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The Fear of AIDS in Late Socialist Poland¹

Abstract: *The emergence of AIDS in the early 1980s, a new deadly disease that attacked the human immune system, caused panic around the world. The fear of AIDS led to the stigmatisation of its victims and even to acts of violence against them. Much of the blame for the spread of panic lay with the media, which hysterically portrayed AIDS as the plague of the twentieth century or the wrath of God. Even the mainstream media perpetuated prejudices against the two main risk groups – men who have sex with men and intravenous drug users. The lack of reliable health education, which failed in many countries, exacerbated the situation. Fear of AIDS arrived in Poland from the West before HIV itself. The article argues that the Polish media exacerbated the panic surrounding AIDS in Poland in the late 1980s. Unverified information and fear-mongering predictions found fertile ground in a society marked by a low-levels of health education and widespread mistrust in the efficiency of the national health service. The communist authorities failed to stem the tide, even though they had a powerful tool at their disposal – censorship.*

Keywords: *AIDS; health; censorship; media; public fear.*

Introduction

In April 1988, the whole of Poland followed a court case that became known as the first AIDS trial (Jankowski, 1988). Elżbieta L., the head of a biochemistry laboratory at the Medical Centre for Higher Education in Łódź, sued the management of the facility for what she believed were wrongfully withheld salaries. Financial penalties had been

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imposed on her and eight other laboratory technicians for refusing to conduct standard blood tests on African students coming to Poland to study. Elżbieta and her colleagues cited fear of contracting the human immunodeficiency virus (HIV) as the reason for their refusal, claiming that the clinic's management had not even provided basic protective measures such as rubber gloves. The court handed down a verdict akin to that of King Solomon: it dismissed the claim, stating that laboratory workers had no right to refuse to perform the tests, while also requesting that the clinic's superior authority investigate the operational shortcomings that had led to the dispute. During the trial, it became clear that the clinic not only failed to provide gloves, but also failed to train staff in diagnosing HIV infections.

The nation's first AIDS trial highlighted three key issues that characterised late socialist Poland's response to the HIV/AIDS health crisis: the inefficiency of the healthcare system, the low level of health education – even among medical personnel – and, above all, fear. It also demonstrated what fear, stemming from ignorance and reinforced by a sense of being inadequately equipped to face a threat to one's health, can lead to. Social exclusion and stigmatisation of not only AIDS victims, but also individuals merely suspected of being HIV positive, coupled with racial prejudice, occurred when laboratory technicians refused to perform tests based on patients' African origin rather than their health status. Commenting on the verdict, the Polish legal press equated it with denying medical staff the right to fear.

The refusal of Polish laboratory personnel to work with potentially infected patients was just one manifestation of fear of AIDS, a global phenomenon that has gripped the world since the early 1980s when the first cases of acquired immune deficiency syndrome (AIDS) were diagnosed in the United States. In 1987, Jonathan Mann, director of the World Health Organization's Special Programme on AIDS, was already talking about public fear of AIDS as a "third epidemic", the first being an epidemic of the human immunodeficiency virus (HIV) infection and the second an epidemic of full-blown AIDS (Mann, 1987: 1).

The medical experts were aware of the potential risks that this spiralling fear could entail. As early as September 1985, Dr Dimitri Viza, head of the Laboratory of Immunology at the Faculty of Medicine of the University of Paris VI, warned that the public fear of AIDS could have more devastating consequences than the syndrome itself (Viza, 1985: 281). This was particularly visible in its impact on medical ser-

vices. The fear of accidentally catching the disease at work, as experienced by Polish laboratory personnel, was just one aspect of the issue (Wallack, 1989; Lego, 1994; Gańczak, 2007; Florom-Smith, 2012). Another issue was that the majority of initial AIDS cases were among intravenous drug users (IDUs) and men who have sex with men (MSM). Consequently, many health workers found it particularly stressful to care for patients whose lifestyles and values were quite different from their own (Pleck et al., 1988: 42). For these reasons, many nurses and physicians quit their jobs, which in turn put a strain on local health services. This only added to the huge financial pressure on health systems caused by the extremely high costs of treating AIDS patients. Most likely John K. Watters was right when he said that “no other modern public health issue has aroused more political ardour, fear, and public imagination than AIDS” (2002: 22).

Among the general population, fear of AIDS has manifested itself in various ways: fear of transmission, fear of suffering and death, and fear of the burden of caring for the sick (Maman et al., 2009: 2274-5). But the fatal nature of the disease, coupled with the fact that medicine at the time offered no cure or vaccine, was only one reason for the panic. Another was the fear of being stigmatized and socially rejected (Gilbert, 2010; Wolf, 2014). AIDS was from the outset widely considered to be a consequence of immoral behaviour. This was heavily exploited by various moralist groups, particularly those based on religious beliefs, who considered AIDS to be a divine punishment and a natural consequence of a “sinful” lifestyle (Kowalewski, 1990: 91). As both IDUs and MSMs were generally stigmatised at the time in many countries, contracting HIV or suffering from AIDS carried an additional stigma similar to that associated with venereal diseases such as syphilis. As Susan Sontag explains, “like syphilis a disease of, or contracted from, danger others”, AIDS was perceived as “afflicting, in greater proportions than syphilis ever did, the already stigmatized” (1990: 115-6). Just as the fear of contracting syphilis led many patients to suffer from venereophobia, the fear of AIDS produced a similar neurotic reaction (Frolkis, 1986; Ross, 1988). In the United States, the first country to be hit by the AIDS epidemic, a wave of fear-induced hostility towards anyone associated with the disease spread like “wildfire” across the nation (Patton, 1996: 11). From the early 1980s onwards, the fear of AIDS gripped American society to such an extent that the public reaction was “not always rational” (Hannaway et al., 1995: 3). People with AIDS were evicted from their homes and their children were expelled from

schools (Adler & Weller, 1984: 1177). As Viza warned, there were calls at the time for the detention and quarantine of people with AIDS symptoms, as well as advocacy for mandatory HIV testing. This stigma embraced even medical staff and volunteers involved in AIDS care, as it was believed that they could unintentionally transmit the disease to the general population (Snyder et al., 1990).

The many aspects of fear associated with AIDS have long been studied, primarily in clinical works and sociological surveys. Understanding the origins of the fear of AIDS, its various manifestations and effects, has been and continues to be central to addressing the health crisis it created, and has long been the focus of social and health policy studies (Foreman & Taylor, 1990). Although neither the disease nor the fear it generated has gone down in history, it has already become a subject of reflection from a historical perspective, and a research field within the history of public health, the history of medicine and, more broadly, the medical humanities (Doka, 1997).

On the ground, whether in democratic countries, theocratic satrapies, or communist regimes, the fear of AIDS has manifested itself through characteristics specific to a local mix of political, social and economic conditions, prevailing beliefs, and the degree of openness of public debate. In the case of late socialist Poland, Jill Owczarzak notes that the fear of AIDS was largely the result of inadequate health education (2009: 422). As a result of the lack of sound educational campaigns, the public did not know how the virus was transmitted and how to protect themselves against it. This was true not only for ordinary people, but also for medical professionals, who initially took excessive precautions when caring for the sick. Agata Fiedot links the extent of the AIDS panic in Poland to the prevailing perception among Poles of the inefficiency of the national health service, which for economic reasons was unable to provide basic protective equipment and ensure minimum hygienic standards (2015: 316).

This article provides further evidence for the argument that inadequate health education and inefficiency of national health services were key factors in the spread of AIDS in late socialist Poland. This applied to both the general population but also to two groups that were crucial to the functioning of the state: health workers and law enforcement officials. This article points to the media, particularly newspapers, as being at least partially responsible for instilling and exacerbating the panic, and considers how this fear was mitigated.

This qualitative analysis draws on the most influential daily and weekly newspapers in late socialist Poland. These were official mouthpieces of the ruling Polish United Workers' Party and included *Życie Warszawy*, *Trybuna Ludu* and *Polityka*. Where press debates concerned legal matters, the leading popular legal journal *Prawo i Życie* was analyzed. Also analysed were state radio programmes, particularly transcripts prepared by Radio Free Europe based on their daily monitoring of broadcasts from behind the Iron Curtain. To provide an alternative to the official line, the émigré magazine *Kultura*, published by Polish circles in the West, was also analysed. For the final part of 1989, the last year of communist rule in Poland, two of the first independent publications, *Tygodnik Solidarność* and *Gazeta Wyborcza*, were examined.

Polish Media on Fearing AIDS in the West

Unlike in the Soviet Union, where official propaganda claimed that the 'moral foundations' of communist society would prevent the spread of AIDS ('SPID bez sensatsiy', 1987), in Poland, reporting on the health crisis in the West was relatively free of ideological framing. From the very beginning, the overall tone of Polish media discourse was rather gloomy, anticipating a near apocalypse. In May 1983, when the global number of AIDS cases had not yet exceeded one thousand and the cause of the disease was still unknown, the Polish press debated whether the epidemic should be feared. One journal asked "Does AIDS threaten only homosexuals? Is it only in the USA? Will it reach us?" (Mozołowski, 1983). Any illusions were effectively dispelled by Professor Stefania Jabłońska, a dermatologist at the Medical Academy in Warsaw, who said: "[AIDS] is a big problem. It will come to us". This brief statement captured the sense of inevitability and danger conveyed by the article's title, which described AIDS as a "mysterious and deadly" disease. The article, one of the first on AIDS to appear in the Polish press, helped instill an atmosphere of fear that was reinforced a few months later by another text entitled "AIDS Means Fear" (Baszkiewicz, 1983). This was a transcript of an interview with Professor Witold Brzosko, head of the Immunopathology Department at the Institute of Infectious and Parasitic Diseases. Although he acknowledged the high mortality rate of up to 60 per cent, he did not believe it was caused by a new, previously unknown virus. Instead, he attributed it to common pathogens and argued that the disease was first diagnosed in the United States due to the effectiveness of the medical system and the "poor so-

cial hygiene” prevalent among “communes of people living very casually”, by which he meant the gay community. Both fear-mongering articles appeared in *Polityka*, the second most important press organ of the Polish United Workers’ Party. The journal has been considered a government mouthpiece since 1982, following the appointment of its former editor, Mieczysław Rakowski, as prime minister (Pamuła, 1987: 165). In December 1983, the editors of the largest Warsaw-based Polish daily newspaper, *Życie Warszawy*, reassured readers that there was still a long way to go to “the hecatomb that the plague or cholera did in the Middle Ages”. However, these reassurances did not sound very convincing in an article whose title reminded readers that medicine is still helpless against this threat (“Medycyna”, 1983). Paradoxically, the article criticised Western societies’ panic reactions, including fears over infection through blood derivatives such as the hepatitis B vaccine. Indeed, until reliable tests were invented, the risk such a vaccine could be produced from HIV-infected blood was significant. On the other hand, when writing about the phenomenon of “blood fear” observed in the United States (avoidance of blood donation or fear of transfusion), the article essentially transplanted this fear into Poland, even before the virus itself had arrived. Over the following years, as AIDS panic grew in the West, even trivial reports about the epidemiological situation in the United States, France, West Germany or Great Britain were conveyed in a fear-mongering manner by the Polish press. When the editors relayed reports from the foreign press without commentary, the title tended to emphasise the most dramatic element of the message, rather than its essence. This was the case in August 1985, when *Życie Warszawy* reported on the steps taken in the United States to protect the civil rights of seropositive individuals. The article, entitled “Law against discrimination of AIDS sick people,” was given a subtitle proclaiming “The threat of a global plague,” printed in larger and bolder type, even though the article did not discuss AIDS as a public health issue or the extent of it (“Prawo”, 1985).

Comparisons with the great decimators of populations in former centuries, above all the plague, fostered an atmosphere of danger. The phrase ‘AIDS – the plague of the 20th century’ has become firmly embedded in the Polish language, just as it has in English or German (No one has, 1985; Baumgart, 1985). In September 1985, the host of the nationwide Polish Radio One programme said on air that he was terrified by the virus, likening it to the medieval bubonic plague (Radio, 1985: 15). Neither the representative of the National Hygiene Institute

nor the Ministry of Health and Welfare, who were present in the studio, objected to this comparison. Although such ominous opinions appeared frequently in the national media, there was no shortage of voices claiming that the threat of AIDS was being underestimated in Poland. In September 1985, Zbigniew Siedlecki, writing regularly in *Trybuna Ludu*, the most influential organ of the Polish United Workers' Party, cautioned against dismissing the AIDS threat as something distant and unreal. In his view, Poles treated Western reports as fairy tales about "an iron wolf from across seven rivers and seven mountains" (Siedlecki, 1985). Siedlecki warned that if HIV was not yet in Poland, it would arrive any moment, and asked rhetorically whether doctors without any experience with the disease would be able to diagnose it correctly. He called for preparation not only in the medical sphere, which he considered relatively easy, but above all in education, "by calmly and factually informing young people of the potential danger".

Just over a month later, this potential danger became a reality when, in October 1985, HIV antibodies were detected in several blood samples taken from donors ("AIDS dotarł", 1985). Only then did the authorities, who had previously been largely indifferent to the AIDS panic spread by the media, begin to tone it down. On 29 October 1985, government spokesman Jerzy Urban raised the issue of the first HIV-positive cases in Poland at a briefing. But when Kenneth Banta of *The Times* asked for comment, Urban responded with bravado ("Konferencja", 1985). He claimed that Poland had prepared "well in advance" for the challenges posed by AIDS, boasting that the country's health service was addressing the problem before any cases of infection had been detected, while the whole world was "just getting acquainted with the disease". One manifestation of this concern on the part of the Polish government was the distribution of 50,000 copies of information leaflets to medical professionals in 1984. In addition, as soon as HIV tests became available, Poland purchased large numbers abroad and began testing people in the highest risk groups – MSM, IDUs and haemophiliacs who needed frequent blood transfusions.

In fact, Poland was the first country in the communist bloc to appoint a government plenipotentiary for AIDS, with the rank of deputy minister of health – a move which could indeed give the impression of unusual openness, vigilance and, above all, readiness to face the challenges posed by AIDS. The role was given to General Jerzy Bończak, a military doctor and head of the Military Institute of Hygiene and Epidemiology, tasked with coordinating research on high-risk groups. The

next step included nationwide screening of blood donors. Doctors were trained and treatment centres were prepared. A special hard currency grant was made available to enable the import of diagnostic kits (Rich, 1985). Yet the office of government plenipotentiary for AIDS had been created only a month earlier, and at the time Urban was praising Poland's achievements in the fight against AIDS, General Bończak, who was in charge, had little to report. The following months showed that all the assurances that the state was well prepared were exaggerated, and Urban, who, according to a popular saying of the time, 'lied every time he opened his mouth', once again lived up to his reputation (Januszkiewicz, 2007). Almost exactly a year later, in October 1986, the first known death from AIDS occurred in Poland.

Fearful Pillars of the Socialist State

The reality check came quickly, as the press became rife with reports of inadequate health service responses to AIDS. In mid-1987, panic erupted in a Warsaw hospital when surgeons mistakenly assumed that the patient they were about to operate on had AIDS. This information could not be verified, as no one had sufficient knowledge of the disease. As Tomasz Jastrun (writing under the pseudonym Witold Charłamp), an opposition journalist who described these events in *Kultura*, a Polish journal published in Paris, pointed out, the major problem in dealing with AIDS was a lack of trust that existing procedures were being followed. But there was also a broader lack of trust in the state itself. In the same account from Warsaw, Jastrun cited a conversation he overheard between two nurses in another hospital. They believed that the number of AIDS patients in Poland and the contagiousness of the HIV virus were much higher than official announcements indicated. However, they did not expect more reliable information from the authorities, because, in their view, the communist government would never tell the truth (Charłamp, 1987). One nurse concluded that, given the poor state of the health service, Poland 'absolutely cannot' afford an AIDS epidemic.

Describing the AIDS epidemiological situation in Poland in March 1989, *Życie Warszawy* aptly titled its report "The Avalanche" (Nazarewicz, 1989a). According to the author, Poland was completely unprepared for the rising wave of HIV infection and the growing number of full-blown AIDS cases. The blame lay with the authorities, who, as she put it, seemed to be completely immune to AIDS, ignoring all the signals of how the epidemic was unfolding in the West. If, as Urban

claimed, the high risk of infection among intravenous drug users was known from the start, why had no departments been prepared to treat them? Nazarewicz recalled the case of Ward 6 of a psychiatric hospital in Warsaw, the first unit to test patients with a history of intravenous drug abuse for HIV since 1986. The discovery of the first positive case in August 1988 unleashed an avalanche that nearly brought the ward to collapse, exposing how illusory all the assurances of preparedness really were.

The inadequate preparation of doctors resulted in panic among those who were supposed to be on the front line of the fight against the epidemic – the health workers. Their courage and self-confidence were not helped by the poorly equipped and supplied hospitals in which they had to fight this battle. By autumn 1989, the poor state of the health service had become the subject of a lively media debate in which, alongside communist newspapers, media associated with the democratic opposition also took part. Censorship was still in place – it would only be abolished six months later, but press freedom took on a new dimension. It was no longer the controlled, government-inspired ‘constructive criticism’ of earlier years. The debate, or rather the argument over the actual condition of the health service on the eve of the expected AIDS epidemic, was again triggered by Nazarewicz, reporting on the situation in the maternity wards of the Warsaw hospitals, which she considered hopeless. In the absence of basic sanitary equipment, such as gloves or aprons, nurses refused to work with HIV-infected patients – due largely to poor information on how the virus spreads. To prevent paralysis of hospital wards, Nazarewicz proposed isolating pregnant women suspected of being infected, which in the absence of properly equipped isolation rooms in hospitals meant, as she put it, replacing the bathroom with a bucket (Nazarewicz, 1989b). In a similar vein, Teresa Bochwic wrote in the democratic *Tygodnik Solidarność*, criticising the failure of all attempts to introduce a system for isolating AIDS patients (Bochwic, 1989). This example clearly demonstrates that the hysterical way of writing about the threat depended not so much on the political orientation of the newspaper, but on the level of education and responsibility of individual journalists.

The misconceptions about the principles of AIDS treatment contained in these two articles were corrected by Jacek Fronczak, a journalist from the democratic *Gazeta Wyborcza*. He explained that nowhere in the world are HIV positive isolated, but treated in general hospitals (Fronczak, 1989). Characteristically, both he and the two authors

he accused of incompetence, referred to medical authorities by name and function. Thus, the discrepancies in the Polish media discourse on AIDS reflected differences in the views and expertise of the medical community, rather than the political orientation of newspapers or the professionalism of their journalists.

Another professional group particularly vulnerable to HIV infection was the law enforcement personnel. In March 1989, the community of police officers in Poland was shaken by the arrest in Warsaw of a burglar who turned out to be HIV-positive. He informed the police officers who arrested him and temporarily bandaged the head wound inflicted on him by the desperate owner of shop he had robbed. Neither they nor the interrogating inspector knew what to do in such a situation. They did not know how to confirm or deny the information the detainee had given them on his positive HIV diagnosis. This was eventually done by calling the number he gave for his doctor, who confirmed the diagnosis by telephone (Chećko, 1989). The case provoked criticism. It was suggested that by confirming the positive result of the HIV test, especially over the phone, the doctor may have breached medical confidentiality. However, there was no shortage of opinions to the contrary, claiming that the case was clearly covered by the existing Medical Practitioners Act of 1950, which exempted situations where maintaining secrecy could “cause substantial danger to the life and health of the individuals being treated, or to those around them” (Ożegowski, 1989).

As the case unfolded, it revealed not only the lack of procedures, but also the dire state of equipment for dealing with situations where law enforcement personnel risked infection. The station did not even have rubber gloves or disinfectants, let alone tests. The burglar was released because, although his guilt was beyond doubt, the prosecution wanted to avoid the hassle of keeping him in custody. The Health Officer of the Ministry of Internal Affairs ordered that the rooms where he had been held and interrogated be taken out of use until they were disinfected. However, the order was not accompanied by the provision of the necessary supplies, and the station staff carried out the disinfection using spirit and chloramine obtained privately. The only pair of rubber gloves, obtained from the burglar’s doctor, remained in use long after his release. Commenting on the story, the press pointed out that this was yet another professional community, after health care and education, left to fend for itself in the face of the challenges posed by the growing problem of AIDS, despite four years of “official and supposedly serious” interest in the issue from state authorities.

Mitigating Fear

Although most medical experts agreed that education was the most effective way to mitigate this fear, many preferred silence over providing accurate information about AIDS. In communist countries, the common tendency to avoid difficult social topics, driven by a misguided desire to protect morality, was paired with strict media censorship. Following the Second World War, censorship became “one of the pillars of the new regimes” in Eastern Europe (Szulc, 2018: 134). In Poland, responsibility lay with the Main Office for the Control of the Press, Publications and Public Performances (Główny Urząd Kontroli Prasy, Publikacji i Widowisk, GUKPPiW), established in 1946. The primary aim was preventive censorship: blocking the publication of any material that might undermine communist power or damage the alliance with the Soviet Union. Censors were guided by official directives, but also by their own vigilance, reacting eagerly to any deviation from the political line of the communist authorities.

Any wording that tarnished Poland’s image was removed from publications, including criticism of the health service or information about local outbreaks of epidemics or food poisoning. Such information could only be published with the approval of the Ministry of Health and Social Welfare or the Chief Sanitary Inspector. Tomasz Strzyżewski, a censor who fled to the West in the 1970s, believed that the purpose of blocking information on health risks was to prevent “popular panic over an epidemic or a safety hazard by presenting such problems as involving isolated individuals rather than whole segments of the population” (Strzyżewski, 1984: 211). As he saw it, ‘the risk of exacerbating an epidemic by not warning people to avoid exposure’ was one the communist authorities were willing to take.

As it appears, this was also true in the case of AIDS. At a conference on the legal aspects of AIDS in September 1988, Bogdan Michalski noted that, until then, the authorities had not been interested in fully disclosing the truth ‘for fear of creating a feeling of panic or, at the very least, anxiety’ (Michalski, 1990: 280). Censors intervened both locally and nationally, employing various methods. In Szczecin, for example, where medical staff – like those in Łódź mentioned in the introduction – refused to test African students, local authorities effectively prevented the press from covering the case by prohibiting state employees from granting interviews (Michalski 1990: 286). In Warsaw, on the other hand, interference by censors resulted in the first Polish book on AIDS being given a different title. Its author, Zofia Kuratowska, Professor of

Haematology at the Medical Academy in Warsaw, attempted to explain AIDS in accessible terms. Her book, published in 1986, was entitled *AIDS – A New Disease*. Only after the transition to democracy did Kuratowska reveal that the book's original title was *About AIDS Without Panic*, but that communist censors rejected it, claiming that such a title would provoke even more panic. However, the change of title was a rather superficial act; the censorship did not alter the book's tone, which calmly explained the disease while encouraging people to resist "the evils of hysteria, intolerance and obscurantism" (Kuratowska, 1986: 29; Kiełpiński, 2023). Kuratowska's views resonated with those of progressive medical circles in the West, who recognized the dangers of spreading panic (e.g. Viza, 1985: 281; Mann, 1987: 1). It was clear to doctors, psychologists, sociologists and humanists that fear fostered stigmatisation of those infected, leading to social exclusion and, in extreme cases, even to acts of violence.

How, then, did the alarmist reports cited earlier pass the censors? The censorship system in Poland was certainly not leak-proof (Szulc, 2018: 135) and was significantly relaxed in 1986 (Biskupski, 2018: 183). While there is no evidence that the communist authorities intentionally tolerated the alarmist tone of press reports on AIDS to discourage behaviours they disapproved of, such as homosexual relations or intravenous drug use, this cannot be ruled out entirely. Even in democratic countries, fear of contracting incurable, socially stigmatised and fatal diseases has been used in health campaigns (Fairchild et al., 2018). Faced with an impending epidemic and distrustful of the state's ability to protect or reliably inform them about the risk, people of late socialist Poland sought their own ways of mitigating their fear of AIDS. One such method was to insure themselves against the consequences of contracting the disease. In 1988, the first private insurance company in Poland, established under the last economic reforms of the collapsing communist regime, began offering such insurance policies. Effective from 1 August, Poles could take out an insurance policy for a premium of 0.2% of the sum insured, payable as a lump sum or in the form of an annuity if they contracted AIDS, provided they tested negative beforehand. The policy was offered by a newly established private insurance company, Westa, which advertised that it was the first product of its kind in the world ("Westa", 1988). Part of the profits from the sale of the product, the company promised, would be used to fight the disease. Health and catering workers were the first to take out policies. Within

the first month, only 21 people had purchased policies, the highest insured sum being 5 million zlotys – the equivalent of nearly 100 monthly salaries (“Ubezpieczenie”, 1988).

This gave the company extraordinary publicity – it was said that Westa literally insured everything (“Westa” ubezpiecza, 1988). News spread abroad, appearing in Czechoslovakian and Hungarian newspapers and even on U.S. television. A small Canadian company, Joseph Sancroft Insurance Agency Inc., proposed to Westa a partnership in offering the product on the North American markets (“Westa” pierwsza, 1988). At the time, the insurance industry there was grappling with a wave of payouts to AIDS victims under regular life insurance policies. The companies sought to avoid losses and tried to introduce mandatory HIV testing, rather than insuring healthy individuals (Schatz, 1987; Clifford & Iuculano, 1987). Under the terms of the agreement, Westa’s Canadian partner undertook to sell one million policies in Canada and the United States within eight months. For \$500 worth of premiums, clients were offered coverage worth \$250,000, at the same rates as in Poland (“Nasz klient”, 1988). Whether any were sold is unknown, but Westa, already known for its unconventional and risky ideas (including selling insurance against the effects of inflation, which was prevalent in Poland at the time), went bankrupt five years later.

Conclusions

The HIV/AIDS health crisis that hit Western societies in the early 1980s triggered a panic that came to be known as the “third epidemic”. Fear of the disease led to stigmatisation and even aggression against members of the main risk groups – MSM and IDUs. Through media reporting, this epidemic of fear, with all its negative consequences, reached the societies of the communist countries of Eastern Europe. In Poland, the Western fear of AIDS took hold four years before the virus itself arrived.

The Polish authorities did not use this time to prepare – they failed to equip health facilities, train doctors, develop safety procedures for health workers and law enforcement, or provide health education for the general population. Instead, fearing that it would cause panic, the communist authorities suppressed reliable information through censorship. However, they also failed in this respect, as sensationalist publications were quite frequent and found fertile ground given widespread disbelief that the collapsing Polish health service could offer protect

people from the epidemic. Seeking reassurance, some Poles turned to alternatives like private insurance, but these proved equally ineffective.

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