

[Home](#) > Have We Learned NOTHING?

HAVE WE LEARNED NOTHING?

Caroline O'Brien, Penn School of Social Policy and Practice

The next time I hear the phrase “we are in unprecedented times,” I might scream. I might also brandish photos of the AIDS quilt--a growing art piece that memorializes AIDS victims which was first displayed in 1987--and proclaim that *we are in the midst of very precededent times*. Horrifyingly so, embarrassingly so.

Really, have we learned nothing?



Coronavirus Disease 2019 is not our first pandemic, it's just the first pandemic in our shockingly short collective memory. When I learned about the AIDS pandemic, and how deeply the American government and broader society betrayed and pathologized already-vulnerable people, I was deeply angry. As COVID-19 continues to knock us to our heels, I feel that deep anger surfacing within me again. We keep saying that there has never been anything like COVID-19, but it simply isn't true. There have been such times, and so it seems fair to conclude that we are collectively in denial. This matters because our collective amnesia harms us. And reflects back things about our society that are deeply concerning, now and for the future.

I cannot stop seeing the haunting parallels and overlaps between HIV/AIDS and COVID-19. It took some time for scientists to determine how HIV was spread, just like they are still trying to figure out if COVID-19 can live on surfaces, how far away we need to be from each other to stay safe, and if and how we can become reinfected. Similarly, treatments for these illnesses had to go through trials that are both rigorous and political. The viruses have been referred to by different names, names that have power and leave confusion and discrimination in their wake. (HIV used to be referred to as “Gay-Related Immune Deficiency.” I will not repeat the racist nicknames for COVID-19 since they are already too widely used, especially by officials in our highest office). Early public health campaigns only showed White people, which in its representational irresponsibility, led people of color to conclude HIV was a White person's problem, not a relevant worry for them. The proliferation of early studies of COVID-19 have had a similarly harmful diffusion effect, creating a false sense of security that makes young people think they are invincible and cannot be vectors. The first time a reporter asked what President Reagan's response was to the growing number of dead gay men, the press secretary laughed. (The Reagan administration's slow response to AIDS is now regarded as intentionally homophobic and deadly.) The current presidential briefings are about as informative. When it was determined that HIV is transmitted through sex, there were campaigns to make condoms acceptable and accessible. Upon reflection, the immediate backlash, replete with hysterical arguments of morality against this public health measure feels similar to the arguments against mask requirements.

It is easy to point to the White House, and Trump has earned his share of blame. But the all-encompassing truth is that we are experiencing a crisis of leadership at almost every turn and every level. Nearly every organization with money, human resources, and cultural cache can be doing more, much more, by taking leadership positions and working to educate us and help save our lives. Why hasn't the pharmaceutical industry started an advertising campaign to promote social distancing and mask wearing, for

example? Why didn't they provide PPE and medical information to the masses? They have the talent and the resources. Why are our universities, including elite medical schools and schools of public health, not creating a standard protocol to put the health and safety of students above the health and safety of endowments? To share their wisdom of research and practice with the rest of us in accessible ways? They have access to the scientific data, the distribution lists, the medical and scientific outreach. Why are governments at every level not paying everyone, except the most essential of workers, to stay home? The military and police budgets prove they have the money, why not for public health in a pandemic?. Why, we must ask, why are these realities as they are? Why did so few step up and help save the world?

Why have we decided that dying of COVID-19 is a fair price to pay for being poor or a person of color? Why did we decide getting HIV, being ill or dying from AIDS was a fair price for being gay? Why are we accepting these prices on behalf of our fellow humans? How does such dehumanization happen? How do we change it?

As I sit alone in my apartment, debating each day and week and month if I can see my friends or my aging parents, I am exhausted by my rage and sadness. I also find myself unexpectedly wracked with grief for the victims of older plagues. I am grieving because in all of this I have found their humanity, and I am finally internalizing just how preventable their deaths were. Holding that is painful. Holding this is painful.

Please join me in expressing my angry grief.

Caroline O'Brien is a student in the Master's of Social Policy program at the School of Social Policy and Practice, Class of 2021. Her research interests include health disparities in the LGBTQ+ community and sexual health policy. She lives in Philadelphia, PA.

[Report accessibility issues and request help](#)

Copyright 2024 The University of Pennsylvania Graduate School of Education's Online Urban Education Journal

Source URL:<https://urbanedjournal.gse.upenn.edu/archive/volume-18-issue-1-fall-2020/have-we-learned-nothing>