

“Patient Zero”: AIDS, Stigma, and Gaëtan Dugas

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The queer community has undeniably made great strides in the direction of queer liberation over the last century. Whether it be the decriminalization of homosexuality, the legalization of same-sex marriage, or Canada’s most recent amendment to ban conversion therapy, each of these milestones is crucial in recognizing the rights and existence of queer identities. Without discrediting these monumental instances of queer liberation, it is also necessary to acknowledge the hardships experienced by queer people in reaching progress. Arguably, the AIDS crisis remains a period at the forefront of queer suffering, one which leaves a lasting imprint on the queer community today. Being queer myself, I am aware of the activism which has paved the way for my generation, and thus, I am actively seeking to broaden my knowledge of the AIDS epidemic—including its origins, development, and lasting consequences.

AIDS, an acronym for acquired immunodeficiency syndrome, emerges from exposure to the human immunodeficiency virus, also known as HIV. As of the early 1980s, when the initial cases of AIDS began appearing in North America, immense stigma has surrounded the social, scientific, and political understandings of the condition. Much of the stigma surrounding the AIDS crisis can be attributed to the vilifying of queer bodies and the negligence of cis-heteronormative systems of power.

Over the last several months I have been educated on the circumstances of Gaëtan Dugas, a gay man diagnosed with AIDS in 1980. Dugas was subject to severe scrutiny after being wrongfully considered the original carrier of AIDS in North America. Despite the falsehood of such a claim, Dugas became known as “Patient Zero.”

There is a very real obligation for contemporary discourses concerning AIDS to actively dismantle the perception of Gaëtan Dugas as “Patient Zero.” In order to adequately challenge narratives of stigma and condemnation towards queer individuals living with AIDS, it is imperative to understand the historical trajectory of AIDS, as well as the subsequent rise of the “Patient Zero” fallacy. Furthermore, contextualizing the AIDS epidemic by problematizing cis-heteronormative perceptions of queerness reveals a complex history of misinformation, blame, and prejudice.

Making Sense of the AIDS Epidemic

Despite the upending circumstances brought about by the AIDS epidemic in the latter decades of the 20th century, there remains a lack of dialogue surrounding the scientific and historical understandings of the condition. As with most afflictions that disproportionately impact marginalized groups, AIDS is frequently regarded as taboo, both due to its association with queer identity, as well as its sexual transmissibility. Although my research centres on humanizing Gaëtan Dugas and challenging the narrative of “Patient Zero,” there is a need to first examine the scientific background and historical context of the AIDS crisis.

The retrovirus known as HIV-1, which may develop into AIDS, is thought to have originated amongst chimpanzees living in Cameroon. The transmission of HIV-1 to the human population occurred sometime within the early-mid 20th century, likely through the process of meat preparation or consumption (Pépin 473). While there are several subgroups of the HIV-1 virus, including O, N, and

P, the primary subgroup is known as HIV-1 group M. This subgroup is responsible for infecting the greatest number of individuals diagnosed with AIDS (473).

Uncovering the initial origins of HIV-1 does not entirely explain how a virus afflicting chimpanzees led to such tragic outcomes for the human population. The answer to such a predicament revolves around the European colonization of Central Africa (Pépin 473). Following World War I, colonial systems of power from France and Belgium were responsible for a series of health initiatives throughout several Central African nations. In an effort to protect themselves from unfamiliar health risks, colonialists were known to examine local populations for various diseases and viruses, a common concern being syphilis (474). The use of syringes by healthcare workers, which were “merely rinsed” between each patient’s use, facilitated the spread of HIV-1 through “iatrogenic” means (473-474). Iatrogenic infections are those that result specifically from medical care. Given the lack of research on HIV in the midst of its impending growth, most cases would progress to become AIDS. For the purpose of consistency, and unless otherwise necessary in respect to historical or scientific accuracy, my research refers to the condition using the term AIDS, or individuals living with AIDS.

Although it was not until 1980 that the first cases of AIDS were recorded in North America, it is now known that there is a significant gap between one’s exposure to the condition and the subsequent development of symptoms. In fact, this period, referred to as the incubation period, can last several years (McKay 173). An early onset of AIDS would often be recognized in individuals with a cancer known as Kaposi’s sarcoma or an infection of *Pneumocystis carinii* pneumonia. An AIDS diagnosis frequently followed these two other ailments (Worobey 5).

As the number of AIDS cases grew in North America, it became evident that gay men were disproportionately affected by the

condition, which led to the initial use of the term “GRID,” gay-related immune deficiency. The term GRID wrongly framed AIDS as an attribution of sexual orientation, and thus AIDS began being referenced as the “gay cancer.” It was not until mid-1982 that the Centre for Disease Control (CDC) introduced the term AIDS (*Killing Patient Zero*). Evidently, the connections drawn between queer identities and the AIDS crisis further alienated a community that was already socially and politically marginalized.

The CDC’s work significantly contributes to research pertaining to the social implications of AIDS, as well as the conception of “Patient Zero.” The research led by the CDC offers both a productive and detrimental understanding of AIDS. Their 1984 study, titled “Cluster of Cases of the Acquired Immune Deficiency Syndrome: Patients Linked by Sexual Contact,” examines the “person-to-person spread” of AIDS through sexual relations (Auerbach 487). Although there is much to examine in regard to the cluster study’s perpetuation of the “Patient Zero” narrative, such an exploration will come forth shortly. For the time being, what is of most significance remains the conclusion drawn from the CDC’s study, which states: “sexual partners of AIDS patients appear to be at increased risk for AIDS” (Auerbach 491). The CDC’s research detailing the potential for AIDS to be sexually transmitted gained social traction, and in turn this reality contributed to the demonization of sodomy and queer sexuality as a whole.

The Fallacy of “Patient Zero”

Millions of lives go unrecognized beneath the multitude of statistics exposing the outcomes of the AIDS epidemic. Gaëtan Dugas stands as a peculiar case of public recognition, having gained notoriety as the man accused of first transmitting AIDS to North America. As a result of immense social scrutiny, partially instigated by the CDC’s 1984 cluster study, Dugas became a “figure of evil” amidst the AIDS crisis (Darrow, “Before and After” 2801). While there is a deep need

to dismantle this false narrative surrounding Dugas, I first wish to humanize him, offering dignity to an individual who involuntarily became “an explanation [of AIDS] that doesn’t exist” (*Killing Patient Zero*).

Born in 1952, Dugas was originally from Quebec City (McKay 177). Dugas grew up in a supportive family made up of his parents and five sisters; his friends describe him as having been “ahead of his time” and “incredibly flamboyant” (*Killing Patient Zero*). For much of his life, Dugas worked as an Air Canada flight attendant. He enjoyed a multitude of sexual partners and immersed himself within queer circles. Bathhouses and discotheques were a highlight of the 1970s, offering greater freedoms to queer people following the 1969 Stonewall Riots, a turning point of gay liberation.

Tragically, Dugas was diagnosed with Kaposi sarcoma in 1980, which led to his subsequent AIDS diagnosis. Dugas’ involvement with the CDC’s cluster study began in 1982, when he voluntarily provided the names of 72 sexual partners in order to aid with contact tracing. This information significantly contributed to the construction of the cluster study. Moreover, he made several trips to San Francisco and Atlanta in order to donate blood for research on AIDS (*Killing Patient Zero*). Dugas’ willingness to assist with the CDC’s cluster study significantly contrasts the villainous characterization to which he is attributed.

The significance of the CDC’s cluster study, including Dugas’ cooperation, is offset by the fabrication of “Patient Zero,” an identification which became wrongfully synonymous with Dugas. As previously stated, the CDC’s cluster study outlines the sexual transmission of AIDS throughout the United States, and in doing so, places an emphasis on the relations of gay men. Specifically, the study also includes the sexual contacts of a Canadian individual labelled as “Patient 0” (Auerbach 488). Professor William W. Darrow, who held a considerable role in crafting the CDC’s study,

has since clarified that the cluster did not in fact intend the label to read as “Patient Zero.” The original identification “Patient O”—as in the letter ‘O’—is misprinted as the number zero. Given that Dugas was Canadian, the ‘O’ stood for “out[side]-of-California.” In fact, Dugas was the 57th person recruited for the study, making him “neither the first AIDS case to come to CDC researchers’ attention, nor the first to display symptoms” (Worobey 4). While the CDC’s study does not isolate Dugas by name, Dugas’ identity was revealed by Randy Shilts, one of the few journalists to write about the AIDS epidemic during the 80s and 90s.

Shilts, who himself was a gay man living with AIDS, viewed the condition as a “sociomedical phenomenon,” one that received little attention despite the disproportionate fatalities within the queer population (Darrow, “In Memoriam” 248). His work of investigative journalism, *And the Band Played On: Politics, People, and the AIDS Epidemic*, addresses the political and social failures in responding to the AIDS crisis. Released in 1987, *And the Band Played On* engages with the information from the CDC’s cluster study. Although the CDC maintained Dugas’ privacy in discussing their study with Shilts, this did not stop Shilts from unravelling Dugas’ identity, primarily through conversations with the flight attendant’s friends and co-workers. Despite promising to avoid referencing Dugas by name, Shilts ultimately created an entire character based on the presumption of Dugas as “Patient Zero,” all while revealing his name and identity to the book’s readership. With the intention to “provoke collective action” through his work (Darrow, “In Memoriam” 249), Shilts blames Dugas for transmitting AIDS to the United States, choosing to categorize Dugas as “Patient Zero” despite the falsehood of such a label.

The villainization of Dugas on the part of Shilts cannot be denied. Within Shilts’ portrayal, Dugas is deprived of dignity, becoming a “literary scapegoat of gay male sexuality” (Markel 1025). Shilts would have been well aware that Dugas did not willingly carry and

spread AIDS in the United States, which makes his chosen narrative that much more disappointing, distasteful, and false. While there is no means to excuse Shilts of his wrongdoing, it must be acknowledged that one gay journalist was not alone in demonizing queer identities living with AIDS. Systems of cis-heteronormative power must be held accountable for viewing queer identities as dispensable. Shilts himself notes that “[AIDS] was allowed to happen by an array of institutions, all of which failed to perform their appropriate tasks to safeguard the public health” (Darrow, “Before and After” 2800). A multidisciplinary analysis of AIDS, one that challenges the social, scientific, and political implications of the “Patient Zero” fallacy, works to hold these systems accountable for the harm imposed on the queer community.

The Homosexual Stigma

The vilifying of Gaëtan Dugas as “THE MAN WHO GAVE US AIDS” is arguably an extension of the stigma directed toward queer identities living with AIDS (McKay 182). The 80s and 90s represent a period rampant with inaction, one that has been deemed “a conspiracy of silence” by queer filmmaker John Greyson (*Zero Patience*). There is no response quite so reflective of this silence than that of American president at the time, Ronald Reagan. The negligence of the Reagan administration in regard to addressing the matter of AIDS is truly baffling. Although AIDS made its appearance in the United States as early as 1980, it was not until May 1987, at the Third International Conference on AIDS, that Ronald Reagan finally spoke on the matter. Reagan’s approach to the crisis worked to “reinforce the supremacy of heterosexual marriage and traditional gender roles” (McKay 186). For instance, the right-wing political agenda propelled the criminalization of AIDS, with gay men being prohibited from visiting their partners in the hospitals, and HIV-positive individuals barred from entering the country. It becomes evident through these acts of political negligence and discrimination

that social, scientific, and political perceptions of queerness contributed to the marginalization of those living with AIDS.

Throughout the AIDS crisis, perceptions of queerness as a *condition* remained widely held, which aligned with historical attempts to pathologize queer identities. Given that homosexuality could be found in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until the early 1970s, the queer community's relationship with the medical and psychological establishments remained fraught. Upon the growing number of AIDS cases in Canada and the United States, queer people feared that the condition would "push them back into the arms of the medical establishment" (*Killing Patient Zero*). In 1982, queer activist Michael Lynch warned that "the American Psychiatric Association may have given us all an instant cure in 1974 when they took 'homosexuality' off the list of mental diseases, but now the MDs of the land have placed us on their agenda, and no one, so far, seems to be resisting them" (McKay 180-181). Solely viewing homosexuality as a condition, one that subsequently results in an AIDS diagnosis, inevitably discounts the social, scientific, and political implications of AIDS on queer identities (Darrow, "Before and After" 2802).

Despite gaining a certain sense of liberation in the years following Stonewall, members of the queer community continued to experience prejudice—which was further heightened with the presence of AIDS. Given the potential for AIDS to be sexually transmitted, the epidemic propelled the harmful presumption of gay men as deviant and overly promiscuous. Such assumptions contributed to the vilifying of Gaëtan Dugas following the release of the CDC's cluster study. These false attributions were further prodded by Shilts' evaluation that Dugas was taking part in "reckless behavior" (McKay 188). As Phil Tiemeyer succinctly writes, "the Patient Zero narrative encapsulated for the media and much of the public that AIDS was a disease born of gay immorality, a threat to the nation that came from the post-Stonewall gay credo of

unchecked sexual excess” (137-138). The act of reducing gay men to their sexual histories legitimizes the erasure of queer identities. Such erasure manifests within cis-heteronormative systems of power, hence why “it took 800,000 gay men to die for the American public to realize that homosexuals were a large part of this community” (*Killing Patient Zero*).

I would urge all individuals to explore research on the AIDS epidemic and its impact on the queer community, regardless of whether or not they identify as queer. Although the queer community has endured and continues to endure staggering grief and intolerance as a result of living with AIDS, progress is steady. It is through efforts to divulge the historical trajectory of AIDS and challenging stigma towards queer sexuality that change becomes fathomable. Gaëtan Dugas merits being remembered as a proud gay man. The fallacy of “Patient Zero” villainizes the legacy of a figure who made countless efforts to assist and contribute to research against AIDS. The CDC’s cluster study is evidence of such. Furthermore, any and all constructions of queer identities as promiscuous, deviant, or pathologically unsound propel cis-heteronormative narratives and evidently contributed to the stigmatizing of queerness at the height of the AIDS crisis.

I hold immense respect for Gaëtan Dugas. May he be remembered for the pride with which he lived.

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