

## II. Rethinking Epidemic Moments

### II:1 Stephen Pemberton, *A Case of Medical Tragedy and 'Doctor Guilt'*

No fewer than 20,000 patients in the United States contracted HIV through tainted blood in the 1980s. At least 8,000 of those patients were men or boys with hemophilia. In other words, there were a disproportionately high number of transfusion-related HIV cases among people with hemophilia in the U.S. during the first decade of the AIDS epidemic. In 1995, the Institute of Medicine utilized testimony and evidence centered around the U.S. hemophilia population to address the crisis involving HIV and the nation's blood supply; they did so on behalf of the U.S. government and framed their investigation as "an analysis of crisis decision-making." Then as now, the professional and public discourse surrounding tainted blood in the U.S. was widely and rightly framed as a "medical tragedy" and as a "public health catastrophe." These phrasings, and the social and cultural framing that underlies their utility, are critically important to understanding the history of this event and its enduring lessons.

This paper articulates how this "medical tragedy" relates to historically specific experiences of moral injury and 'doctor guilt.' It examines the existing testimony and historical reflection by a handful of men with hemophilia-AIDS and the physicians who treated them. This event has been overwhelmingly framed as a "medical tragedy" in American society, and rightly so. But the historical evidence considered in this paper highlights the social function of that tragic framing and who it serves. What, for instance, is explained or obscured by this framing? The testimonies are revealing, I argue, when seen in the full light of their tragic irony.

This case study therefore examines what a handful of highly informed patients with hemophilia and HIV said about their physician's medical decision-making during their tragically abbreviated lifetimes. It tackles the complicated terrain that patients and physicians faced when making decisions about their care; and it does so while weighing how a few of those physicians responded to those testimonies in public, for better or worse. Most critically, by focusing on medical tragedy and "doctor guilt", this case study suggests there are lessons in this medical catastrophe deserving of deeper analysis.

#### Learning Outcomes

- Develop the capacity for thinking critically about the nature, ends and limits of medicine
- Deepen understanding of illness and suffering in moments of uncertainty and crisis
- Recognize the dynamic interrelationship between medicine and society through history

## II:2 Ashley Brown, *Situating Kahnawà:ke in the 1885 Montreal Smallpox Epidemic*

This presentation revisits the 1885 Montreal smallpox epidemic, the last uncontrolled smallpox outbreak in a modern city. Previous analysis of this outbreak drew connections between Francophone sympathy to Louis Riel in the North-West Resistance and Francophone resistance to vaccination. However, Kahnawà:ke, a Kanien'kehà:ka (Mohawk) reserve near Montreal, handled the outbreak with seemingly little resistance, although they would have reasons to sympathize with Riel.

This presentation will recount the Kahnawà:ke experience of the disease outbreak, compare it to the experiences of the French- and English- speakers in Montreal, and explain their different responses during the epidemic through an analysis of the Kahnawa'kehró:non (people of Kahnawà:ke) and the Francophone's respective relationships to health and medical institutions, and to the state. Key primary sources include Montreal-based newspapers, medical journals, the Report on the Sanitary State of the City of Montreal for the Year 1885, Montreal Board of Health reports to the City Council and the Finance Committee, the 1884-1888 reports from the Department of Indian Affairs, correspondence between Indian agents and their superiors, and Kahnawa'kehró:non-authored petitions to Indian agents.

Upon the inclusion of the Kahnawa'kehró:non experience, I found that while the North-West Resistance and Riel's execution certainly heightened pre-existing tensions, previous works overstated their role as the spark that ignited resistance. Instead, the Francophone-Anglophone division was a baseline necessity for anti-vaccinationist rhetoric to work as effectively as it did in Montreal.

This work contributes to the history of medicine as it looks at a period of changes in medical and scientific frameworks and the impact of this on the actions of everyday people across race, language, and class lines. Further, it uses this backdrop to understand why anti-vaccination movements develop, and conversely, why they do not.

### Learning Outcomes

- Develop historically nuanced perspectives on vaccine hesitancy among marginalized populations.
- Consider how political environments affect public health responses.
- Learn ways to critically reexamine previous historical narratives by including previously silenced voices.

**II:3** Knowledge G. Moyo, *Blood, HIV/AIDS, and the Hematological Diagnosis of a Diseased Nation, c 1985- 2000*

Using 'blood' as a lens, this paper argues that the HIV/AIDS epidemic in Zimbabwe should be understood not just as a viral outbreak that contaminated the blood but as a hematological diagnosis of the nation itself. This condition of HIV/AIDS-infected blood became a symbol of contaminated national sovereignty, gendered moral panic, economic collapse, hematological rupture, and revealed the utopia of the nation's socialist project, which was based on the ideals of 'health for all.' In Zimbabwe's cosmology, blood symbolized kinship, fertility, and sacrifice. The epidemic transformed blood into a scientific object of decontamination and surveillance, a moral sign of decay, and a political indicator of a 'blood-infected nation.' In the early years of independence, Zimbabwe promoted a socialist vision of health rooted in egalitarianism and collective well-being, viewing blood as a symbol of healing and collective sacrifice. As HIV/AIDS infections increased toward the late 1980s and into the 1990s, the government shifted ideologically and adopted neoliberal policies implemented through Economic Structural Adjustment Programs (ESAPs). The utopian vision of health promoted under the socialist experiment collapsed, leaving Zimbabwe's health sector vulnerable to capitalism. Clinics faced shortages of supplies, transfusion efforts waned, and blood itself became dangerous, untraceable, and mediated through technologies like CD4 counts, serological tests, and other viral measurement tools. Blood drawn for medical diagnosis was used as a strategy to categorize and classify citizens as sick, suspect, contaminated, impure, immoral, or expendable. Nonetheless, this biomedical mapping of blood on the human body is intertwined with colonial discourses on blood that pathologized the African body and moralized women's bodies as vectors of sexually transmitted diseases. The crisis feminized blame of HIV/AIDS and its spread, framing women's blood as a point of scrutiny related to sexuality, reproduction, and motherhood. The public health sector and religious institutions portrayed women as carriers of moral decay infecting society, yet these women also bore the burden of caregiving, palliative care, and spiritual renewal.

Learning Outcomes

- Recognize the dynamic interrelationship between medicine and society through history