0dd282415cc6/.
22. "Federal Domestic and Global HIV Funding, FY 1981-FY 2019," accessed April 25, 2023, https://www.kff.org/wp-content/uploads/2019/03/federal-hiv-funding-fy-1981-fy-2019-with-global-domestic-split-1.pptx.
23. "The President's News Conference," National Archives: The Ronald Reagan Presidential Library & Museum, September 17, 1985, https://www.reaganlibrary.gov/archives/speech/presidents-news-conference-16.
24. Marlene Simons and Doyle McManus, "Student Victims, Terrified Parents: Reagan Sympathizes with Both Sides in AIDS Furor," *Los Angeles Times*, September 18, 1985, https://www.latimes.com/archives/la-xpm-1985-09-18-mn-6071-story.html.

of deaths.[25][26]

Timestamp 3: Analysis

When Reagan made his first acknowledgment of AIDS five years into the epidemic, his administration's response had not shifted. Still, little was being done at the federal level to combat the AIDS crisis. Centralized leadership on a response was nonexistent. A study published a year out from this press conference in 1986 put the state of AIDS response succinctly, saying: "The delivery of health and social services to individuals with AIDS, as with any other disease, has been largely the responsibility of the private sector and local (particularly county) governments."[27] The Reagan administration was not engaging in activity sufficient enough to meet the criteria outlined in the Strong Unitary, Broad Federal, or Cooperative Federalism response. When analyzing Reagan's response vis-a-vis the Devolution mode and the first factor of this mode, it is clear that directives existed. As discussed in the journal *Health Policy*: "The Reagan Administration's current strategy of limiting the federal role, reducing expenditures for public health programs, and decentralizing public health policy decisions makes it difficult, if not impossible, for federal agencies to meet the challenges of the AIDS epidemic."[28] The Reagan administration's stated goal of reducing the size of government, even if at the expense of public health systems, does not exhibit a lack of communication from the federal government. However, because of these budget cuts and constraints, state and local governments were forced to respond instead, fulfilling Factor #2 of the Devolution mode.

Timestamp 4: 1987 amfAR Speech

President Reagan spoke to amfAR on May 31st, 1987. This speech would mark the first time the President gave a full address dedicated to the AIDS crisis. This speech acts as a culmination of seven years of inaction and the height of Reagan's engagement with the crisis. I believe this to be especially true as the President entered the lame-duck session of his last term following the midterm elections of 1986 and his successful reelection in 1984.

In this speech, Reagan begins by thanking the supporters of amfAR for their work in combating AIDS. He continues on to tell anecdotes about how sad and serious AIDS is before launching into a justification of government spending to that point in the AIDS crisis. He continues to discuss what he believes is the role of the federal government in the AIDS crisis, echoing his speech from a month prior:

> As I've said before, the Federal role is to provide scientific, factual information. Corporations can help get the information out, so can community and religious groups, and of course so can the schools, with guidance from the parents and with the commitment, I hope, that AIDS education or any aspect of sex education will not be value-neutral...values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions...[W]herever you have self-respect and mutual respect, you don't have drug abuse and sexual promiscuity, which of course are the two major causes of AIDS.[29]

Reagan, in discussing the possibility of the federal government having a role in combating the AIDS crisis, addressed more than he had in the past eight years combined. For Reagan, however, his responsibilities started and ended with talking about the AIDS crisis and getting the federal government to compile information. He explicitly tasks private entities with the distribution of said information, acknowledging schools as part of that equation but not explicitly recognizing state and local governments. He does continue on and encourages state governments to establish testing programs.[30] This, however, falls short of engaging the states cooperatively.

Reagan does, however, flex the proverbial muscle

25. Rensberger, "AIDS Cases in 1985 Exceed Total of All Previous Years."
26. "HIV/AIDS Timeline."
27. Philip R. Lee and Peter S. Arno, "The Federal Response to the AIDS Epidemic," *Health Policy* 6, no. 3 (1986), https://doi.org/10.1016/0168-8510(86)90035-7.
28. Ibid.
29. "Remarks at the American Foundation for AIDS Research Awards Dinner," National Archives: The Ronald Reagan Presidential Library & Museum, May 31, 1987, https://www.reaganlibrary.gov/archives/speech/remarks-american-foundation-aids-research-awards-dinner.
30. Ibid.

of the executive branch in his speech. Testing is one of the most important aspects of epidemic response. In early 1987, as federal health agencies encouraged an increase in voluntary testing, fears among afflicted populations began to rise at the prospect of mandatory testing and the creation of a potential AIDS register.[31] Reagan addressed testing in his speech. While he did not call for mandatory testing, he also did not fully disavow the idea. He instead called for mandatory testing of select groups and for the Department of Health and Human Services to update their guidelines on immigration:

> I've asked the Department of Health and Human Services to determine as soon as possible the extent to which the AIDS virus has penetrated our society and to predict its future dimensions. I've also asked HHS to add the AIDS virus to the list of contagious diseases for which immigrants and aliens seeking permanent residence in the United States can be denied entry.[32]

Reagan's focus on testing regimens and ways to keep additional people who had AIDS from entering the country demonstrated a misalignment in effective ways to combat the AIDS crisis. Reagan did not announce new Executive Orders designed to curtail the epidemic. He did not call for increased state action, nor did he announce any legislative agendas. Reagan's speech did little of substance, but the message remained clear: he had done all he cared to.

Timestamp 4: Analysis

I have aggregated the Reagan administration's response to timestamp four, 1987 amfAR Speech, and analyzed it using my established methodology. I have found that Reagan's speech, in its discussion of executive powers, fulfilled the second criteria established in the first mode of executive action. This speech did not meet the criteria for a Broad Federal Response or a Cooperative Federalism Response. In his speech, Reagan emphasized state action and personal responsibility. These features are indicative of larger trends in his administration, which apply both to greater themes in his presidency of self-reliance through American exceptionalism and the deeply harmful policy of inaction Reagan adopted for many years. Reagan's focus on self-reliance and state action, when framed without federal support, fulfilled the second factor of the Devolution mode.

Table #3: Overall Data

	Does the Reagan administration's response exhibit either quality of a Strong Unitary Response?	A Broad Federalist Response?	A Cooperative Federalist Response?	A Devolution to States?
September 28th, 1982	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: Yes Factor 2: Yes
August 1st + 2nd, 1983	Factor 1: No Factor 2: Yes	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: Yes Factor 2: Yes
September 17th, 1985	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: No Factor 2: Yes
May 31st, 1987	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: No Factor 2: No	Factor 1: No Factor 2: Yes

31. Robert Pear, "Experts on AIDS Urge More Testing on Optional Basis," *The New York Times*, May 11, 1987, https://www.nytimes.com/1987/05/11/us/experts-on-aids-urge-more-testing-on-optional-basis.html.
32. "Remarks at the American Foundation for AIDS Research Awards Dinner."

VI. Discussion

Based on my analysis, the Reagan administration's response to the AIDS crisis was clearly lacking in terms of efficacy. From my research, I found no evidence of adherence to the Broad Federal or Cooperative Federal modes. There was occasional adherence to the Strong Unitary Mode, which was expected, based on my knowledge of the theories of executive management that are often espoused concerning Reagan's form of conservatism. The most consistent mode of executive action taken by the Reagan administration proved to be a Devolution mode.

The Reagan administration's lack of response to early requests for AIDS funding in 1982 is striking, especially given the rapid increase in case numbers, serious illness, and death. By claiming no knowledge and not commenting, they passed the responsibility to the state-level authorities. Conversely, the administration seemed to uphold their right to devolve issues to the states through their adoption of a Strong Unitary Mode. They do this as seen in their 1983 use of veto threats and defacto gag orders, and again in Reagan's 1985 response to questions in which he argued that the federal government had already spent enough on AIDS research. The Reagan administration clearly wanted to have its cake in controlling the response to the AIDS crisis — and, by doing nothing, eat it too.

The findings presented in this analysis reveal a concerning lack of action or cooperation at a federal level and raise questions regarding the federal government's roles and responsibilities in responding to public health crises. Further, it raises questions on the potential wider consequences of devolved government responsibility to lower levels in the federalist system. The Reagan administration's focus on budget cuts, and its use of a strong Unitary Mode of executive power, are contrasted by Reagan's messaging regarding personal and moral responsibility and the importance of state action. Overall, the lack of a coordinated federal response led to a heavy reliance on ill-equipped state and local governments which, combined with the harmful and homophobic rhetoric of the administration and its conservative contemporary, prevented adequate care from being delivered to the populations who needed it. The Reagan administration's inaction caused the needless deaths of hundreds of thousands of Americans, decimating the population of LGBTQ+ Americans, and preventing an entire generation of gay men from reaching an age in which they could have died peacefully and seen the rights they were denied granted to those who followed them.

Reagan's policy of inaction set a dangerous precedent for the role of the federal government in matters of public health. By tying the response to an epidemic to the policy choices of the Executive branch, Reagan's lack of response to the AIDS epidemic in the 1980s was seen as a failure of leadership and a failure to prioritize the health and well-being of all American people. The Trump administration's response to the COVID-19 pandemic echoed Reagan's inaction, as Trump downplayed the severity of the virus, delayed taking action, and prioritized economic matters over human life. Both Reagan's and Trump's actions have had a lasting impact on public health policy, particularly on the role the federal government is expected to take in response to major health crises. Additionally, both the AIDS and COVID-19 epidemics have highlighted the need for equitable access to healthcare and support for marginalized communities, as both diseases disproportionately affect vulnerable populations. The connections between Reagan, AIDS, Trump, and COVID-19 serve as a reminder that public health is not a political issue, but rather a fundamental human right that requires swift, effective action and coordination at the national level.

VII. Limitations

The research presented in this thesis project contributes to the analysis of the Reagan administration's response to the AIDS crisis, but is limited in its scope. I believe that the framework I established from my literature review has wider applications on a topic such as this, where nearly every moment counts, and every decision (or lack thereof) is subject to analysis and critique. Continued research on this topic should include rhetorical analysis of presidential action. As the United States becomes more interconnected with the rest of the world as a result of growing international ties via social media, the internet, and the accessibility of near instantaneous information, what the president says and does continues to hold unparalleled importance. Further, I was limited in my research because of the timeframe in which this project was to be completed. I believe that an analysis of executive agencies like the CDC, FDA, and NIH in context of their relationships with the Reagan White House could help lend greater clarity to the nature of the Reagan administration's use of executive power. This project was limited to public communications of the Reagan administration. Many of

the internal documents from the Reagan era are held only as physical copies in the Ronald Reagan Library in California. They were thus inaccessible to me, a college student with limited means of cross-country travel. Those documents would likely create a much broader picture of the use of executive power in the Reagan administration and are worth further analysis.

Bibliography

Altman, Lawrence K. "Rare Cancer Seen in 41 Homosexuals." *The New York Times*, July 3, 1981. https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html.

Binder, Sarah. "The Dysfunctional Congress." *Annual Review of Political Science* 18, no. 1 (2015): 85–101. https://doi.org/10.1146/annurev-polisci-110813-032156.

Criswell, Christopher. "A Brief Timeline of AIDS." Accessed April 25, 2023. https://www.factlv.org/timeline.htm.

Davis, Karen. "Reagan Administration Health Policy." *Journal of Public Health Policy* 2, no. 4 (1981): 312–32. https://doi.org/10.2307/3342474.

"Diffuse, Undifferentiated Non-Hodgkin's Lymphoma among Homosexual Males – United States." *Morbidity and Mortality Weekly Report* 31, no. 21 (1982): 277–79. http://www.jstor.org/stable/45194844.

"Federal Domestic and Global HIV Funding, FY 1981-FY 2019." Accessed April 25, 2023. https://www.kff.org/wp-content/uploads/2019/03/federal-hiv-funding-fy-1981-fy-2019-with-global-domestic-split-1.pptx.

"HIV/AIDS Timeline." Centers for Disease Control and Prevention. Accessed April 24, 2023. https://npin.cdc.gov/pages/hiv-and-aids-timeline.

Kaposi's Sarcoma and Related Opportunistic Infections: Hearing Before the Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives." *U.S. Government Printing Office*, no. 97-125 (1982): https://exhibits.lib.berkeley.edu/spotlight/queer/catalog/22-987.

Lee, Philip R. and Peter S. Arno. "The Federal Response to the AIDS Epidemic." *Health Policy* 6, no. 3 (1986): 259-267. https://doi.org/10.1016/0168-8510(86)90035-7.

Pear, Robert. "Experts on AIDS Urge More Testing on Optional Basis." *The New York Times,* May 11, 1987. https://www.nytimes.com/1987/05/11/us/experts-on-aids-urge-more-testing-on-optional-basis.html.

"Remarks at the American Foundation for AIDS Research Awards Dinner." National Archives: The Ronald Reagan Presidential Library & Museum. May 31, 1987. https://www.reaganlibrary.gov/archives/speech/remarks-american-foundation-aids-research-awards-dinner.

Rensberger, Boyce. "AIDS Cases in 1985 Exceed Total of All Previous Years." *The Washington Post,* January 17, 1986. https://www.washingtonpost.com/archive/politics/1986/01/17/aids-cases-in-1985-exceed-total-of-all-previous-years/38c933d7-260c-414b-80f7-0dd282415cc6/.

Sharp, P. M. and B. H. Hahn. "Origins of HIV and the AIDS pandemic." *Cold Spring Harbor Perspectives in Medicine* 1, no. 1 (2011). https://doi.org/10.1101/cshperspect.a006841.

Simons, Marlene, and Doyle McManus. "Student Victims, Terrified Parents: Reagan Sympathizes with Both Sides in AIDS Furor." *Los Angeles Times*, September 18, 1985. https://www.latimes.com/archives/la-xpm-1985-09-18-mn-6071-story.html.

Speakes, Larry. "Press Briefing." Jon Cohen AIDS Research Collection. October 15, 1982. https://quod.lib.umich.edu/c/cohenaids/5571095.0487.001?rgn=main%3Bview.

Bibliography

"The President's News Conference." National Archives: The Ronald Reagan Presidential Library & Museum. September 17, 1985. https://www.reaganlibrary.gov/archives/speech/presidents-news-conference-16.

"Timeline of the HIV and AIDS Epidemic." HIV.gov. Accessed March 24, 2023. https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1981.