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AIDS & Haiti – Discourses on Origin, Stigma, and Blame

Hannah Fuchs & Karl-Heinz Leven*

Abstract: »AIDS & Haiti - Diskurse über Ursprung, Stigma und Schuldzuweisung«. The article focuses on the scientific discourse on the origin of AIDS and the distribution of the disease and the HI virus between the United States (US) and Haiti. After the syndrome later called AIDS had first been described in 1981, several risk groups were named by the Centers of Disease Control and Prevention (CDC) in the US, among them recent Haitian immigrants to the US. As the scientific world developed theories on the origin of the new disease – and, after its discovery, the HI virus – members of the scientific community deemed a spread from Haiti to the US possible. Others considered a distribution vice versa more likely, namely that the disease might have moved from the US to Haiti. This study analyses the scientific discourse in mostly medical publications released between the years 1982 and 2016. They include research papers, letters to the editor in medical journals, anthologies or monographs, and publications of the CDC. It addresses not only the way the disease's origin was discussed, but also the underlying – and resulting – narratives of stigma and blame. The article aims to contribute to a better understanding of the elements shaping discourses in the scientific world when facing a newly emerging infectious disease, and the social implications these discourses have.

Keywords: AIDS/HIV, Haiti, discourse analysis, scientific discourse, stigma, stigmatisation, blame.

1. Introduction

In June 1981, the Centers for Disease Control (CDC)¹ in the United States (US) for the first-time published data on cases of *Pneumocystis* pneumonia among young homosexual men in the US, an opportunistic infection commonly affecting immunocompromised patients (CDC 1981a, 251). Soon, as the reports caught the attention of the medical community, more opportunistic

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¹ While the acronym CDC remained, the agency name was changed to Centers for Disease Control and Prevention in 1992 (CDC 2021).

infections were described in the US, along with cases of Kaposi's sarcoma, a rare skin- and mucosa-associated malignant disease (CDC 1981b, 305). In July 1982, first epidemiologic data were published on similar opportunistic infections and Kaposi's sarcoma among Haitian immigrants to the US (CDC 1982a, 353-4, 360-1). The new disease entity was named Acquired Immune Deficiency Syndrome (AIDS) in 1982 (CDC 1982b, 507). Groups at risk for the newly discovered syndrome were defined, namely homosexual men, persons who use intravenous drugs, patients with haemophilia, and recent Haitian immigrants to the US. The risk group classification, based on epidemiologic findings, led to an increasing stigmatisation of the members of the groups in media and public, "in an exquisite twist of black humor" (Grmek 1990, 31) sometimes called the "Four H Club" (Gallo 2006).²

The scientific world analysed not only the groups at risk for the syndrome, but also its origin. On the one hand, a possible spread of AIDS – or, after its discovery, the Human Immunodeficiency Virus (HIV) – from Haiti to the US was discussed in several publications. Other authors considered a distribution vice versa, namely from the US to Haiti, more likely. Meanwhile, the number of AIDS cases rose both in the US and in Haiti, where AIDS became a major health problem in the following years, leading to "serious long-term economic, social, and psychological consequences" (Pape and Johnson 1993, 345). The scientific discourse on the question of the possible spread of AIDS/HIV between Haiti and the US continued for the following decades, although the way in which theories were negotiated changed during the years.

Discourses about the origin of infectious diseases are a concomitant phenomenon of (medical) history since ancient times (Leven 1997, 2005). A variety of presumed etiologies, dependent on the range of medical concepts, religious beliefs, and cultural settings are to be found. In the age of scientific medicine, since the rise of microbiology at the end of the 19th century, infectious diseases are causally linked to specific microbes. Scientific approaches to epidemics, however, do not rule out the meaning of cultural notions or traditional patterns in explaining a contagious disease. The case of AIDS is a striking example.

This article analyses the scientific discourse on the distribution of AIDS/HIV between Haiti and the US and its immanent questions of stigma and blame in the years from 1982 until 2016. For this purpose, articles in medical and non-medical scientific journals, letters to the editor in high-rank medical journals, anthologies or monographs, and publications by the CDC are included in the analysis. This paper is the preliminary study of a comprehensive analysis of the discourse (Fuchs 2023, forthcoming). It will outline main aspects of the discourse as well as its developments and changes during

² Remarkably, the first monograph on the history of AIDS, authored by the French medical historian Mirko D. Grmek (1924–2000) was published already in 1989, here used in the English translation of 1990; the book, and that is even more remarkable, is not outdated yet.

the years of the developing AIDS pandemic. For this, an overview over the source situation and the corpus of sources used for this study will be given first. Then, the risk group classification and the discussion on the origin of AIDS will be outlined as major topics in the scientific debate on AIDS and Haiti, leading to an analysis and interpretation of the main narratives of the discourse.

2. Sources

Numerous works relating Haiti or persons of Haitian origin to AIDS/HIV have been published. The high number of sources available leads to the necessity of limiting the analysed publications through defined criteria. Of the available works, there were three types of sources included: first, texts addressing the question of the origin or the spreading direction of AIDS/HIV between the US and Haiti or a spread from Haiti to other countries; second, publications linking Haitian immigrants to the US or Haitians in general with AIDS/HIV as members of a high-risk group; third, a selection of publications directly relating Haiti or persons of Haitian origin to AIDS/HIV, such as case reports highlighting the Haitian origin of a patient. Other sources, for example texts merely mentioning Haiti as one AIDS/HIV endemic country among others, were not included.

The sources were separated into different groups: medical and non-medical scientific journal articles, i.e., titles belonging to the fields of sociology or medical anthropology; letters to the editor in medical journals; anthologies or monographs; and publications of the CDC in their *Morbidity and Mortality Weekly Report* (MMWR) series.

Text sources were obtained from scientific journals published in print or online through research on web-based scientific platforms as *PubMed* (NCBI 2021)³ and *Scopus* (Elsevier 2021)⁴ as well as in specific journals; a high number of medical scientific texts from the 1980s and 1990s have been digitalised and could be obtained via web-based research. In addition to that, the web archive of the CDC was thoroughly searched for texts regarding persons of Haitian origin and AIDS/HIV.

In total, 187 publications in scientific journals other than the MMWR were included in the corpus of sources; among them were 150 journal articles and 37 letters to the editor. In addition to that, 35 publications of the CDC and 13

³ See <https://pubmed.ncbi.nlm.nih.gov/> (Accessed May 11, 2021).

⁴ See <https://www.scopus.com> (Accessed May 14, 2021).

anthologies or monographs were analysed.⁵ The texts were mostly published in English, apart from a few German or French works.

3. Quantitative Overview over the Discourse

Of 187 texts published in scientific journals other than the MMWR, 46 directly relate to the question of the origin or the spreading of AIDS/HIV between the US and Haiti, as well as 8 of 13 monographs or contributions in anthologies included in the corpus of sources. In none of the MMWR articles could theories on a Haitian origin of AIDS or on the distribution of the disease be found.

The number of publications on this question was notably high in the 1980s with 27 articles or letters to the editor and between 1982 and 1989. In these years, the theories on where the syndrome or its pathogen spread from vary; while eight works openly support the theory of a Haitian origin of AIDS, four deem an origin in the US more likely. In the other texts, the theories are discussed or mentioned without favouring one over the other. One monograph and one contribution in an anthology address the topic in the 1980s, both stating that AIDS could have spread from Haiti to the US.

Between 1990 and 1999, there were considerably less texts directly addressing the spreading direction or the origin of AIDS. Four sources could be found in journal articles; one monograph refers to the topic. Here, again, the picture is non-uniform: three publications state that AIDS/HIV spread from Haiti to the US, two works assume the other way. From the 2000s and 2010s, 15 articles or letters to the editor, and six anthologies or monographs, were included in the corpus of sources. Among them is an increasing number of texts presenting results of molecular phylogenetic analyses, which consider a spread from Haiti to the US to be the most probable (e.g., Worobey et al. 2016).

The remaining sources either mention persons of Haitian origin as members of a high-risk group for AIDS or create other links between Haiti or persons of Haitian origin and AIDS/HIV, such as case reports emphasising the Haitian background of a patient.

⁵ Important works on the topic of AIDS and Haiti were published by medical anthropologist Paul Farmer (e.g., 1990, 2006), turning around the questions of blame, accusation, and social inequalities. As Farmer made major contributions to the discourse, his works are regarded as historical sources instead of secondary literature here.

4. Outline of the Scientific Debate on AIDS and Haiti

In the following, two major topics of the discourse will be outlined: First, the designation of Haitian immigrants to the US as a high-risk group in the early 1980s and how it was perceived and reproduced in the medical community; and second, the controversy over the origin and spreading direction of AIDS/HIV between 1982 and 2016.

4.1 Designation of Risk Groups

A first connection between persons of Haitian origin in the US and AIDS was established with a publication in the MMWR of the CDC on July 9, 1982. The CDC published data on 34 patients of Haitian origin living in the US who had developed opportunistic infections or Kaposi's sarcoma (CDC 1982a, 353).⁶ In the article, it was highlighted that other risk factors for AIDS played a minor role among these patients of Haitian origin (CDC 1982a, 360).

Soon after, the CDC listed Haitian immigrants to the US as a high-risk group for AIDS, as there had been no other known risk factors for the syndrome identified among them:

Reported AIDS cases may be separated into groups based on these risk factors: homosexual or bisexual males—75%, intravenous drug abusers with no history of male homosexual activity—13%, Haitians with neither a history of homosexuality nor a history of intravenous drug abuse—6%, persons with hemophilia A who were not Haitians, homosexuals, or intravenous drug abusers—0.3%, and persons in none of the other groups—5%. (CDC 1982b, 508)⁷

This risk grouping was based on epidemiologic data suggesting a higher AIDS prevalence among persons of Haitian origin in the US without other known risk factors. In the same work, “Haitian origin” is mentioned as an “identified risk factor” for AIDS (CDC 1982b, 514). Notably, the naming of the epidemiologic group is incoherent in the CDC-related text sources; for instance, there is an assumed higher risk for “Haitians” (CDC 1982c, 654) or for “persons born in Haiti and now living in the United States” (CDC 1983a, 309). In 1983, the CDC distinguished risk groups and risk factors further; they addressed the fact that only a small number of the members of a risk group in fact did have AIDS and discuss that “the classification of certain groups as being more closely associated with the disease has been misconstrued by some,” leading to “social and economic discrimination” (CDC 1983b, 466).

⁶ The data published by the CDC originated from reports from medical institutions in Florida, New York, and three other states (CDC 1982a, 353-354, 360).

⁷ At the time, the CDC defined an AIDS case as “a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease” (CDC 1982b, 508).

The historian Gerald Oppenheimer underlined the role of epidemiologic institutions in characterising and defining AIDS, as “epidemiology bore the initial responsibility of outlining the direction of research, of generating hypotheses, and of synthesizing the results” (Oppenheimer 1988, 270). The CDC were the first to publish data on and naming the new syndrome, thereby setting the agenda for further research and scientific exchange (Oppenheimer 1988, 268-70).

The connection drawn between Haitians and AIDS/HIV was furthered by other medical publications turning around the question of the AIDS risk for Haitian immigrants. A Miami-based work group, who were among the first to treat Haitian AIDS patients in the US and to report data to the CDC, made their research results public in the *Annals of Internal Medicine* in March 1983, presenting detailed data on patients of Haitian origin they treated (Pitchenik et al. 1983). Like the CDC, they underlined the negation of homosexuality or intravenous drug abuse among their patients (Pitchenik et al. 1983, 277).⁸ Other works discussed reasons for the higher prevalence among Haitians; for instance, some authors discussed whether persons of Haitian origin had a genetic predisposition for the syndrome (e.g., Wenk and Russo 1988, 371-2) or whether nutritional deficiency in Haitians might be a reason for the higher prevalence among them (Beach and Laura 1983, 565). Numerous other scientific articles mention persons of Haitian origin as AIDS patients or as members of a high-risk group in the years from 1983 until 1985.

The designation of Haitians as a high-risk group for AIDS based on their nationality was, whilst reproduced in many scientific works, also widely criticised. One argument was that, due to stigma associated with homosexuality in Haiti, patients of Haitian origin might not have answered truthfully regarding questions of other risk factors and therefore not all Haitians might have to be rated as a risk group (Altema and Bright 1983, 877). Other authors refused the risk grouping of Haitians in general as not plausible (e.g., Ollé-Goig 1984, 124).

Further knowledge gained through research on AIDS cases among Haitians both in the US and in Haiti led to differentiation in the discourse. Workgroups as the Haiti-based *Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections* (GHESKIO) analysed the occurrence of AIDS in Haiti and made major contributions to the understanding and treatment of the syndrome in this country (e.g., Pape et al. 1983). Landesman and Vieira (1983) pointed out that “ongoing studies in Haiti and in the United States may yet demonstrate that the transmission of AIDS among Haitians is similar to that of other high-risk groups. If this proves to be the case, than [sic] the designation of Haitians as a high-risk group needs to be reexamined” (Landesman and Vieira 1983, 2307).

⁸ Arthur M. Fournier, co-author of the study, later stated in the monograph *The Zombie Curse* that the article was “used to label Haitians ‘at risk’ for AIDS” (Fournier and Herlihy 2006, XIX).

The classification of persons of Haitian origin as a separate risk group was abandoned by the CDC in 1985. In the MMWR paper from May 10, 1985, the authors stated that the classification “has been discontinued in light of current epidemiologic information that suggests both heterosexual contact and exposure to contaminated needles (not associated with intravenous [IV] drug abuse) play a role in disease transmission” (CDC 1985, 247). From this publication onwards, persons of Haitian origin were not mentioned as a separate risk group by the CDC any longer, but rather among the group of patients with “other/unknown” risk factors (CDC 1985, 247).

In other scientific works the picture is mixed: most authors dropped the classification, while some others continued listing Haitians as a risk group (e.g., Berger et al. 1987, 684). Pitchenik et al. (1985, 1705) “conclude that not all Haitian populations are at high risk [...] and that probably only a selected subgroup of Haitians is at risk, as is true for non-Haitian populations living in the United States and other countries.” The last scientific text in the corpus of sources actively listing Haitians as a risk group of their own was published in 1988 – three years after the CDC abandoned the classification (Wenk and Russo 1988, 371). From the 1990s onwards, most authors that mentioned the risk grouping of Haitians did so in a historical perspective, not uncommonly to voice criticism of the classification (e.g., Quinn, Narain, and Zacarias 1990, 719).

There has been a shift in the narrative of the high-risk groups during the development of this part of the discourse. In the early 1980s, groups at risk for AIDS were designated in epidemiologic works or mentioned in medical articles or case-studies. In the later years, notably from the 1990s onwards, the risk group classification of persons of Haitian origin was rather mentioned to criticise the former “labelling.” The term “Four H” (e.g., “Four H club,” “Four H disease,” “Four H groups”) cannot be found in any of the early scientific sources, apart from one letter to the editor from 1988 critically discussing it (Lofters 1988, 285). However, it is frequently used in later years in a historical perspective (e.g., Conserve and King 2014, 1270). Throughout the discourse, the narrative develops from “Haitians as a risk group” to the consensus that Haitians had been unjustly classified.

4.2 Haiti and the Origin of AIDS

The origin of AIDS/HIV has been subject of scientific research since the discovery of the syndrome and later its pathogen, leading to numerous theories. However, while the publications of the CDC constituted the risk group classification of the Haitians – and later the removal from the same list – theories on a possible Haitian origin of AIDS/HIV or a distribution between Haiti and the US are discussed in none of the MMWR publications. Therefore, although

developing under the influence of the risk group classification, this main aspect of the discourse took place in different scientific media.

In the 1980s, the controversy occurred in all types of analysed media other than the MMWR; overtly led correspondence on the topic can especially be found in letters to the editor in scientific journals. One of the first texts referring to a possible spreading of AIDS between Haiti and the US discussed the African Swine Fever Virus (ASFV) as a cause of the immune deficiency (Teas 1983, 923). According to Teas, the ASFV, at the time occurring in Haiti, might have been transmitted to humans when “[perhaps] an infected pig was killed and eaten either as uncooked or undercooked meat. One of the people eating the meat who was both immunocompromised and homosexual would be the pivotal point, allowing for the disease to spread to the vacationing ‘gay’ tourists in Haiti” (Teas 1983, 923). The responses to this statement were resolute, stating that “[such] speculation is damaging to Haiti and to Haitian communities abroad” (Arnoux et al. 1983, 110).⁹ Other sources discussed a putative association between AIDS and the Haitian religion Voodoo and “consider voodoo practices as a [likely] source of the syndrome” (Moses and Moses 1983, 565). Greenfield (1986) stated his opinion on this topic in a letter to the editor in *The Lancet*, titled “Night of the Living Dead II: Slow Virus Encephalopathies and AIDS: Do Necromantic Zombiists Transmit HTLV-III/LAV During Voodooistic Rituals?” (Greenfield 1986, 2199) Other early examples point to Haiti as a possible origin of AIDS through case reports of patients who had visited the country (e.g., Rose and Keystone 1983, 680-1) or by discussing whether the syndrome might have spread to vacationing tourists in Haiti (e.g., Vieira et al. 1983, 128). Moore and Le Baron (1986) stated that “if any place in the world is ripe for the genesis of a major new pathogen, then that place is Haiti” (Moore and Le Baron 1986, 78). The terminology used to describe a Haitian origin involves mostly expressions such as “link,” “connection,” or “source”; other works refer to the topic less directly, linking Haiti to AIDS/HIV through case reports of AIDS patients who had visited the country.

The theory of a Haitian origin or a distribution of AIDS from Haiti to the US was refused in several works. In one of the first articles published on AIDS in Haiti, Pape et al. (1983) of the GHESKIO pointed out their research indicated that AIDS first occurred in Haiti in the late 1970s, “a period that coincides with the earliest reports of AIDS in the United States” (Pape et al. 1983, 945) and that they “do not believe that AIDS was present in Haiti before 1978” (Pape et al. 1983, 949), although not directly addressing the question whether AIDS had been distributed between the US and Haiti or not. Other authors discussed the topic more openly; for instance, in a letter to the editor in *The New*

⁹ The theory on ASFV as a cause of AIDS was contained until 1986 by the workgroup around Teas (e.g., Beldekas, Teas, and Hebert 1986).

England Journal of Medicine, Cineas¹⁰ (1983) stated that Haiti was made a “scapegoat” and “target for the origination of the dreaded AIDS problem” (Cineas 1983, 669). Other works deemed a spread from the US to Haiti to be more likely; an introduction of AIDS into Haiti through North American tourists was presumed by several authors (e.g., Boncy et al. 1983, 1419; Pinching 1984, 4).

Figure 1 Cover of Paul Farmer’s Monograph, *AIDS and Accusation*, one of the Main Works in the Discourse

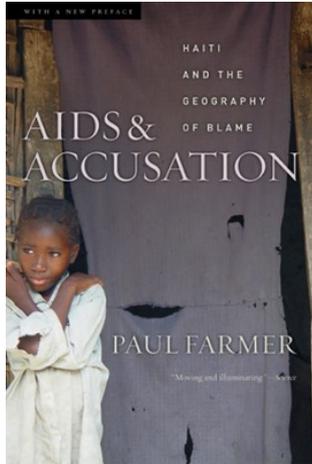


Image source: <https://www.ucpress.edu/book/9780520248397/aids-and-accusation> (Accessed November 6, 2021).

In the 1990s, the number of publications turning around the relation between the North American and Haitian AIDS/HIV epidemics was considerably lower than in the 1980s. Of high importance to the discourse was the work of medical anthropologist Paul Farmer, who worked as a doctor in Haiti. In his much-noticed monograph, *AIDS and Accusation: Haiti and the Geography of Blame*,¹¹ Farmer analysed different narratives of accusation regarding AIDS and the social structures and inequalities underlying the discourse. In this work, Farmer refuted the notion that AIDS/HIV could have moved from Haiti to the US and links it to pre-existing stereotypes and power differences. He points out that “[the] suggestion that HIV originated in Haiti has the additional disadvantage of being entirely incorrect” (Farmer 2006, 247), and, in the

¹⁰ Fritz N. Cineas at the time was the Haitian ambassador in the US. It is therefore questionable whether to classify his letter to the editor as a scientific source or not. Since it was published in the *New England Journal of Medicine*, it is here nevertheless counted as contributing to the scientific discourse.

¹¹ First published in 1992; the second edition from 2006, with an updated new preface, is cited here.

foreword to the second edition of his monograph, that HIV “came south with North American tourists” (Farmer 2006, xii).

From the year 2000 onwards, the quantity and content of publications and theories regarding the spread of AIDS/HIV changed again. Phylogenetic studies based on molecular analyses to determine the age of different HIV strains added a new component to the scientific exchange. One of the first of these studies was presented by Korber et al. (2000), suggesting that the results regarding Haitian HIV strains “could reflect an older epidemic or possibly be a sampling artifact” (Korber et al. 2000, 1792). Gilbert et al. (2007) stated that “the possibility remains that Haiti was the stepping-stone for the emergence of the exceptionally widespread subtype B lineage,¹² and this idea has implications that extend beyond historical interest” (Gilbert et al. 2007, 18566). The authors conclude their work with the result that the “findings imply that Haiti has the oldest-known HIV/AIDS epidemic outside of sub-Saharan Africa, which helps explain the high prevalence of AIDS and HIV-1 among Haitians in the early 1980s” (Gilbert et al. 2007, 18569). Although Pape et al. (2008) rejected the theories of Gilbert et al. in a letter to the editor, further analyses (e.g., Worobey et al. 2016) supported the thesis that AIDS/HIV had entered Haiti first before moving on to the US. It was assumed by some authors that AIDS/HIV might have been introduced into Haiti via returning Haitian labourers who had worked in the former Zaire (Democratic Republic of the Congo) in the 1960s and 1970s (Pepin 2011, 188-9).

Thus, the debate on the spread of AIDS/HIV between the US and Haiti changed from 1982 until 2016 in several ways. In the 1980s, publications supporting the theories of both spreading directions led to an active controversy on the question. The number of authors assuming a Haitian origin of the syndrome was higher; notably, many of the first authors, most of whom were US-based, did not consider a US origin at all. These theories evoked a strong defensive reaction in favour of Haiti and persons of Haitian origin. Furthered by works of the GHESKIO and, in the 1990s, Paul Farmer, the stigmatisation of Haitians as “AIDS-carriers” (Farmer 2006, 248) and the theories on a Haitian origin of the disease were widely criticised. The terms “stigma,” “stigmatisation,” and “blame” can be found more frequently, and more sources support the theory on a spread of AIDS/HIV from the US to Haiti. In the 2000s and 2010s, the narratives changed based on phylogenetic studies of different HIV strains, and a new consensus developed in the scientific world that HIV-1 group M subtype B had in fact moved to Haiti first and then on to the US.

¹² HIV-1 group M subtype B is the most widespread virus subtype in the AIDS pandemic (Gilbert et al. 2007, 18566).

5. Narrative Patterns of the Discourse

Two major topics of the discourse have been outlined above – first, the designation of Haitian immigrants to the US as a risk group, and second, the controversy on the origin or spreading direction of AIDS/HIV between Haiti and the US. The discourse was shaped by several narratives of stigma and blame; these narratives will be analysed in the following section.

5.1 Stigma and Stigmatisation

Questions of stigma and stigmatisation have played a role in the discourse on AIDS/HIV and Haiti from the first publications in the early 1980s on. Authors refusing the high-risk classification, or the theories of a Haitian origin of the syndrome, used the term in the Haitians' defence (e.g., Greco 1983 in a letter to the editor titled "Haiti and the Stigma of AIDS").

Goffman (1963) defined stigma as "an attribute that is deeply discrediting," emphasising that "it should be seen that a language of relationships, not attributes, is really needed. An attribute that stigmatizes one type of possessor can confirm the usualness of another, and therefore is neither creditable nor discreditable as a thing in itself" (Goffman 1963, 3). Among others, Link and Phelan (2001) developed the concept of stigma and discrimination further. In their definition, four components form stigmatisation: First, the labelling of individuals or groups with a distinct feature; second, the connection of this labelled feature and group with negative stereotypes; third, the separation of "us" from "them," the individuals carrying the labelled feature and stereotype; and fourth, a resulting status loss and discrimination for the stigmatised (Link and Phelan 2001, 368-74). These components are to occur in a situation of power difference between individuals or groups to result in stigmatisation (Link and Phelan 2001, 376). In their conceptualisation for AIDS-related stigma, Parker and Aggleton (2003) highlight that "stigmatization and discrimination must be understood as social processes linked to the reproduction of inequality and exclusion" (Parker and Aggleton 2003, 19).

The designation of Haitian immigrants to the US as a high-risk group in 1982 had created a connection between persons of Haitian origin, Haiti, and the syndrome. This connection was reproduced during the 1980s – through publications about AIDS patients of Haitian origin as well as through theories on a possible Haitian origin of the syndrome itself. Therefore, the mechanisms and social processes described by Link and Phelan (2001) and Parker and Aggleton (2003) can be identified in the early scientific discourse on AIDS and Haiti. Applying the definition of Link and Phelan (2001), persons of Haitian origin were connected to the syndrome through epidemiologic data, risk grouping, and scientific debate; this labelling was linked to pre-existing prejudices against Haitians. The separation of "us" and "them" (Link and Phelan

2001, 370) was constituted by continuous reproduction of “Haitians” as risk group members and AIDS carriers as well as AIDS victims. Status loss and discrimination resulting for the stigmatised are less evidently recognisable in the scientific sources; it has, however, been reported how discrimination against Haitians resulted from the debate in science and the public (e.g., Farmer 2006). Haitian immigrants to the US were hardly part of the consensus-defining medical community, resulting in power differences named by Link and Phelan (2001) as a prerequisite for the emergence of stigmatisation.

Thus, Haitian entrants to the US as an already marginalised group¹³ were stigmatised through the connection with the disease. This was supported by the risk group classification, scientific reports on AIDS cases among persons of Haitian origin, and opinions on the possible Haitian origin of the syndrome or its pathogen. Theories such as those regarding “necromantic zombiists” (Greenfield 1986, 2199), although representing rather personal opinions in letters to the editor than broad scientific consensus, supported the narrative and stigmatisation further.

Farmer (2006, 239) and others (e.g., Santana and Boncy 2000, 169) pointed out the picture of Haitian immigrants as “AIDS carriers,” as depicted in several works throughout the discourse:

The disease was seen initially among recent refugees, the “boat people,” mostly black, poor and male. Some had evidently brought it with them from Haiti, disembarking, already with fevers and sweats, from the small craft that deposited them on American shores. (Siegal and Siegal 1983, 82)¹⁴

In the discursive negotiation and production of diseases, the attribution of a disease to the foreign and the strangers has been a continual phenomenon. So have, in discursive patterns identified by Pulver (1999), strangers commonly been among the first ones to be taken ill or to bring a disease from “outside.” Thus, discourses often constitute a disease to not originate from the own country or social group, but from elsewhere (Pulver 1999, 87-8). One – in medical history frequently cited – example for this mechanism of attributing the origin of a disease to others is that of syphilis, which was called “French disease” in German, “German disease” in Polish, or “Polish disease” in Russian (Leven 1997, 59).

It may be seen as a strange repetition of history, that Haiti – in modern times one of the poorest countries of the world, but in 1804 “the world’s first free black republic and the earliest example of decolonization” (Snowden 2020, 111) – at this time a state of considerable wealth, twice in medical history has been accused of being the origin of a deadly epidemic. In both cases a

¹³ Especially those refugees arriving by sea in the 1970s and 1980s and referred to as “Haitian boat people” in media and public (Stepick 1982, 163).

¹⁴ Dr. Frederick Siegal was at the time chief of immunology at the Mount Sinai Medical Center in New York. The monograph *AIDS: The medical mystery* (Siegal and Siegal 1983) addresses “both the lay and the professional reader alike” (Salk 1988).

sexually transmitted disease is presumed to have had its geographic origin there: AIDS in the 1980s, and syphilis at the end of the 15th century, when the island was discovered and colonized as Espanola, “little Spain” (Bloch 1901, 201-6; Leven 1997, 53).

Generally in epidemic contexts, mechanisms of “othering” have been described as a pattern of distancing oneself and the own social environment from other people not belonging to this group – with identity-establishing effects by presenting a target for the projections of fear (or other negative emotions) attributable to the “other” (Thießen 2015, 12). Haitian immigrants were made these “others” through the discursive patterns of the early scientific exchange and through the stigmatisation resulting from them. Strikingly, among the first members of the scientific community to discuss a possible connection of the US and Haitian AIDS epidemics, very few of the US-based authors took an US-origin of the syndrome into consideration. On the contrary, most authors deemed the spread from Haiti to the US likely (e.g., Teas 1983). The narrative of the Haitian immigrant as a “disease carrier” – as outlined above – underlines the concept of the “other” as the source of the syndrome.

With the discourse developing, counter reactions in defence for the Haitians tried to revert this stigmatisation and “othering.” Both the risk group classification and the theories on a Haitian origin of AIDS/HIV were critically discussed (see above, e.g., Pape et al. 1983; Greco 1983). From a medical-anthropological perspective, Paul Farmer published several works (e.g., 1990, 2006) turning around the mechanisms of structural violence and social inequalities underlying the narratives.

While, in many respects, this counter reaction changed the direction of scientific exchange – with the risk-group classification being abandoned and the Haitians increasingly seen as unjustly stigmatised –, a connection of persons of Haitian origin or Haiti itself to AIDS/HIV remained preserved throughout the discourse. The association of Haitians as members of the “Four H group” was continuously reproduced in scientific debate, be it to emphasise the unjustness of the classification or to remember of the first years of the AIDS pandemic.¹⁵

5.2 Narratives of Blame

Topoi of blame can be found throughout the discourse in several ways. Regarding the early scientific discourse, while most authors assuming a Haitian origin of AIDS/HIV may not have intended to assign blame, they nevertheless pointed to Haiti or persons of Haitian origin as a source of the deadly syndrome. Here, although blaming unfolded, to some extent, undeliberately, it

¹⁵ As Santana and Dancy (2000) put it, “once a group has been stigmatized, it is very difficult to eradicate that stigma” (Santana, Dancy 2000, 169-70).

was linked to pre-existing stereotypes and entailed the stigmatisation analysed above.

Works in defence of Haiti and persons of Haitian origin, on the other hand, turned around questions of blame more overtly, frequently using terms such as “stigma” (Greco 1985), “scapegoat” (Cineas 1983), or “blame” (Farmer 2006). As outlined above, these counter-reactions contributed to the consensus that Haitians had been unjustly accused and stigmatised, with Paul Farmer and the GHESKIO playing a major role in this shift of narratives. In this regard, Farmer’s works published in the 1990s can be seen as a pivotal point of the discourse.

In his monograph, Farmer described that “as long as we have known about AIDS, blame and accusation have been prominent among the social responses to the new syndrome” (Farmer 2006, 244). He analysed different ways of blame and accusation that took place in science, media, and the public during the development of the AIDS pandemic; among them, on the one hand, “blaming the victim” (Farmer 2006, 248), meaning the accusations against Haiti or persons of Haitian origin of having brought AIDS to the US, and, on the other hand, “counteraccusations of Haitians” (Farmer 2006, 244).

In the later years of the scientific discourse, questions of blame were discussed openly on fewer occasions. When Gilbert et al. (2007) published their phylogenetic study underlining the theory that HIV-1 group M subtype B, although it had not originated in Haiti, had entered Haiti first and then moved on to the US (Gilbert et al. 2007, 18566), the results were refused as “dubious claims of causality” by Pape et al. (2008, E13). In a reply to Pape et al. (2008), the workgroup conducting the phylogenetic analysis emphasised that their “goal was to trace the pathway of a pandemic with the most powerful methods currently available, not to assign blame in any way” (Worobey et al. 2008, E16).

For the comprehension of an emerging disease and its causes, scientific gain of knowledge about its origins and dissemination may be of high importance. The question remains whether designating a country as a possible origin of or “stepping-stone” (Gilbert et al. 2007, 18566) for an infectious disease means blaming this country for the disease itself. This might, to some extent, depend on the reception and reproduction through other media and agents in the broader discourse.

In that respect, several sources assigned blame to the media, as “[the] original reports of AIDS among Haitian immigrants were sensationalized and misrepresented in the popular press” (Vieira 1985, 97). Multiple examples of tendentious media reports regarding persons of Haitian origin and AIDS are presented by Farmer (2006). As this article focused on the scientific discourse, the reproduction or creation of further narratives in the media were excluded here; they will be analysed in a consecutive study (Fuchs 2023, forthcoming).

6. Conclusion

The discourse on AIDS and Haiti shows in several ways the narrative patterns that form – and are reproduced by – scientific exchange in times of an emerging infectious disease. This exchange took place on different layers – the designation of Haitians as a risk group, the resulting discussion about the spreading direction of AIDS/HIV between Haiti and the US, and the further connection of persons of Haitian origin to AIDS/HIV through case reports and other works.

Throughout the discourse, different narratives of stigma and blame can be identified. The stigmatisation of persons of Haitian origin resulted from their connection with AIDS established by creating a group of high risk, case reports, and the controversy about the origin of the syndrome in the 1980s. The narrative of Haitians as “disease carriers” and the mechanisms of “othering” furthered this stigmatisation. In addition, motives of blame developed during the discourse in both direct and indirect terms. In this regard, the further reproduction outside the scientific world might be of interest.

In this article, the scientific discourse was analysed; a broader perspective, including media and public exchange, will further contribute to understanding the mechanisms shaping these discourses (Fuchs 2023, forthcoming). However, the scientific discourse on AIDS and Haiti shows how publishing epidemiologic data or discussing the origin of a disease, although not intended to be an assignation of guilt, can evoke narratives of stigma and blame through discursive reproduction and counter reaction.

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