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Fighting AIDS with no help: radical solidarity and how community organizations overcame a neglectful federal government

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Radical Solidarity and How Community Organizations Overcame a Neglectful Federal Government

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Abstract

Community organizations have forever shaped the history of the United States. As de Tocqueville noted in a visit to the US in the 19th century, volunteerism and forming associations is a way of life ingrained in American society. The way that these community organizations operate in relation to government action is incredibly important to understanding democratic processes in the US, and one such period that is of note is the AIDS crisis of the 1980s. During this time, the government was infamously silent and neglectful on themes surrounding the epidemic, and this inaction greatly informs how community organizations operated during the crisis. My research focuses on this time period and the relationship between the failures of government and the operations of community organizations. This relationship is further cemented through an analysis of the government's inactions and the determination that those inactions were, at least in part, perceived as intentional. This intentionality fundamentally shifts the possible goals and intentions of community organizations that arise to fill that gap created by government inactions, specifically in the types of aid that are productive and helpful. I find that the intentionality of government failure creates space for a symbolic, solidarity-based type of volunteerism to be helpful in ways that, in other situations, might be minimally helpful. This radical solidarity was present in numerous organizations during the AIDS crisis, specifically in the Gay Men's Health Crisis of New York City.

Introduction

Beginning in 1979, doctors began to notice people falling ill with seemingly no cause. They would become incredibly weak and develop uncommon illnesses, such as rare skin cancers and unusual strains of pneumonia. With their immune systems worn so thin, they would succumb to these illnesses that they should have otherwise been able to fight off. In 1981, "health officials first became aware of AIDS," and its connection to communities of young gay men (Bennington-Castro, 2023). These otherwise healthy young men would develop the telltale fatigue and rare illnesses, and it was almost exclusive to this community during the early days of the crisis. Eventually, the cause of this disease was identified as a virus—the Human Immunodeficiency Virus, as we know it today. Left untreated, HIV eventually developed into Acquired Immunodeficiency Syndrome (AIDS), which was the cause of diminished immune systems, rare illnesses, and, in most cases, death.

This burgeoning crisis left many gay communities scrambling amongst themselves for unity. In much of the United States, but primarily in San Francisco and New York, the gay rights movement had flourished during the 1970s after the Stonewall Riots of New York in 1969. Gay men were, for the first time in history, able to exist in their public spheres without significant fear. An important part of this movement was centered around sexual liberation, as well. As a result, there were large communities of gay men freely participating in sexual acts with one another (Shilts, 1987). A sexually transmitted infection such as HIV, then, quickly began spreading throughout the communities. It was in 1982 that researchers realized the virus' nature as sexually transmitted, and were able to advise patients accordingly. However, it wouldn't be until several years later that the taboo discussion between doctor and patient would be encouraged nationwide (Perez and Dionisopoulos, 1995).

The result that this had on American society as a whole, outside of the tight-knit gay communities that were the most affected, was large. Because the virus was new and unknown to scientific communities and because it was almost always a terminal diagnosis, there were great amounts of fear surrounding the virus. People became almost superstitious in their attitudes surrounding the issue, going so far as to refuse to touch people who were known to have HIV/AIDS (Kayal, 1993).

With the added facet of the affected communities being mostly gay men, there was even more stigma surrounding the illness. While the gay rights movement was flourishing within the insular communities in major cities like San Francisco and New York, the rest of the United States had not yet caught up to their ideals. Most Americans were ruled by the taboo nature of homosexuality, and, if they weren't outright homophobic, were uncomfortable with the topic and adverse to its visibility in a public sphere (Shilts, 1987). So, while progressive cities had communities in which there was concern for those at-risk and already sick, most of the country, especially in areas disconnected from the effects of the illness, were unconcerned with the epidemic. This was probably due to the sheer distance (both geographical and relational) that many Americans found themselves from the virus, not to mention the indifference or disdain that many people felt for the gay community at the time.

This resulted in a society that was largely unconcerned with the plight of these communities of gay men. In addition, the societal stigma that emanated from the public also affected the government. During the 1980s, President Reagan famously did not speak about AIDS until there had already been several thousand deaths. Government agencies, whether by choice or by edict, did very little to help affected communities and attempt to stop the spread of the virus. Those communities that most found themselves in need of assistance during the

difficult time of illness did not find it from the federal government, nor did they find it from people outside their community. This left a gap in the resources needed by those communities. During this crisis, the gap was glaring, as affected communities were left to deal with all the implications of a violent and mysterious virus all by themselves.

This gap was to be filled one way or another, but the specific situation in which these community organizations were to come into existence is incredibly important in informing the type of work that is helpful and the basis on which these organizations are founded.

Throughout this paper, I will discuss several reasons for which community organizations exist and operate within our society, namely, government failure and collective action. These theories inform the formation of several key organizations throughout the AIDS crisis. Then, I will analyze government failure specifically, and determine if and how the extent of government failure, as well as the perceived intentionality of it, affects the organizations that stem from those specific failures. I will propose a type of volunteerism, radical solidarity, that is much more helpful in cases of intentional government failure, as well as discuss the case study of the Gay Men's Health Crisis of New York City and how its creation was rooted firmly in radical solidarity.

Research Questions

My review of literature found several already-existing theories for the existence and operations of nonprofit community organizations, such as government failure and collective action theories, and how they each came into play during the AIDS crisis. Furthermore, I reviewed several sources that discuss the specific functions and services that community organizations during the AIDS crisis tended to provide and the services that were found helpful.

Phillip Kayal's Bearing Witness played an important role in my reading of all these sources, especially his explanation of volunteerism as bearing witness politically.

All of these extant sources converge into a less researched area: How does the intentionality and extent of government failure affect the type of volunteerism and service that can be effective? In other words, if a large gap in goods and services reaching affected communities created by government failure is perceived as intentional, does that affect the type of volunteerism and service that can be helpful? Are there types of volunteerism that are otherwise minimally helpful that become more helpful under these circumstances?

Problem in Context

Community organizations have undergone significant change throughout history, both in how they operate and the role they are expected to fill in society. The first organizations, dating back hundreds of years, were mostly "neighborhood groups, associations, and congregations," that all held a common interest or aspect of their social life and would come together to "meet the social needs of the less fortunate in their communities," (LeRoux and Feeney, 2015, p. 47). Even before there was a formal structure to the organizations that provided community help, there were well-established groups with purposes. Community organizations, or "a group of concerned citizens engaged in self-help efforts to improve [their] quality of life," (Wandersman, 1981) and "through which a sense of community may develop," (Hughey, et al, 1999) were a step up from the loosely organized voluntary associations they stemmed from, but still lacked the formal organization of the formal organizations we know today. In the United States, this changed gradually as the popularity and need for these organizations rose. As these organizations became more prevalent and formalized, "their mode of operation changed," now resembling a

more bureaucratic organization, "[possessing] written statues… participant obligations, leadership roles… and geared to efficiency in making decisions and taking action," (Anderson, 1971). This shift marked a change in voluntary associations from loose organizations of people with common interests to well-established and defined membership with delineated goals and purposes. These organizations began operating more as an entire new sector of society, and eventually was recognized as such. As a result, the relationship between the government, the market, and these organizations became more robust and influential in society.

The relationship between nonprofit organizations and society is also determined by shifting views in the government's appropriate role in society. In the early 20th century, under President Roosevelt and some of his successors, the government was incredibly concerned with the wellbeing of society and acted accordingly. Programs designed for the New Deal and, later, President Johnson's Great Society, aimed to improve social welfare through several outlets, (LeRoux and Feeney, 2015, p. 60). During this era, nonprofit organizations enjoyed a strong relationship with government, which included increased funding and cooperation between the two. The government served a social purpose alongside which many nonprofits worked.

President Reagan's administration turned this social welfare era on its head. At the time of his presidency, there was a surge in conservative politics, especially in the role of government in society. Emphasis on small government was endemic to the time period, including "growing public skepticism about government spending for social services," (LeRoux and Feeney, 2015, p. 62). President Reagan's conservative government correspondingly cut social welfare spending, as well as government spending in general (Richert, 2009). In this period of small government, where the role of government was scaled back significantly and no longer viewed as necessary for social wellbeing, nonprofits were subsequently left with a bigger role to fill. For many who

subscribed to the conservatism of President Reagan's government and spending plans, it simply wasn't the government's job to provide assistance for the people, logically leaving nonprofits in that role. So, during the AIDS crisis, being under President Reagan, the role of nonprofits was heightened. One interpretation is that this was the natural role of such organizations, but another is that it was the government's job, at least in part, to provide for its people through the contribution to nonprofits. Proponents of the latter would view the gap that the nonprofits were having to fill as a gap improperly made by the government.

The Reagan administration also had a strong basis in religion—specifically evangelical Christianity. On top of the small government perspective that his administration and his supporters took, there was a deep undercurrent of morality through a Christian lens, as well. President Reagan drew a great deal of support from conservative Christians concerned with securing the morality of American society amid several progressive movements such as the gay rights movement and the women's liberation movement (Reichley, 1982). Strong support from this coalition resulted in a governmental movement away from anything perceived as immoral. As a result, monetary support given by the government tended to follow those same standards. During the 80s, there was a moral panic, caused by several things, but namely the gay rights movement and the increase in drug use around the country, (Hawdon, 2001). Because of the strong support from the Christian morality camp, President Reagan shied away from allocating money toward any organization that was associated with such "immoral" topics, creating a vacuum in the needs of people within those organizations, such as AIDS organizations. (Padamsee, 2018).

There are several theories that contextualize and explain the roles and needs for nonprofit organizations in the United States, and among the most relevant for the discussion of community

organizations during the AIDS epidemic is the theory of government failure. This theory revolves around the idea that, in some cases, the government is either unable or unwilling to provide certain goods and services to certain aspects of the public, for some reason or another. This means that, in some aspects of governance, "there are inherent limitations to the types and levels" of help the government could provide. This, in turn, creates need on a community level (LeRoux and Feeney, 2015).

The types of help the government can distribute is also largely dependent on what taxpayers are willing to support. For a specific good or service to be distributed by the government, it has to be of concern to a large part of the population. Some examples of those are "defense, military, and security services," because a majority of Americans are either directly affected by the implementation of the services (such as social and security), or it is a service that is widely seen as "necessary and desirable," (LeRoux and Feeney, 2015).

So, when issues that affect smaller segments of the population or are not generally popular among the majority, governments are typically unwilling to risk popularity or unable to provide resources to those smaller segments. Issues that do not take the national stage and receive the support of an overwhelming or loud majority do not receive the priority nor the perceived urgency that larger-scale issues do. Therefore, these smaller scale issues cannot rely completely on the support of the government, so they must look elsewhere for support, whether that be volunteers, funding, or awareness. Examples of these smaller issues (but no less inherently important) are those affected by rare illnesses or victims of a specific type of crime. While these issues are present and important to many people in society, because the majority of people are not affected by such an issue, it is difficult to garner taxpayer support for the

government placing importance on these issues over other issues of equal size, importance, and with the same amount of support.

One of the most widely understood aspects of the AIDS crisis under President Reagan's administration is that of government failure. This crisis is widely known among the United States population and it is recent enough to have been experienced firsthand in varying degrees of familiarity for those born in the mid-20th century. Now, in the 21st century with several decades since the crisis's advent, many recognize the severity of the epidemic—a total of just over 46 thousand deaths in the 1980s alone (Yared, 1989)—as caused, or at the very least worsened, by the inaction of the federal government. Larry Kramer, a very famous AIDS activist who helped found the Gay Men's Health Crisis of New York, said in a 2007 letter to the editor of the New York Review, "Ronald Reagan… is one of the persons most responsible for allowing the plague of AIDS to grow from 47 in 1981 to over 70 million today." While Kramer's opinion is certainly more severe than might be attributed to the average person during the crisis, the underlying idea is one that has been widely acknowledged since the turn of the century: the federal government, with Ronald Reagan as a figurehead, did not do enough to curb rates of infection or stop deaths during the AIDS epidemic. Even those within the federal government spoke of the inaction: "Our government's response to this disaster has been far too little," wrote a doctor within the Centers for Disease Control in a plea for more funding to research and combat AIDS. During the first six years of President Reagan's tenure, "there was little visible effort in the form of committees or task forces to deal with AIDS… [continuing] long after the point when research had provided a good level of understanding concerning AIDS," (Perez and Dionisopoulos, 1995).

As many know today after recent events, epidemics do not only harm those who fall sick or die because of the spreading pathogen. The National Research Council states in the first line

of their report, “The Social Impact of AIDS in the United States,” “an epidemic is both a medical and a social occurrence.” Although most will live through the epidemic without having been infected, the epidemic has a lasting effect on society: namely fear and uncertainty. As such, the responsibilities of the government during an epidemic or a similar crisis include not only the scientific and medical needs concerned with the actual virus, but also societal needs created by the vast social impact of thousands of people sick and dying of a relatively unknown disease. Some of these go hand in hand—by educating the public on how a disease is spread, one is attempting to simultaneously limit the spread of the virus and assuage concerned populations of potential fear caused by misinformation. So not only had the government failed to protect the marginalized communities that were greatly affected by AIDS, but they had left the majority population stranded in uncertainty, too. With the staunch refusal to discuss the virus, how it is transmitted, and what can be done to prevent infection, the government left the public uncertain and in the dark, only perpetuating the unknown nature of the virus and making those affected communities seem all the more mysterious in nature.

There is a vast trove of literature that discusses the specifics of the failures of the federal government during the AIDS crisis. Daniel Fox discusses the difficulty that the federal government had commanding social and public health issues due to steps the government had taken to make public health less important and emphasize personal responsibility for health and wellbeing. This caused an American public that was less willing to see the government spend money on public health due to the emphasis on personal responsibility (Fox, 2005). Tina Perez and George Dionisopoulos detail the active role that President Reagan and his government’s silence toward AIDS took. Because of the President’s silence and the lack of control that the executive exhibited on the issue, the rest of the federal government and the public were prompted

to do similar: ignore the issue and the communities it affected (Perez and Dionisopoulos, 1995). Donald Francis looks back at the failures of his organization's work within the Centers for Disease Control and what, in retrospect, could have been done better to help affected communities and stop the spread of the virus (Francis, 2012). Tasleem Padamsee describes the role that the government has taken throughout the whole AIDS epidemic, including up to today, and how the well-documented first decade of the crisis rampaged through the country with little help from President Reagan's administration (Padamsee, 2020).

Further, many of these sources and others suggest that the failures on the federal government's part were at least in part intentional. This can also be drawn from the words of representatives of the administration themselves, such as a 1982 press conference by Press Secretary Larry Speakes. Donald Francis's look back to his own work also suggests that there was a level of intention behind the neglect of affected communities during the AIDS crisis. This is widely attributed to the fact that the victims of the crisis were marginalized members of society (Francis, 2012). The seminal work by Randy Shilts, *And the Band Played On*, discusses the politicization of the AIDS crisis because the majority of the victims were gay men. There was an incredible amount of homophobia in society in the 1980s, and that translated as well to the government (Shilts, 1987). Jack Massih also discusses how President Reagan's reliance on evangelical Christians as a large part of his supporter base negatively influenced his policy toward the mostly gay victims of AIDS (Massih, 2017).

Another significant factor in the government's response to this was also the capacity of the state to handle such public health crises. Public health was not widely considered a government issue until the first half of the 20th century with the outbreak of several preventable afflictions throughout the country. Only after several disasters that successfully demonstrated the

economic benefits of public health efforts being supported by the government, increases in rural sanitation funding started the eventual evolution of the public health system as we know it today (Sledge, 2012). As the 20th century progressed, public health grew as an institution and successfully mitigated the spread of infectious diseases and a shift occurred in the type of diseases most prevalent in society. As average lifespan and quality of living increased, there was more development of chronic degenerative diseases. These diseases were discovered to be significantly affected by personal health decisions such as eating well, exercising, and reducing use of vices. This caused a major shift in the view of the role of governmental public health—because health and disease was more and more controllable by the preventative measures of the individual, there was a shift away from governmental to personal responsibility, greatly weakening the need and authority of governmental public health systems (Fox, 2005).

During the 1980s, there was also a fresh wave of conservative politics resulting in several changes in how government money was spent. Small government was in vogue, and, as a result, President Reagan made efforts to cut down the breadth of the federal government to reduce the amount of money spent by them. The "federal role in social policy… especially in health, narrowed after 1978," (Fox, 2005). It narrowed even more so under the authority of President Reagan's conservative leadership. He had "cut budgets at the [National Institutes of Health] and [Centers for Disease Control]," (Padamsee, 2020). Both of these organizations are main players in epidemiology and public health in the United States, and in the case that an epidemic were to be declared in the country, would be crucial organizations in the fight to curb infection rates and study a virus for its characteristics and a potential cure. Because these organizations were already operating on limited budgets during the start of the epidemic, they were already at a disadvantage. Funds that were arguably necessary for the day-to-day operations of these

organizations were taken away when these organizations were dealing with much more than just their standard operations. Not only was AIDS one of the largest pandemics of the 20th century, but it was also a type of pathogen "almost unknown as a cause of human disease," for which "the CDC did not even have a laboratory dedicated," (Francis, 2012). These organizations were vastly unprepared for an epidemic with these characteristics, and as such, were unable to enact the efficiency needed to make a dent against the virus and its spread.

Through already existing literature, there is a clear consensus that there was a significant gap in the fulfilled needs of communities affected by the AIDS epidemic. Furthermore, many agree that the aforementioned gap that was created by the federal government and President Reagan's administration was created, at least in part, intentionally, especially due to the rampant homophobia of the time. Whether or not one believes the filling of this gap was the government's role or not, the existence of this gap and how it affected at-risk communities is well-established.

Another theory of nonprofit operations that explains their presence and importance to our society is rooted in a broader theory of social science: collective action. Collective action is typically described as the "actions taken by two or more people in pursuit of the same collective good," (Bimber et al, 2005). This theory attempts to explain the long-standing trend of people within societies coming together to facilitate the distribution of a public good. This, of course, varies in character from field to field, but in a nonprofit context, refers to the motivating factor for people to come together and create some sort of nonprofit organization. These organizations "arise based on group demand for public action," (LeRoux and Feeney, 2015). So, when there is a need for a specific public good or action to exist in society, those who believe strongly in that need will come together to advocate for that good or action.

Collective action was a large part of the AIDS crisis movements in the 1980s. Incredibly well-documented cases of community action and organization during the crisis show this well. Randy Shilts's book, alongside showing the failure of government, illustrates the collective action of gay men and their allies to protect their community during the AIDS crisis through the founding of organizations, raising money, or protesting (Shilts, 1987). The sheer number of protests during the crisis, most to raise awareness of the virus and its unmitigated death toll, such as the "Die-Ins" of the 1980s (Montalvo, 2021), also show the existence of a strong basis in collective action.

The theories of government failure and collective action are far from mutually exclusive. In fact, one of the many reasons why a group might feel that collective action through a nonprofit organization is necessary is precisely because the government has failed to provide a specific public good or service to the public. Collective action theory is based very strongly on community. The idea is that when established collectively, "nonprofits emerge as organizational vehicles for accomplishing what one person cannot do alone," (LeRoux and Feeney, 2015). Sometimes, this means that the people that make up the collective are not necessarily directly affected by the issue for which they are organizing. They are sympathetic enough to the cause to donate either their time, energy, or money to the cause. For example, there were gay men who were not HIV-positive but felt the plight of their community and acted accordingly. There were those with gay loved ones that had the compassion to join in the fight. (Shilts, 1987).

These theories of nonprofit existence and operation within our society help inform some of the reasons for which community organizations were so prolific and influential during the AIDS crisis. The unique intersection of government failure and collective action within the affected populations allowed community organizations to be incredibly influential during the

fight against AIDS, even more so than the government was, and to create the precedent for AIDS help (Lune and Oberstein, 2001). In addition, solidarity-based community organizations typically formed based on proximity, both geographical and metaphorical, to its intended recipients (Laville and Nyssens, 2000). So, these AIDS organizations were heavily based in the communities that they served. As such, community organizations established themselves as invaluable players during the epidemic, further cementing their importance in society.

Community organizations that worked during the AIDS crisis to provide help documented their actions and contributions well. There were innumerable nonprofits during the crisis that each provided a laundry list of services. In New York City alone, "166 AIDS organizations were created… between 1981 and 1988," (Chambré, 1999). Each organization was created with an intended purpose and, as a result, the services rendered by each organization were sometimes confined to a specific area. Some organizations, such as the Association for Drug Abuse and Prevention that was revitalized during the fight against AIDS, focused on specific sectors of the affected population; in their case, it was intravenous drug users. Some were focused specifically on aiding an underrepresented minority (Chambré, 1997). Because of the deadly nature of the virus at the time, most diagnoses were terminal, and, as such, a great amount of the aid that came from community organizations was palliative in nature (Chambré, 1999). Several organizations were primarily concerned with raising funds to provide victims with aid to pursue medical care or some other type of aid that would allow them to live more freely with their diagnosis. This included practical support, home-based hospice care, counseling, and housing services (Arno, 1986). In short, there were numerous services that were available to the affected communities of the AIDS crisis and numerous organizations that provided them.

One piece of literature that comes close to combining all of these concepts is Philip Kayal's Bearing Witness. Kayal's account of the AIDS crisis and the work of the Gay Men's Health Crisis of New York describes the profound work of volunteers during the AIDS crisis, especially in the early years when there was very little to be done for victims other than palliative care. He describes the marginalized nature of the gay community in New York and how that affected the care that they needed to provide. He also introduces an incredibly important concept: "volunteerism as bearing witness politically." He describes the plight of the gay community in New York and that, due to their marginalized status with society and the federal government in particular, the volunteerism that stemmed from that situation served the purpose of bearing witness to the tragedies that would happen under the inaction of the government (Kayal, 1993).

This selection of literature details the specific operations of nonprofit community organizations during the AIDS crisis, as well as some of the motivating factors behind their founding or participation in them. This perspective becomes incredibly important when trying to determine the purposes behind specific kinds of aid, as well as further motivations through the practice of volunteerism and solidarity.

Radical Solidarity

Solidarity is a concept that is well established across several disciplines, with political science being no exception. There is obviously the everyday usage of the word to mean "unity of feeling… or action; mutual support within a group," (Oxford Dictionary, 2023), and from this, several specific theories of solidarity have developed. In terms of nonprofits and community organizations, solidarity theories revolve around explaining the creation and objectives of such organizations through an understanding of solidarity because "solidarity is disincentivized, yet

[it] is what builds and connects large-scale movements," (Spade, 2020). Organizations based in solidarity might have people of significantly different backgrounds coming together to fill the same need out of a gesture of humanity and kindness. There is not necessarily something that ties them together except being "a community of interest with the oppressed and the exploited," (Arendt, 1973) with common goals for the same.

Solidarity theories also have nuance and have evolved over time to define specific types and levels of solidarity. The concept of solidarity being radical in nature is one that has been established before, however not in the context of government failure. "When [a shared misfortune] is a social artefact, as opposed to an accident of nature," and "with a disposition toward making sacrifices on [a group's] behalf," "solidarity turns radical." Additionally, these groups that share a misfortune can "become victims of an evolved social force which expels them to the periphery of social life," (Arnsperger and Varoufakis, 2003). To act on behalf of these groups, or to bolster them in their efforts to escape the periphery is radical solidarity.

Further, when government failure is present in a situation, such as the AIDS crisis of the 1980s, and that failure is both large and perceived to be intentional in nature, this leaves a larger hole in the needs of a community. Not only does this include more common services, such as mutual aid or research toward the issue affecting the community, but because of the willfulness of the failure that is presented, this also leaves a large hole in emotional and support needs. That is to say, because the government not only has failed to provide or establish a way to help an affected community, there can be a crisis of humanity within those communities, because, not only has the government failed to provide aid, but they have perceivedly made the willful decision not to provide aid, for whatever reason that might be. This decision can often leave the affected community marginalized from society, or even more so than they were previously,

creating the aforementioned shared misfortune as a social artefact and allowing space for solidarity that is radical in nature.

In situations such as this, there is greater need present within the affected communities, and more specifically, a need to be viewed as a full member of society, because "social exclusion closes down democratic processes, and people die from marginalization," (Kayal, 1993, p. 181). This additional layer of inaction that can be seen by those affected as outright hostility creates a space for a different kind of volunteerism that, in situations where this intentionality of government failure does not apply, would likely be minimally helpful. In situations of intentional failure, collective action through solidarity is much more impactful, and the simple act of identifying with a movement, as opposed to just donating lots of time and energy to it, is a meaningful act.

It is important to note that the classification of government's failure to act as intentional depends mostly on the perception of it as such. There is no way to know with clear certainty what the purpose of action or inaction by the government is, but through the policy enacted and the words said publicly, it can be ascertained what the purpose could be. Therefore, when I say that government failure is intentional, that description would be based on an analysis of the government's (through its representatives') actions and speech and the conclusion of intentionality would be surmised from that.

In such situations, because the government is willfully marginalizing affected populations, a space has opened in the work of community organizations for a kind of volunteerism and help that is not necessarily materially helpful—that is to say, there is not labor that is contributing to the furtherance of goals of the community organizations, such as distributing educational literature, providing medical assistance, or lobbying government

agencies. Volunteer work that is more geared toward visibility, solidarity, or protesting becomes much more helpful than it would be in a situation where the government is not willfully neglectful. This kind of volunteerism is radical solidarity.

The purpose of radical solidarity is not necessarily to advance the movement in a specific direction or to provide material aid that furthers the goals of the community organizations' work—rather, the purpose of radical solidarity is to identify with the struggle of the community organizations and put another body in the group of people that are behind a specific mission or purpose. This might not look like spending a few hours distributing goods to disadvantaged folks with a neighborhood organization, which is materially helpful to the cause of providing for those in need. Instead, radical solidarity is much more symbolic, and because situations with intentional failure attempt to strip the validity and existence of an issue, symbolic gestures actually become much more helpful and proactive than they would be in dissimilar situations.

Radical solidarity as a term has also been used by the organization Respect Life, a Catholic organization dedicated to saving "preborn children"; in other words, lowering abortion rates and convincing expectant mothers to not terminate their pregnancies. In their eyes, preborn children are a population that is marginalized and pushed to the fringes of society. Therefore, they attempt to cast light on the affliction of these preborn children and raise them to a status of full personhood, which is legitimate radical solidarity, albeit geared differently than that of the AIDS crisis. Respect Life shows radical solidarity with perborn children by "[becoming] courageously pro-woman, promoting a choice that is truly in favor of women," and providing "radical, sacrificial, Christ-like love" for women that choose not to terminate their pregnancies (*Radical Solidarity*). Similarly, there were several groups during the AIDS crisis that practiced radical solidarity, but not necessarily on the side of the victims. Those that were overly

concerned with the trend toward immoral behavior in the country, such as drug use and homosexuality, themselves might have felt marginalized as society turned its slow gears toward progress. Therefore, any efforts to bring to light these feelings of marginalization and reverse it would similarly follow as radical solidarity.

One of the best examples of this radical solidarity within the AIDS crisis is the AIDS Quilt, made by the NAMES Project Foundation. This quilt was made to remember those that were lost to AIDS, those that were neglected by society and died in part because of the government's neglect. Each panel of the quilt had one victim's name on it, and, at its inaugural display at the National Mall in Washington, D.C. in 1987, had 1,920 panels and "covered a space larger than a football field," (AIDS Memorial). Since then, the Quilt has only grown and now contains over 50,000 panels and weighs 54 tons. This Quilt is a perfect example of radical solidarity. The Quilt itself serves no purpose that directly helps the AIDS pandemic. It doesn't provide medical care or preventative education, but it is still infinitely helpful to the cause simply because of the reminder that it brings. Victims of AIDS are brought to light with the quilt, and the severity of the illness is shown through the sheer number of names that are displayed. In 1987, when the Quilt was first displayed, it was laid out in the National Mall, an area surrounded by significant government locations, namely the White House. At the time, the White House was occupied by Ronald Reagan, the face of the negligent government that many felt led to those deaths. This act brought national recognition to the issue and forced many to come to terms with the sheer number of deaths due to the virus that was not taken seriously by the government.

While the work that the NAMES Foundation did on the quilt eventually led to tens of thousands of dollars being raised in support of the fight against AIDS, the initial work that was done was done with the intention of visibility and activism. The purpose behind the quilt was to

bring to light the numerous victims of AIDS and equate the sheer number of deaths with a tangible object on a scale that would show exactly how devastating the crisis was. This work was incredibly impactful for the fight against AIDS without contributing a material good to it.

Radical Solidarity During the AIDS Crisis

The AIDS crisis is a case in which radical solidarity was both present and helpful. Because the communities that were affected by the epidemic in its early days in the 1980s were marginalized because they were gay men or drug users, the government failed to act in an effective way. Its inactions during this critical period forever characterize the era.

It is widely agreed upon that the government's response during the AIDS crisis was incredibly lacking. The government's non-response was due to several reasons, but chiefly, the political agenda of the party in power. The entrance of the Reagan administration to the national stage brought with it a fresh conservative ideology, known as the "New Right." One of the main aspects of this movement was "the importance of religion, especially evangelical Protestantism, which Reagan appealed to fervently for support," (Massih, 2017). Parts of Reagan's supporter base were deeply rooted in conservative and religious values, so much so that they were often called the "Moral Majority," which "analysts heralded… as the most important new political force to emerge in America in decades," (Shilts, 1997, p. 44). This group was very concerned with the morality of the United States, especially what could be implemented through government policy. Anything that opposed the moral code interpreted through the aforementioned Evangelical Protestant lens was staunchly advocated against by this group. Among these was homosexuality. AIDS, being primarily spread among gay communities and populations, was therefore an extension of what they deemed immoral. Because of this, "AIDS

policy… remained generally vacuous… because the federal government refuses to sanction homosexuality," (Kayal, 1993, pg. 185).

There is also a tradition within Christian traditions to view "plague and pestilence… in the context of divine wrath and punishment," (National Research Council, 1993). This underlying view then caused some devout Christians, especially from those within President Reagan's conservative supporter base, to view AIDS as a "gay plague," or a divine punishment for gay men living a sinful lifestyle. Archbishop John Krol viewed AIDS as "an act of vengeance against the sin of homosexuality," (Kayal, 1993, p. 86). While this view was certainly a minority, its inflammatory nature greatly affected the way AIDS was discussed, and especially how it wasn't discussed. Efforts to prevent infection would require an acknowledgement and discussion of how it was spreading, which, due to that being primarily sex between two men, was absolutely discouraged. As discussed previously, under the government failure theory, "government is only equipped to provide goods and services for which the majority of the public is willing to support," (LeRoux and Feeney, 2015, p. 89). Therefore, because of the President's supporter base espousing values that directly contradict practices that would help affected communities, the gap created by government failure only grew larger.

Even past the initial stages of the epidemic, when information was sparse and the enemy virus relatively unknown, there was little done in funding prevention or cure efforts. Even when its "modes of transmission and proven methods of prevention," were understood, and "a blood test had been developed that could detect its presence," (Perez and Dionisopoulos, 1995), the government was not sufficiently funding these efforts, so much so that public health officials were practically begging for more to be done. The aforementioned doctor from within the CDC, Dr. Don Francis, wrote a memo to the Director of the Center for Infectious Diseases as a plea for

more funding to research and prevent the continued spread of the virus. Of inadequate funding, he wrote, "[it] has severely restricted our work and presumably deepened the invasion of this disease into the American population." He further discussed the tenuous position the lack of funding placed doctors and researchers in, "between massive pressure to do what is right and an ummovable wall of inadequate resources," (Francis, 1983).

The Surgeon General of the United States at the time, C. Everett Koop, himself an outspoken conservative against abortion, women's liberation, and gay rights, broke the silence from the upper echelons of the administration in 1986 when he published an advisory for physicians, effectively going against the wishes of the government to attempt to bring more awareness: "By its nature, AIDS raises unnecessary fear and unwarranted complacency at the same time." By publishing this opinion, he broke rank and effectively defied de facto orders to keep quiet about AIDS. It was clear that President Reagan's administration did not want to be tarnished in its legacy by this virus, but even the conservative Dr. Koop could not remain silent, "when the alternative [was] almost-certain death," (Koop, 1987).

There was also the nature of the community organizations themselves. Most of the people concerned enough with the AIDS crisis to form and lead new community organizations for the benefit of those affected were gay men. Because it was their community under attack from a virus and the government's perceivably intentional neglect, gay men were the primary group that took charge of the issue themselves. Therefore, many of the organizations dealing with the AIDS crisis were headed by gay men, and in many cases, characterized as such. The Gay Men's Health Crisis of New York City, one of the organizations that is the focus of this paper, was branded as such just in the name. So, then, due to the nature of these organizations, the government is even less inclined to fund them because they do not want to be viewed as "helping gays," (Kayal,

1993, p. 202)—yet another reason for the government to withhold funds from community organizations that could help those affected by the epidemic.

Here we see evidence that the government was clearly lacking in its AIDS response during the 1980s: through its inactions, it virtually abandoned the affected communities during its time of need. However, not only were there instances wherein the government was shown to have failed to provide resources during the crisis and created a gap in need, there is also compelling evidence to show that these failures were at least in part intentional, as well as how egregious that intentionality was. For this, we can look directly to the Reagan administration's speech or actions that indicated their attitudes toward the virus.

The most telling, as well as one of the most widely known, is a press release from 1982 run by Press Secretary Larry Speakes. By 1982, the figurative alarm bell had been sounded around the world due to the virus, and many were already rallying to find treatments, tests, and cures (Richert, 2009). During this press release on October 15, 1982, Secretary Speakes was asked if the president had "any reaction to the announcement… that AIDS [had become] an epidemic and has over 600 cases." Speakes replied, "What's AIDS?" On top of his lack of knowledge of AIDS, which could be viewed as ignorance, rather than malice, Speakes and the entire room ended up making a joke of this situation once they learned more from the reporter.

"Over a third of them have died. They're calling it the gay plague," the reporter replied to Speakes. At this, the entire press room erupted in laughter. The reporter attempted to reiterate the severity of the situation— "No, it is. I mean it's a pretty serious thing that one in every three people that get this have died. And I wondered if the President is aware of it?" Secretary Speakes brushed off the question, replying instead with a crude joke, obviously meant to make fun of the fact that the reporter had called it the gay plague. "I don't have it. Do you?" From there, the

questioning devolves into a great joke, with laughter peppered into the transcript throughout the next few questions. The reporter clearly tries to get the questioning back on track, but Speakes interrupts him multiple times, saying “I don’t have it. Do you?” and when the reporter responds that he doesn’t, Speakes asks “How do you know?” while people continue to laugh in the background. Eventually, the reporter asks very bluntly, “In other words, the White House looks on this as a great joke?” He continues asking if anyone in the White House knows about the virus or its upgrade to epidemic, met time and time again by crude jokes and clear dismissal, eventually turned away completely without a concrete answer.

Additionally, there are reports from within the government agencies meant to tackle AIDS that there was very little instruction from higher up on how to proceed when it came to the virus. From within the Food and Drug Administration, it was stated that they “[were] not given a clear policy direction from Washington,” (Richert, 2009), so many within the organization had little idea what could be done and what could or would have been allowed by the White House. According to the Associate Commissioner for Policy and Planning William Hubbard, “it was perceived ‘within the FDA that the Reagan administration didn’t want to talk about AIDS for a very long time,” (Richert, 2009). Given that the administration was repeatedly made aware of the virus and its severity, its refusal to speak about it or clearly provide guidance to the agencies that could help constitute clearly that the neglect and their failure to act was intentional. The failure of the government in this case went past the standard inability of the government to do something due to lack of taxpayer support or resources. Through the dialogues that have been found from this era, it is clear that the neglect was intentional and likely malicious.

The Helms Amendment concerning AIDS enacted in 1987 is yet another example of the government’s intentional neglect toward AIDS victims and the crisis as a whole, this time from

the legislative side of the government. Jesse Helms, a Republican Senator from North Carolina, introduced an amendment to a health and human services appropriations bill that would prohibit federal funds being used "to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly or indirectly, homosexual sexual activities," (Booth, 1987). It gained widespread support within the Senate, but its opponents were vocal about the harm that the amendment would do to prevention efforts: "What we are being asked to approve on the Senate floor is a censorship of knowledge," and "It is demoralizing for people working in the field… It's terrible public health policy and terrible science," (Booth, 1987). The prohibition of the use of federal funds to educate the public about how the virus is spread and detailed information on how to curtail the spread and practice safe sex was detrimental to the cause. It was a willful disparagement of the cause and a clear abandonment of the affected community. "It's like saying we're going to contain polio without the vaccine," said the director of the AIDS Action Council. Congress willfully took away the ability of experts funded by the government to effectively do their jobs and curtail the spread of the virus. This is one of the more egregious examples of intentional neglect, especially since it was enacted in 1987, when community organizations had already been educating the public about the virus by discussing gay sex acts for several years, and arguably to a modicum of success in their respective communities. The implications of this amendment were widespread. Many organizations became fearful of violating the law, so they enacted overly strict guidelines that inhibited the purpose of their work to begin with.

As we can see, then, the situation during the AIDS crisis was rampant with several indicators that showed that the government's failure to provide resources to affected communities was intentional in nature. Again, whether or not the failure was intentional, what is

important is that it was easily perceived as intentional by those affected. This sends a strong message from the federal government and those in charge that are, in theory, meant to protect its citizens from harm. Namely, one of disavowment. Because there were no efforts to help those in need during this time when it was so sorely needed, it left a gaping hole left to be filled by those around them: namely, community organizations. Community organizations were left to fill in the gap created by the government, and because of the nature of the government's failure, there was a space for radical solidarity. This manifested in many different ways: protests, projects such as the aforementioned AIDS Quilt, and other forms of advocacy.

It also created a space for community organizations to operate on a basis of radical solidarity. Some organizations during the AIDS crisis founded with the explicit purpose of simply being a shoulder to lean on during the crisis because of the marginalization the whole community was facing. In contrast to organizations whose main goals were to provide monetary funds for medical care or tangible goods for self-care during illness (Arno, 1986), these organizations existed to do things such as provide emotional support for the person because they wouldn't be able to find it outside their community, or raising the public's awareness of the death tolls and dangers of the virus since many media outlets either refused or tacitly chose not to do so (Bennington-Castro, 2023). To further illustrate radical solidarity within a community organization, I will provide an example and describe its basis in radical solidarity.

Case Study: Gay Men's Health Crisis

This is one organization in particular that embodies the idea of radical solidarity during the AIDS crisis of the 1980s. The Gay Men's Health Crisis of New York City (GMHC) provided comprehensive aid during the crisis, and was founded on and operated on the basis of radical

solidarity. While this organization was providing concrete and materially helpful aid, as is standard of any community organizations, this organization was founded on the ideals that radical solidarity is based on. Because the gay communities within New York required support, down to the instance of supporting their existence as gay men while the government and society around them were marginalizing them, this organization came to existence.

The Gay Men's Health Crisis was founded in New York "with the love and courage of six men who realized there was no other choice," (Katoff and Dunne, 1988). At the beginning of this crisis, when there was no name to the illness outside the gay community and there was hardly anything certain or known about the illness itself, six men, Nathan Fain, Larry Kramer, Larry Mass, Paul Popham, Paul Rapoport, and Edmund White, all realized the severity of the illness. They were also all very familiar with the impact homophobia had on society as a whole and how the widespread indifference or disdain toward gay communities would almost certainly affect how this so-far unknown virus was handled.

The GMHC blossomed from a meeting of approximately eighty gay men from the New York community that all gathered in Larry Kramer's home to discuss the issue of "gay cancer," (what some dubbed AIDS before it had a name, or anyone knew exactly what it was). These men, being aware of the little help they were likely to receive from anyone outside their affected community, raised money that could be contributed toward research of the illness or used directly to support those affected in their community (*History*).

After the GMHC's founding in 1982, the primary goal of the organization was initially to provide support and information to the community. Because of the continued stigmatized nature of homosexuality around the country, there was little chance that standard national and local news outlets, such as television stations or newspapers, would run accurate information on the

illness that was plaguing the gay communities, especially since it was suspected that the illness was sexually transmitted in nature. Because the men did not believe that they could count on the news outlets to convey important information, the first order of business for the group was to set up a hotline simply to represent the gay communities' interests and needs from information outlets—interests and needs the mainstream media were not fulfilling.

Kayal offers his observation: "AIDS [revealed] that the common good is constrained by the boundaries of community." This explains why those outside the gay community were largely unaffected by and unconcerned with the virus during the early 1980s when the virus was contained mostly within the gay communities of large cities. This made the acts within the community much more impactful, given that there was so little help coming from outside.

The founding of the GMHC is based on radical solidarity. After their founding and after the organization found the necessary niches to fill, many of their actions were much more materially helpful, but this does not change the fact that, at its outset, the GMHC was concerned with standing next to their brothers as they faced this illness that the government would surely not help them with. As Randy Shilts recounts, "Gays were going to have to establish their own services or be left to die in shame, fear, and isolation." Because those affected were so marginalized that they were frequently left out of consideration by communities that were not their own, the act of a community utilizing collective action to stand with those affected is an act of volunteerism in itself.

The radical solidarity that was shown in the founding of the GMHC is necessarily a series of acts or the individual efforts of people within the organization. Because the community it aimed to help was so marginalized, the radial solidarity was a collective effort to legitimize the struggles of those affected. A huge part of the struggle during the AIDS crisis was how invisible

the struggle could be across the country. Part of why the GMHC approach to this problem was based in radical solidarity was because it aimed to "facilitate experiences for learning, [so] people could see the hidden reality," (Brown, 2006, p. 9) and because of the goal to come together to help pull the curtain back on the issue and more widely reveal the struggles and state of the community.

GMHC and Access to Information

In its beginning, the GMHC was greatly committed to providing accurate information about the virus. It began as a hotline to provide factual and non-convoluted information about the spreading virus, due to the fact that there was little accurate information being spread on mainstream news outlets. Another problem was that, due to the societal vitriol surrounding gay communities, any information that was being offered about AIDS was liable to use discriminatory language and discuss the issue less than kindly (Kayal, 1993, p. 118). For those that sought out information, hearing it in a biased nature was likely to be damaging. Thus the GMHC hotline was born.

This hotline began in the home of founder Rodger McFarlane on his personal answering machine. The idea was for people to call in and leave their questions about the virus in order to get accurate and unbiased information. The first night it was active, it received over one hundred calls for information or advice (*History*).

One helpful aspect of the hotline, apart from simply providing information, was providing a sense of community to those outside major cities that were too geographically removed to otherwise be part of a community. For gay people in Middle America who didn't have other gay people to relate to or commune with, the phone line was an incredibly meaningful

way to connect with other gay people and recognize that they were not alone in their fight. This is yet another perfect example of radical solidarity; while there is no material service or good being provided, the act of identifying with those individuals and extending the community to them provides a social good and helps them in their fight.

In addition to the phone line, the GMHC was also concerned with educating the public and healthcare providers about many aspects of the virus, but chiefly, how it is transmitted and thereby how to avoid transmission. Because AIDS is primarily sexually transmitted, the details on how it is transmitted and how to avoid transmission would inherently include descriptions of gay sex acts to pinpoint the riskiest acts and ways to make them safer. Since homosexuality was taboo in 1980s culture, explicit descriptions of such acts were incredibly frowned upon, and, in later cases, outright banned. One could not be expected to know how to lower chances of transmission without these details, though, so the reluctance of information distributors was incredibly unhelpful and counterintuitive.

The GMHC created and published a pamphlet called "Healthy Sex is Great Sex," wherein they discussed the importance of gay men having safe sex in order to stop the spread of disease and stay healthy. The publication "[hoped] to change what [gay men] do sexually… [and] act with concern and responsibility for one another." Throughout, the pamphlet describes how to make sex between men safer, discussing the acts plainly and explicitly, and "demonstrated the efficacy of candid, pro-sex approaches implemented at the community level," (Padamsee, 2020). The especially important part of this type of safe sex education was the lack of stigma toward the type of sexuality it represented and attempted to direct. Because the portrayal of the sexuality within the pamphlet was positive, readers were much more likely to take the advice to heart, rather than reading a negative account that shamed gay individuals for their sexuality. Being

open and receptive to the information due to its lack of prejudice and shame was incredibly important for the target audience.

This was also a way of legitimizing the struggle that the gay community faced during this crisis. Many people and media outlets tended to blame the individual for acquiring this illness, due in part to the shift toward personal responsibility for health (Fox, 2005) and the perceivedly immoral actions through which they acquired the virus. This led to a lack of sympathy in any communications about the illness, especially in methods of avoiding transmission; many recommendations would be to simply stop participating in the sexual activities that resulted in infection and that those who continued to participate were essentially "consenting" to infection. This incredibly blameworthy stance that general sources of information took during this time attempted to delegitimize the identities of the people affected. Therefore, for the GMHC to bypass this assumption of blame to provide information without condemnation of action or identity was to directly oppose the mainstream information—in other words, to legitimize the community through the affirmation of their identity and the protection of their actions.

These efforts were stalled at least partially due to the aforementioned Helms Amendment of 1987. Because of the amendment's vague and overarching wording, virtually any discussion of homosexuality was not allowed in any regard. The CDC enacted guidelines that were so strict, that any diagram of genitalia was to be excluded, and everything had to emphasize the importance of abstaining from sex outside of marriage, as were the traditional values of the time.

The addition of the Helms Amendment was actually due in part to GMHC literature. Targeted toward its audience, GMHC prevention literature frequently took the form of comics or stories that were erotic in nature and described certain sex acts explicitly, as well as how to make those sex acts safe. Again, this literature was intended for an audience of sexually active gay men

that were looking for ways to avoid transmission. A particular comic made its way to Washington, where it was used as ammunition by Senator Helms to push through his amendment due to its explicit nature and the fact that it had been paid for with taxpayer dollars (Allen, 2000). This was an inflammatory statement, however, because the GMHC was specific to pay for its graphic educational literature using only privately donated funds (Allen, 2000). Nonetheless, the Helms Amendment passed and changed the way organizations were allowed to discuss AIDS for nearly five years.

Eventually, the GMHC sued the Department of Health and Human Services and the Centers for Disease Control on the basis that the rules applied in accordance with the Helms Amendment were unnecessarily vague and that the new grant terms were unrelated to the necessary service, and the court found in favor of the GHMC, thus ending the ability to enforce the Helms Amendment (Allen, 2000). The fight to end the Helms Amendment was not only to better the education abilities of the community organizations that operated under government funding and guidelines, but to be allowed to exist with the same level of freedom and to the same degree of acceptance as the rest of society. By prohibiting organizations from promoting homosexuality, there was a much more malicious precedent being set—one that disallowed gay people from existing in the public or medical sphere as they were.

Buddies and Crisis Intervention Workers

Another program that the Gay Men's Health Crisis came to be known for was their Buddy Program. At its inception in 1982, the Buddy Program was an incredibly important service made up of volunteers that were paired with a person with AIDS to help them in

everyday life. That could include “shopping, laundry, dog walking, or providing companionship,” (O’Shea, et al, 2010).

The idea was borne from the helping nature of the already tight-knit community. A lot of the gay community in the 1980s was disconnected from their families because of their identity. “Relationships of all types [may have shifted] alarmingly or disintegrated during illness” because revealing an AIDS diagnosis meant coming out to family members, sometimes for the first time (Katoff and Dunne, 1988). Many times, these relationships would deteriorate and leave the affected person without support or close relationships. As a result, the gay community around them became family, not only in sentiment, but in ways that families help each other, like accompanying them to doctor’s appointments and taking care of them while sick. At the outset of the epidemic, the gay communities wanted to expand this bond further, and the Buddy Program was created, which exists to this day.

The goal of the Buddy Program was to provide support for a person with AIDS during the course of their illness. Because the illness was novel and often led to decreased ability and connection with others, the aspects of the program that provided connection with someone that wished to provide them support and take care of them were incredibly popular. Buddies were often “assigned to clients in their own neighborhood” to facilitate the ease of help and connection between the Buddy and the client. The assistance “was more like the help that a family or close-knit community would offer,” rather than a professional carer (Katoff and Dunne, 1988).

From the Buddy Program, the Crisis Intervention Worker (CIW) Program was born in 1985. This program was fundamentally the same as the Buddy Program, with the emphasis being providing support for the person affected by AIDS. However, the CIW Program became

necessary because of increasing hostility toward AIDS patients. There were many reasons for the mounting negative treatment toward AIDS patients, most of it centered around misinformation. Because of the taboo nature of its transmission and the marginalized communities it tended to plague, there were many people that simply did not know or misunderstood how the virus was transmitted. Many people refused to touch AIDS patients or simply be in the same room as them. This led to AIDS patients who were seeking treatment to be denied access to healthcare services. "More and more people became infected with AIDS and were turned away from hospitals or refused services from other agencies," (O'Shea, et al, 2010) thus the need for a specifically intermediary

The job of the CIWs dealt with acting as a representative or advocate for the person with AIDS. Commonly, they would "serve as a liaison to the social service/medical bureaucracy," for the person (Katoff and Dunne, 1988). Because of the potential hostility that patients would face from hospitals and other aid organizations, CIWs would help that patient navigate that system so they could be treated with dignity and treated in spite of any healthcare workers' biases. Rather than getting turned away from the hospital because of an HIV diagnosis, a client would be able to have someone advocate for them and receive medical care or mutual aid that they might not have received otherwise.

Many of the Buddies and CIWs created incredibly meaningful bonds with the people that they helped, "[being] there until the client dies, or [celebrating] as the client regains equilibrium after a crisis, [returns] to work, or even [becomes] a GMHC volunteer" themselves (Katoff and Dunne, 1988). For a patient to be shunned and turned away from receiving help would be incredibly demoralizing and potentially humiliating. So, for someone to volunteer to protect the dignity of the patients and insist that they are a person deserving of medical care and aid,

regardless of the illness they suffer from, is incredibly important. This kind of help, of advocating and simply asserting that their client be treated with dignity as any person would be, is yet another example of radical solidarity and how, during the AIDS crisis, it was impactful to simply take a stand with those affected.

GMHC Basis in Radical Solidarity

The New York gay community rallied together with impressive cohesiveness throughout the AIDS crisis of the 1980s. The Gay Men's Health Crisis evolved directly from the concern and compassion that the gay community had for its members. The GMHC became an incredibly far-reaching and influential organization that provides comprehensive goods and services for all those affected by HIV and AIDS. Today, this organization continues to provide concrete and materially helpful services, such as the Buddy Program, which is active to this day. This organization is based firmly in the wish to advocate for a community and to provide tight-knit community support for peers. The founders of the GMHC and the first meeting that would eventually lead to the founding of the GMHC arose out of genuine concern for the community due to the feeling that the government and society would likely not do anything to help. Due to the marginalized and nature of the gay communities, those affected were effectively left stranded by themselves, and the goal of the GMHC was to bridge those affected back to society and help them in effective ways that, above all, asserted their dignity as human beings. That's why "the services they offered were palliative, different from traditional medical or social services, because they do not label or attempt to cure." Their services were designed primarily to "be a lifeline… the means for a person to re-establish the ability to live life fully," (Katoff and Dunne 1988).

This is not to say that the Gay Men's Health Crisis was the only organization at the time that was employing radical solidarity. Many other organizations, varying in political stance and intended purpose, were also based in attempting to uplift a population in the face of adversity. There were also several organizations with the same end goals as the GMHC that were incredibly different in execution. The AIDS Coalition to Unleash Power (ACT UP), for example, was founded in 1987, several years after the GMHC was. It was born out of outrage at lack of urgency behind existing organizations such as the GMHC. ACT UP was much more concerned with creating loud statements and antagonizing the government rather than cooperating, like the GMHC did. Such actions included pelting the Director of Health and Human Services with hundreds of condoms during one of his speeches (Specter, 2021). This is incredibly different from the diplomatic approach that the GMHC took, and there was friction between the two organizations, but this does not change the fact that, in attempting to bring light to a perniciously unlit situation, they both employed radical solidarity.

The societal context for the founding of the GMHC greatly informs its founding in radical solidarity. Because the government was seen as willfully neglectful during this crisis, leaving the affected communities marginalized, without resources, and effectively labeled as less important citizens, there was a need throughout the community to be uplifted and reestablished as complete persons and citizens. The goal of the GMHC, through educating its community wholly, completely, and without bias was to affirm the existence of its people. Through the provision of support, not just for the direct AIDS related aspects of the patients' lives, but for the everyday, mundane tasks, the GMHC provided an imitation of family and community support that the vast majority of patients would have lived without. The GMHC has since evolved and is the biggest AIDS organization in the country (Chambré, 1999), but its beginnings in the

apartment of Larry Kramer to rally the community and do what they knew no one else might do were rooted firmly in radical solidarity.

Conclusion

The AIDS crisis of the 1980s was one of the most influential periods in 20th century American history, especially with concern to the gay community then and today. Tens of thousands of gay men died of AIDS in the 1980s alone, with many in the community and outside of it to follow in later years. This crisis was informed heavily by the lack of governmental action; the federal government was infamously silent to the public and to organizations within its own walls. There was no directive or guidance on how to handle the epidemic, and many have determined that it was likely due to the conservative nature of the government, both in fiscal and social aspects. Fiscally, the government was hard-pressed to allocate taxpayer funds to public health organizations, both before the epidemic and during it, rendering many of the organizations that would have dealt with the epidemic incapable of spending the time and money necessary to combat the Human Immunodeficiency Virus and resulting in greater spread through the affected communities. Socially, the Reagan administration was reliant on a great number of evangelical Christians as its supporter base, meaning that homosexuality and anything concerning the gay community (such as AIDS and its spread) was nearly forbidden as a topic of national conversation or policy.

As a result, there was a serious gap created in the resources available for those affected by HIV and AIDS. This gap, created by the perceived willful neglect of the federal government, inspired a much larger collective reaction from the communities affected by AIDS and those close to them. Because of the government's willful neglect and marginalization of those

individuals, a space was available for a specific type of volunteerism that, in situations where the government was not willful in its neglect, would be minimally helpful, but, in the context of the marginalization of the gay community and the message relayed that they were somehow less deserving of help than the average citizen, was incredibly beneficial.

Radical solidarity occurs when a government is intentional, or perceived to be so, in their failure to provide specific resources to a community or for a certain cause. Because of this neglect and the dehumanization that it can result in, affected communities are essentially treated as second-class citizens. As an act, radical solidarity attempts to rectify the dehumanization and marginalization done to these communities by the government. By simply taking a stand or identifying with the suffering community, one could make a positive difference in these peoples' lives. By acknowledging the humanity that the government and society at large is depriving them of, it furthers the missions of many community organizations.

During the AIDS crisis, when gay men and those in the gay community were ignored by society and neglected by the federal government and its organizations, volunteerism that affirmed their existence and took a stance with them was beneficial for the movement. By bolstering the community around them and providing support that was similar to that which a family would provide, as well as affirming their identities as gay men and negating outside voices that attempted to shame them for it, these community organizations used radical solidarity to further the fight against AIDS, even if these acts themselves did not fight the illness directly.

The Gay Men's Health Crisis of New York is a representative example of an organization based in radical solidarity. Although in the later days of the crisis and today they provide very materially helpful services, the GMHC was founded on the idea that the community around them needed support in times of uncertainty, when they were sure that no one else would help them.

As Philip Kayal so aptly described it, they were there to bear witness to the neglect of society and the federal government (1993). Their insistence to make noise and support those around them, even if it were to do no good against the insidious virus, is exactly what radical solidarity means.

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