The Boston Anarchist Drinking Brigade
is a small band of anarchists who meet weekly in a local bar to socialize.

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Introduction

Four years ago I wrote a pamphlet called *Misinformation and Manipulation: An Anarchist Critique of the Politics of AIDS*. In this pamphlet I debunked several of the myths surrounding AIDS which had been, and still are being, promoted by the news media, the AIDS activist movement, and the AIDS "treatment community" here in the united states. I challenged the prevalent belief that AIDS is a "plague," the modern equivalent of past infectious disease epidemics, and exposed the statistical manipulations used to back up this proposition. I disproved claims about heterosexual transmission of HIV.I questioned the truthfulness and motives of safe sex educators. I showed the role that drug laws play in furthering the AIDS outbreak among injecting drug users. And, lastly, I argued that calling and working for less government intervention in health care and other areas of people's lives would be a more effective—not to mention more consistently anarchistic—way to fight AIDS and help people who have AIDS or HIV infection.

A little over a year later I wrote an article called "The AIDS Activist Movement" which was published in *Big Forehead Express* in September, 1990. Here I showed, in more depth than I did in the pamphlet, that the activist movement manipulated the facts about AIDS to gain support for their agenda; that they frequently engaged in actions that could not do otherwise than alienate many of their potential supporters; that at least some activists were more than willing to restrict, rather than debate, points of view which differed from theirs; and that the entire movement generally looked to government as the solution to the problems associated with AIDS.

Since I wrote these pieces, experience has borne out my arguments. There is still no heterosexual epidemic in the united states. The outbreak among men who have sex with men is leveling off. Oral sex is still shown to be significantly less risky than some other forms of sex. Women who have sex only with women and don't shoot drugs still rarely get infected with HIV. Injecting drug users continue to get infected in large numbers. The activist movement still paints an unrealistic view of the outbreak. Government still bans therapeutic drugs and treatments, criminalizes recreational drug and needle use, outlaws and drives underground homosexual sex, restricts non-medical health practitioners, and supports corporate monopolies which charge extortionate prices for therapeutic drugs. And, of course the activist movement and virtually everyone else still looks to this same government to save them from AIDS.

The primary reason I continue to write and talk about AIDS, as well as about so many other issues, is that I would like to see a different type of society than that in which I now live. I am an anarchist, and an individualist, and would like to live in a world without government, a world without coercion. Such a society would require that we be able to trust, at least most of the time, what others

say and do. People who live in such a society would, hopefully, feel inclined to search for truth when they examine an issue, instead of attempting to fit the issue, distorting facts if necessary, to their view of things. The only way we will ever make the world better is by trying to conduct ourselves now, as far as is possible, in ways consistent with how we would like the world to be. Lies, government coercion, and bullying don't fit into my view of the future, and I reject them in the present as well. Only ethical means yield ethical ends.

I do, however, realize that we do not live in an anarchist world and government plays a major role in all of our lives, whether we like it or not. And I understand that this means that compromise is sometimes necessary. Since few people really seem to want less government, pressuring government to reallocate resources from clearly evil or wasteful programs to those that might help some people other than politicians and their friends may well be the best that can be accomplished in some circumstances. Surely, if government is to confiscate my money, I'd rather see it spend the stolen goods on improving health care for people who have AIDS, than on murdering people in iraq and somalia. But this does not mean it is acceptable to advocate either higher taxes to pay for this, or a larger role for government than it already plays in regulating and attempting to control medical research and provision of health care.

In other matters related to AIDS, as well, I do not condemn all compromise or reject all the work being done by AIDS activists and advocates. I recognize, for instance, the great changes that have been made in the drug approval process at the food and drug administration (FDA) (a rare example of a real decrease in government obstructionism), and I know that these are largely the result of the activities of the AIDS activist movement. However, this same movement advocates expansion of government power when it fits their agenda, as in the case of their support for an attempt on the part of the Boston city council to force unwilling bar and restaurant owners to sell condoms, even though condoms are freely available at corner stores all over the city.

Safer sex education is another area in which I have been very critical of the AIDS establishment and movement. However, here again, I see the importance of some of the work being done, The fact that it is very unwise for men to fuck each other without rubbers in most situations, for instance, is now widely known and has greatly reduced the transmission of HIV, at least in some settings. Obviously this has been a valuable service of the safer sex educators. But what of the rest of their message? They also say that using a condom for cocksucking reduces the risk of this activity, and sticking to hand jobs is even safer than that. Tailoring one's sexual activities to these strict guidelines will surely reduce one's risk of acquiring HIV, but at what cost to the sexuality of the people involved? I have heard a politician say that people should learn that they should use a condom in every sexual encounter they have their entire lives; I have

seen a film where an actor dons rubber gloves to engage in sex; and I have listened to safer sexers who still promote the use of those ridiculous dental dams. Is this to be the vision of sexuality presented to young people? Is this what they (and all of us) have to look forward to until "the cure" comes along? Should pleasure be sacrificed for absolute safety and security? Not in the world I live in, nor in the future one I can envision.

So, here I am writing again, trying once more to present the truth about AIDS and HIV, and show the folly of seeking salvation in government. In this new pamphlet I further back up the arguments I made in *Misinformation and Manipulation* and "The AIDS Activist Movement." But, additionally, I raise some new issues that I feel need to be addressed. I look at and critique the view of the AIDS outbreak in haiti and parts of Africa which we in the united states are presented with. Here, as well, the experts have lied, whether about the extent of the outbreak, the possible origins of HIV, or the nature of HIV transmission in other parts of the world. I also discuss the facts of AIDS and HIV transmission among black and latin people and teenagers here in the states, about whom more and more distorted statistics and theories have been bandied about of late. I look at the role of HIV in AIDS: whether it is necessary or sufficient to cause AIDS, in light of the fact that some HIV-positive people do not get AIDS, and some people who have AIDS are not infected with HIV. And lastly, I suggest some alternatives to the program of the AIDS establishment and activists which are based on a libertarian, anti-statist perspective, which, unfortunately, has been sorely lacking in most anarchist writings on the topic.

The experience of AIDS has highlighted both the problems associated with dependence on government and the ways in which individuals can better solve their own problems without state interference. Hopefully this pamphlet makes this case well, and further, will persuade the reader that the statist route is a dead end in fighting AIDS. And if one can be convinced that opposing government meddling is the best way to fight against AIDS, hopefully they will be more open to the anarchist argument that avoiding, ignoring, and/or resisting the state is the best way to begin solving *all* of our problems and increase our freedom in all areas of our lives. Only free people can build a free world. And relying on the state to solve our problems will only prolong our enslavement.

> AIDS. It's huge, and we don't mean the number of people who have AIDS so much as the infrastructure propping it up, milking it, inflating it like a giant parade float of terror. Billions of dollars. 93,247 U.S. AIDS organizations, red ribbons on every lapel. Nothing is permitted. "Nobody is safe," they say. "We need more money, more ribbons, more drugs, more money. Spread AIDS awareness." Whatever that is. Spread AIDS skepticism. Ask questions. Don't believe the hype. No one knows what causes AIDS. Be curious. Be compassionate. Be careful.
>
> —Craig Marks, "A to Z of Alternative Culture," *Spin*, April, 1993.

Figures Don't Lie, But...[1]

The headline in the *Boston Herald* on February 5, 1993, read as follows: "Study: AIDS Epidemic Will Have Little Effect on Most Americans." The article reported on a study published by researchers from the National Research Council (NRC), a part of the National Academy of Sciences, in which the authors argue that, "AIDS has devastated the personal lives and social communities it has touched, but the epidemic has had little effect on American society as a whole or its way of doing business....Many geographical areas and strata of the population are virtually untouched by the epidemic and probably never will be....Certain confined areas and populations have been devastated and are likely to continue to be."[2] Not surprisingly, the study was criticized by AIDS activists and specialists, like June Osborn of the national commission on AIDS (NCA), who stated that she found it difficult to understand that "an epidemic that will kill one and a half million people" will have an impact that "is less than we thought."[3] However, the views of fellow NCA (as well as NRC) member Don Des Jarlais are more in accord with those presented in the NRC report than with Osborn's. He has argued that, "We could stamp AIDS out" with an intensive campaign of explicit sex education, needle exchange programs and drug treatment aimed at only "25 to 30 areas across the nation."[4] Do Des Jarlais' and the NRC's conclusions present a valid picture of the realities of the AIDS outbreak in the united states? Or are their critics correct in saying they are underestimating the extent of AIDS' impact on the general population in this country?

The NRC report certainly flies in the face of many of the predictions of the extent of the AIDS outbreak that have been made over the last five years in the news media. However, a look at the statistics backs up the NRCs contention that AIDS is not devastating the united states as many have been warning over the last decade. In August, 1988, Cliff O'Neill in *Bay Windows* claimed that AIDS cases would double from 100,000 to 200,000 in 15 months.[5] The next year, the General Accounting Office (GAO) claimed that 300,000 to 480,000 people would have been diagnosed with AIDS by the end of 1991,[6] and in 1990, Joel Weisman of the American Foundation for AIDS Research (AmFAR) projected that, "By 1992, over 365,000

[1]Many of the statistics I cite herein are derived from monthly reports issued by the massachusetts department of public health (MDPH). Because of reporting delays, redefinitions, and other variations encountered in compiling such data, some of the statistics may differ somewhat from those found elsewhere.

[2]"Study: AIDS Epidemic Will Have Little Effect on Most Americans," *Boston Herald*, February 5, 1993.

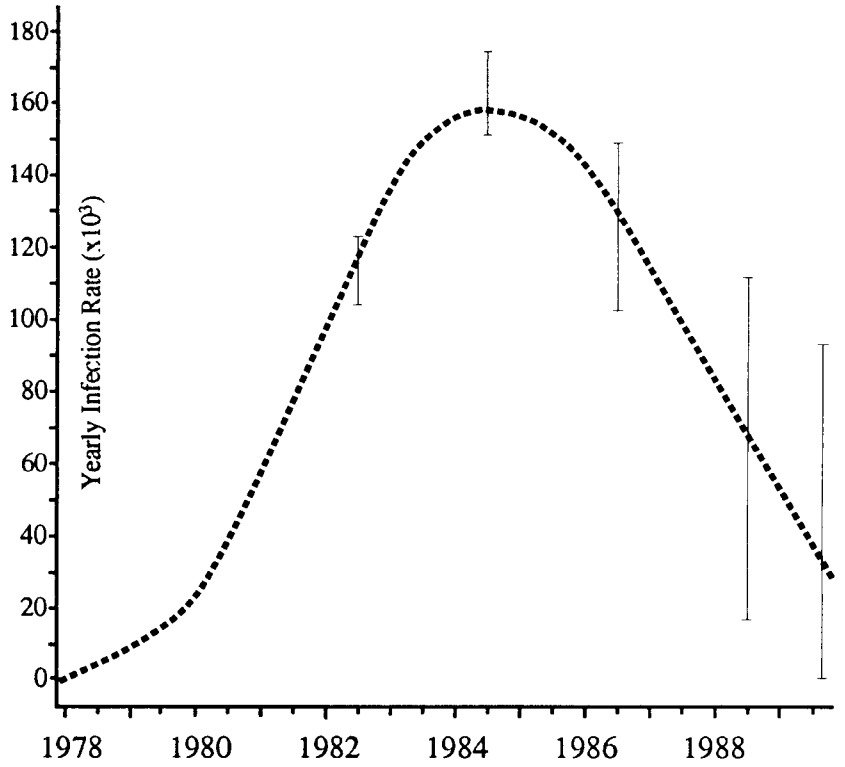
[3]"Report Says AIDS Will Be Disease of the 'Invisible,'" *In*, February 15, 1993.

[4]"Controversial Proposals to End Epidemic," *In*, March 22, 1993.

[5]Cliff O'Neill, "100,000: 100K Cases of AIDS in U.S. Number to Double in 15 Months," *Bay Windows*, August 3, 1989.

[6]"Study: Feds Underestimating Number of AIDS Victims," *Boston Herald*, June 26, 1989.

Americans will have been diagnosed with AIDS."[7] However, AIDS cases did not double from 100,000 to 200,000 until November, 1991, an interval of 27 months, not 15,[8] and by the end of 1991, there were 206,392 cases of AIDS.[9]



Reconstruction of HIV infection rates in the United States. Estimates based on back-calculations of AIDS incidence data corrected 10% for underreporting and incubation period distribution which account for treatment effects....Ranges account for some uncertainty in the incubation period.[10]

In September, 1988 the centers for disease control and prevention (CDC) predicted 263,000 deaths from AIDS by 1992,[11] but, in fact, even as late as January 1, 1993, there were only 171,890 deaths from AIDS.[12] Larry Kramer, founder of AIDS Coalition to Unleash Power, stated in 1991 that a person dies of AIDS

[7]Joel Weisman, AmFAR fundraising letter, June, 1990.

[8]Massachusetts Dept of Public Health (MDPH), *AIDS Newsletter*, February, 1992.

[9]MDPH, *AIDS Newsletter*, March, 1992.

[10]Ron Brookmeyer, "Reconstruction and Future Trends of the AIDS Epidemic in the United States," *Science*, July 5, 1991.

[11]"CDC Sees 500% AIDS Climb by '92," *Boston Herald*, September 16, 1988.

[12]MDPH, *AIDS Newsletter*, March, 1993.

every nine minutes and a new person is infected with HIV every 54 seconds.[13] If Kramer were correct, 58,400 people (one/nine minutes) were to have died in 1991, when in fact only 32,420 did so,[14] while his claim of 584,000 new HIV infections per year (one/54 seconds) flies in the face of all available evidence, as well as common sense (see box on next page). Leonard Greene, a columnist for the *Boston Herald*, meanwhile, wrote in February, 1992, that, "[AIDS] is projected to afflict as many people in the United States over the next two years as it did in the last 10."[15] For Greene's claim to come true, there would have to be over 400,000 new cases during those two years, whereas the trend of recent years indicates that the number of new cases (using the AIDS definition in use at the time of Greene's article) during that time will be 100,000 or less.[16] And, finally, the united states public health "service" (PHS), in December, 1992, claimed that the number of new cases annually could reach 97,800, up from the current 66,300 per year.[17] Not only was the PHS wrong in its projections, it was wrong about the number of new cases being recorded at the time the statement was made, since there were about 43,300 new cases in 1990, and 45,300 in 1991, and 47,000 in 1992.[18]

What is the real extent of the AIDS outbreak in the united states? Well, as far back as April, 1990, the CDC reported that new cases had increased only 9% in 1989, compared to 34% in 1988, and 60% in 1987.[19] The rate of increase for 1991 was only 5%.[20] Currently, there appear to be about 1,000,000 people infected with HIV, and 45,000-50,000 new cases a year, with an annual decline in the rate of increase in new cases over the last several years.[21] However, a recent change in the AIDS case definition which went into effect January 1, 1993 will produce a short-term increase in the statistics, with as many as 40,000 new cases in January that otherwise would not have been counted.[22] This does not mean more HIV infection, or more illness related to HIV, simply a different, no less arbitrary, point at which someone moves from various stages of HIV-related disease to "full-blown" AIDS. The September, 1991, *AIDS Reference Guide*, quoted in *PWAlive*, notes that, "90% of HIV-infected persons who died met the current [pre-1993] CDC case definition by the time they died....This suggests that the expanded definition will initially capture a substantial number of persons somewhat earlier in the course of their HIV infection but will have a much smaller effect in increasing the cumulative number of AIDS cases."[23] This new definition is no more or less scientific than the last few, and was motivated only by politics. There have always been a number of people with HIV disease, but not AIDS, who are sicker and more in need of assistance than some who have AIDS, but have been unable to get government assistance without an AIDS diagnosis. Many felt that the definition should be expanded to facilitate these individuals' access to social services. While well-intended and beneficial in its effects for many people in need of support services, the change in definition, and consequent padding of the figures, will have the unfortunate effect of lending further credence to the already inflated claims of the AIDS mythmakers.

[13] Patrick Flaherty, "AIDS: The War is Lost, Says Activist Larry Kramer," *Maine Progressive*, June, 1991.
[14] MDPH, *AIDS Newsletter*, February, 1991, and March, 1992.
[15] Leonard Greene, "You Can Show Your Love By Choosing Safe Sex," *Boston Herald*, February 14, 1992.
[16] "AIDS Epidemic Reported to be Leveling Off in U.S., W. Europe," *Boston Herald*, July 19, 1992.
[17] "AIDS Cases to Rise 50% Over 3 Years," *Patriot Ledger*, December 15, 1992.
[18] MDPH, *AIDS Newsletter*, January, 1990, February, 1991, March, 1992, and March, 1993.
[19] "AIDS Increase Rate Slows," *The Guide*, April, 1990.
[20] "AIDS Epidemic Reported to be Leveling Off."
[21] MDPH, *AIDS Newsletter*, various issues from 1989 to 1993.
[22] Kieth Clark, "Expanded AIDS Definition to Affect Thousands," *In*, January 11, 1993.

Ill-Numeracy

Alarums and Discursions from that Wonderful Whacky World of AIDS Statistics, as Collected by Stephen Rae.

October 1, 1985. An alarming report in *The New York Times* reveals that up to "*one million Americans*...are believed to have been infected with the AIDS virus, and the total may be climbing by 1,000 to 2,000 per day."

April 6, 1986. "Cases linked to intravenous drug use, once concentrated in two states, are rapidly spreading throughout the nation," the *Times* reports. An "estimated *one million people* in the United States...are infected."

August 27, 1989. The 100,000th case of AIDS is reported. "The immediate future will bring more news of infection and death," Secretary of Health and Human Services Louis Sullivan writes in the *Los Angeles Times*. "More than *one million Americans* have already been infected."

June 25, 1990. The spread of AIDS in the inner cities is said to resemble that of AIDS in Africa. "Regional surveys have turned up infection rates of 5 to 12 percent among pregnant women in the Bronx, 25 percent among young men surveyed in Newark, N.J.," *Newsweek* notes. "An estimated *1 million Americans* are infected with the virus."

June 28, 1992. Grim predictions from Dr. Harold Jaffe of the CDC—50,000 to 60,000 people will get AIDS during each of the next few years; 40,000 to 80,000 are being infected annually. Already "the CDC estimates, very roughly, that *one million Americans* are infected," *The New York Times* reports.

At Press Time. A CDC spokesperson told [us]...that the number of Americans infected with AIDS had reached a staggering *1 million*.

—*Spy*, February 1993, reprinted in The State of the Onion.

In massachusetts, although the picture painted in the press is as hysterical as that elsewhere in the united states, the real extent of the AIDS outbreak is even less deserving of such fear-mongering. Larry Kessler, the executive director of the AIDS Action Committee in massachusetts, stated in the *Boston Globe* in February, 1993, that, "The epidemic continues to increase about 40 percent a year,"[24] while

[23] Frank Rhame et al., "Redefining AIDS: What Will it Mean for You?" *PWAlive*, Winter, 1992.
[24] Gloria Negri, "At 10-Year Mark, AIDS Group Looks to Tasks Ahead," *Boston Globe*, February 6, 1993.

the massachusetts department of public health (MDPH) revealed in August, 1992, that the number of new AIDS cases in massachusetts fell from a high of 883 in 1989 to 818 in 1990 and 797 in 1991.[25] It is odd that Kessler can interpret a decline in new cases of AIDS as a 40% increase in the outbreak.

Unfortunately, the new case definition of AIDS has artificially inflated the figures in massachusetts, at least for the short term, and lent credence to the claims of people like Kessler that AIDS continues to spread and spread. The *Boston Globe* reported in May that, "Mass. AIDS Rate Triples That of '92."[26] The writer pointed out, accurately, that most of this increase (over half the new cases as of August 1, 1993)[27] was due to the new definition, with the rest attributed to better awareness and reporting of AIDS among health care providers, probably due, at least in part, to the publicity surrounding the new definition, and the fact that some people's progression to AIDS has been delayed until now by early intervention and treatment. Nowhere is it stated or implied in this article that these new figures indicate an increase in HIV infection or a widening of the outbreak. As usual, however, the alarmists have distorted this information. The *Patriot Ledger* editorialized about "The Growing Need for AIDS Help," and claimed that "the number of infected people in Massachusetts continues to climb,"[28] although the figures show nothing of the sort. The *Boston Herald*, on the other hand, reported that, "the statistics don't necessarily mean more people are contracting the HIV virus that causes AIDS,"[29] and titled its editorial on the subject, "This Time, No Cause For Fear."[30] Even Peter Erbland of the AIDS Action Committee, for which Larry Kessler also works, admitted that the increase in the number of cases is an "expected bi-product [sic]" of the redefinition, and that, "the big surge will drop back down once the number of new cases catches up. People are still getting infected at the same rate."[31]

Besides inaccurate predictions, another deceptive aspect of the reporting of AIDS statistics (which I discussed previously in *Misinformation and Manipulation*) is that, while other diseases are generally discussed in terms of annual cases, AIDS statistics have frequently been reported in terms of cumulative cases, a practice that continues to this day. For instance, the *Boston Herald* reported in August, 1990, that there were currently 4000 cases of AIDS in massachusetts and that there would be 9000 by 1994.[32] Besides the

[25]Susan Brink, "AIDS Among Drug Users Rising," *Boston Herald*, August 26, 1992.

[26]Dolores Kong, "Mass. AIDS Rate Triples That of '92," *Boston Globe*, May 26, 1993.

[27]MDPH, *AIDS Newsletter*, February through July/August, 1993.

[28]"The Growing Need for AIDS Help," *Patriot Ledger*, May 26, 1993

[29]Bill Hutchinson, "New Definition Fuels Sharp Rise in State's Full-blown AIDS Cases," *Boston Herald*, May 26, 1993.

[30]"This Time, No Cause For Fear," *Boston Herald*, May 27, 1993.

[31]Tonya Knudsen, "AIDS Cases Triple: Re-definition Thought to be Reason for Over 240% Increase From Last Year," *In*, June 7, 1993.

[32]"Change Needed in Health Care," editorial in *Boston Herald*, August 18, 1990.

fact that there had actually been under 3400 cumulative cases by that point, there were only around 1,400 people who currently had AIDS then.[33] and as of January 1, 1993, there were still just 5541 cumulative cases, and 1918 people who currently had AIDS.[34] (The new AIDS case definition will, of course, artificially inflate the figures for 1993.) Additionally, as I noted above, the rate of new cases in massachusetts was already declining yearly at the time the *Herald* made its assertions. The only figures that allow accurate comparison with other diseases are annual case rates or numbers of people who currently have a disease, both of which are seldom mentioned where AIDS is concerned. Concentrating on cumulative totals lends an apocalyptic feel to statistics about AIDS, making it seem more widespread and dangerous than it actually is.

While the AIDS outbreak in the united states is not nearly as widespread and dangerous as depicted by the press and the AIDS establishment and movement, I do recognize the devastation it has wrought among certain groups of people. Some men who have sex with men have lost most or all of their friends and lovers to AIDS over the space of a decade. Injecting drug users have similarly been disproportionately affected by this disease, as have people with hemophilia. However, even among these groups, the level of HIV infection peaked a number of years ago and the rate of new infections has since declined markedly.[35] Although there is still a high rate of AIDS and HIV infection among injecting drug users and men who have sex with men, even here the rate of increase in the number of new cases of AIDS is decreasing yearly.

The AIDS outbreak in the united states is very close to peaking, and like other infectious disease, it will start to decline at some point after it peaks. AIDS cases increased 247% from 1981 to 1982, 60% from 1985 to 1986, and 5% from 1990 to 1991.[36] In a March, 1990, article, researchers David Bregman and Alexander Langmuir argued that all epidemics follow a regular pattern of rise and fall in numbers of cases, similar to a bell-shaped curve, and that AIDS is no different.[37] While they were wrong about where the peak would fall and about total numbers of cases, in part because they used a now outdated definition of AIDS, the general theory underlying their article remains valid, widespread criticism from AIDS alarmists notwithstanding. Even without advances in treatment, AIDS will eventually peak and then decline, due both to saturation of infection among those most at risk and to non-medical control measures, such as changes in sexual activities, screening of

[33]MDPH, *AIDS Newsletter*, July and October, 1990.

[34]MDPH, *AIDS Newsletter*, January, 1993.

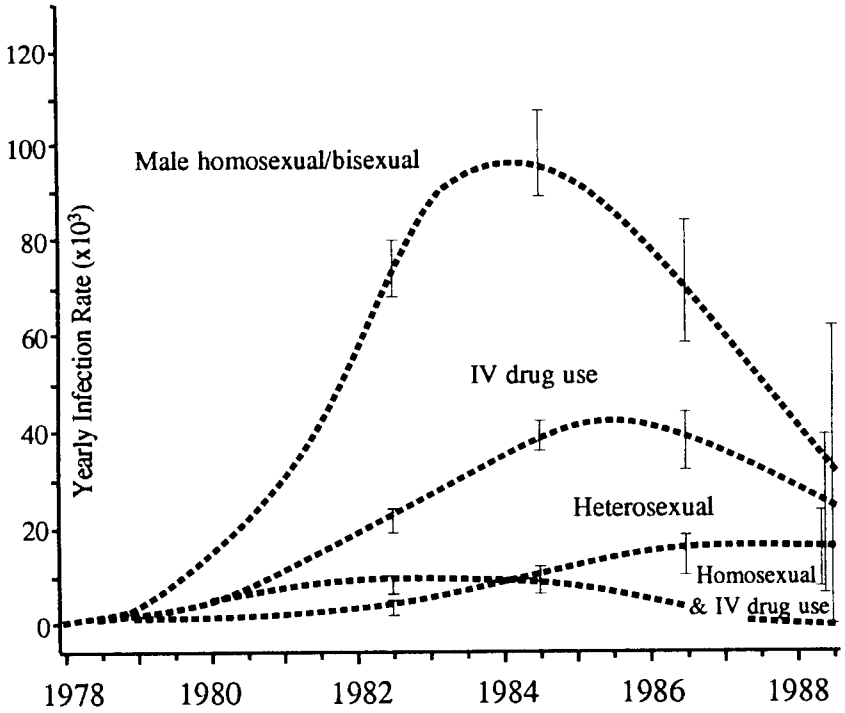
[35]Brookmeyer, "Reconstruction."

[36]Michael Fumento, letter in response to letter from Antonia Novello in *The New Republic*, September 28, 1992.

[37]Dennis Bregman and Alexander Langmuir, "Farr's Law Applied to AIDS Projections," *Journal of the American Medical Association (JAMA)*, March 16, 1990.

blood, and less needle-sharing, as well as the existence of natural immunity in many people.

As illustrated in the graph below,[38] the infection rate peaked first for men who have sex with men, then injecting drug users, and has by now peaked for those who have acquired HIV heterosexually, as well. While cases of AIDS may continue to increase for a few years because of the long incubation period from HIV infection until



Reconstruction of HIV infection rates by transmission groups. Estimates account for differences in proportions of individuals in treatment. Ranges account for some uncertainty in the incubation period.

development of AIDS, numbers of new cases will probably begin to decline by 1995 at the latest. If a vaccine is developed, and if therapeutic medicines perhaps decrease the infectivity of semen and blood, the number of new HIV infections and AIDS cases will decrease even more rapidly than it otherwise would have.

Data on the prevalence of HIV infection which support the contention that the outbreak is leveling off come from a number of sources. The CDC lowered its estimates of the number of people infected with HIV in the united states from 1,500,000 in 1986, to 1,300,000 in 1987, to 1,000,000 in 1988, while Joel Hay, a Stanford

[38]Brookmeyer, "Reconstruction."

health economist estimated in 1991 that there were only 500,000 to 800,000 people infected at that time, and only 10,000 to 30,000 new infections each year.[39] The navy also reports a decline in HIV infections,[40] while Ronald Brookmeyer, a Johns Hopkins biostatistician has predicted that the increase in AIDS cases may plateau by 1995.[41] While many in the AIDS establishment and the AIDS movement seem wedded to the idea of AIDS as holocaust, the numbers don't support their case.

Teenagers, AIDS, and the Statisticians

Several years ago, one of the more popular and inflammatory topics for discussion about AIDS was the impending heterosexual epidemic. Since then, because this predicted outbreak never arrived, the experts and the media have casted around for a new method of frightening people, and have decided on the supposed teenage AIDS epidemic. The press now subjects us to headlines such as "AIDS Runs Wild Among Teenagers,"[42] and statements like the following: "AIDS and HIV infection are rising fastest among teens and college-age kids."[43]

Overblown press coverage, however is not justified by the facts of HIV-infection and AIDS rates among teenagers. Among united states teenagers as a whole AIDS cases dropped from 170 in 1990 to 160 in 1991, and among those aged 20-24, they dropped from 1626 in 1990 to 1485 in 1991.[44] In 1992, the number of cases among teenagers was the same as in 1991, and that among 20-24 year-olds declined again.[45] Since there were so few cases earlier in the epidemic, looking at the increase in the cumulative number of cases led one newspaper to state, in 1992, that, "AIDS in 13-24 Age Range Grows 62% in Two Years,"[46] and Karen Hein, an adolescent AIDS specialist in New York was quoted in June, 1993, stating that AIDS cases among adolescents in the united states have increased 77 percent over the last two years.[47] However, using the technique of looking only at the cumulative case figures, as these people had done, obscures the fact that while the number of total cases when the computation was made was significantly higher than that of two

[39]Gina Kolata, "Experts Debate If AIDS Epidemic Has at Last Crested in U.S.," *New York Times*, June, 1991.

[40]"HIV Infection Rates Decline in U.S. Navy," *In*, May 5, 1992.

[41]Brookmeyer, "Reconstruction."

[42]*Honolulu Star-Bulletin*, 1992, quoted in Michael Fumento, "TeenAIDS: The Latest HIV Fib," *The New Republic*, August 10, 1992.

[43]*US News and World Report*, May 4, 1992, quoted in Fumento, "TeenAIDS."

[44]Fumento, "TeenAIDS."

[45]Michael Fumento, "Shooting the Messenger: The Revenge of the AIDS Establishment," *Heterodoxy*, April, 1993.

[46]*Los Angeles Times*, 1992, quoted in Fumento, "TeenAIDS."

[47]Dolores Kong, "AIDS Data Show Spread Among Women," *Boston Globe*, June 6, 1993.

years before, the number of new cases had either fallen or remained unchanged in the most recent year.

Some, like former surgeon general Antonia Novello, have argued that looking at AIDS cases among young people is deceptive because most of those infected as teens won't develop AIDS until they are in their twenties.[48] And Jeff Levi of the AIDS Action Foundation in washington claimed in June, 1993, that, "The numbers [of infected people] we're seeing in that age bracket [i.e., teenagers] every year is increasing."[49] But many studies of HIV infection among teenagers are in direct conflict with claims that there is a burgeoning outbreak of HIV infection in this age group. Screening of military applicants indicates a teenage infection rate of one in 3,000, while the number for united states residents as a whole is allegedly one in 250. Among job corps applicants, a group supposedly "at a particularly high risk for HIV infection," the rates of HIV infection found were "only a fraction of those in persons aged 25 to 44 years."[50] Additionally, a June, 1992, CDC study of people randomly tested in a number of hospitals showed the HIV infection rate among 15-24 year olds to be one quarter of that among those who were 25-34 or 35-44.[51]

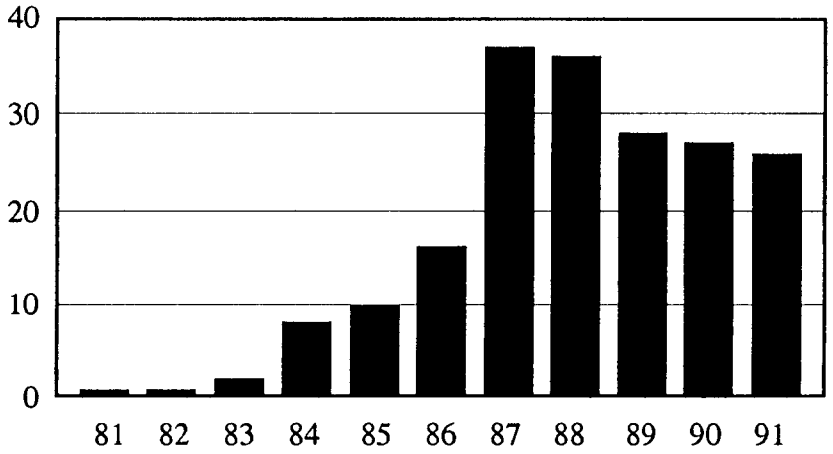
Not content with simply exaggerating the overall numbers of teenagers with AIDS and HIV infection, some reporters and experts have also greatly overstated the extent of heterosexual transmission of HIV among young people. One writer in the *Boston Herald*, for instance, wrote in 1990 that, "AIDS in teenagers is being spread through heterosexual intercourse, with equal numbers of girls and boys being infected."[52] In fact, the majority of cases of AIDS in teenagers have occurred among hemophiliacs (the largest single group, and almost all men), men who have sex with men, and injecting drug users of both sexes. In 1990 only 37 cases were attributed to heterosexual contact, while in 1991 there were only 21 such cases.[53] This, of course, does not stop an alarmist like Karen Hein from declaring, in total disregard of the facts, that, "The new face of the epidemic is teen-age girls."[54]

Trends among teenagers in massachusetts are even less worrisome than those seen nationally. The AIDS case rate for massachusetts residents age 13-24 peaked in 1987 and has declined every year since (see graph on page 13).[55] Additionally, HIV infection surveys among people tested at anonymous HIV testing sites, in sexually transmitted disease (STD) clinics, and in the military consistently show lower rates of infection among 15-19 year olds than 20-24 year-olds, with some teenage rates as low as one fourth of

[48]Antonia Novello, "AIDS and Teens," letter to *The New Republic*, September 28, 1992.
[49]Christopher Muther, "National AIDS Commission: Try, Try Again," *Bay Windows*, June 10, 1993.
[50]Fumento, "TeenAIDS."
[51]Fumento, letter in response to...Antonia Novello.
[52]Margaret Doris, "Teens and AIDS: It's Time to Do Better," *Boston Herald*, February 17, 1990.
[53]Fumento, "TeenAIDS."
[54]Dolores Kong, "AIDS Data."
[55]MDPH, "AIDS in Adolescents and Young Adults," *AIDS Newsletter*, April, 1992.

those of 20-24 year-olds.[56] Of course, such information did not stop the massachusetts commissioner of public health from claiming, in May, 1993, that, "Adolescents are disproportionately at risk for HIV infection."[57]

Massachusetts Resident AIDS Cases Age 13-24 through 3/1/92



Data for 1991 is incomplete due to reporting delay

In addition to the standard statistical manipulations and half-truths that have appeared in the press, a number of outright fictional statements and horror stories about HIV infection among teenagers have appeared in the press and the rumor mill. Particularly outrageous example were the incidents where a blood collecting agency had to publicly quash rumors that "a third of the Santa Fe High School students who donated blood during a recent blood drive had tested positive for HIV," since, in fact *none* actually had,[58] while the texas health department had to deny the claims of a school AIDS counselor that 6 of 179 students at Rivercrest high school and seven other students at two other schools were HIV-positive,[59] after they were unable to locate any of these students.[60]

Despite the nonsense we have been subjected to, it is clear that AIDS and HIV infection are not widespread among teenagers. To

[56]MDPH, "HIV in Adolescents and Young Adults," *AIDS Newsletter*, May, 1992.
[57]Mark Malkin, "AIDS ACTION Opens First Statewide Teen AIDS Info Hotline," *Bay Windows*, May 13, 1993.
[58]"High School HIV Rumors Denied," *In*, February 15, 1993.
[59]"The Truth About AIDS--Part 8," *Christian Anti Communism Crusade*, July 1, 1992.
[60]"No Proof Texas Students Reported With HIV Even Exist," *In*, August 17, 1992.

put it in perspective, while there are under 200 cases of AIDS among teenagers every year, 5000 die in car accidents (half preventable by seatbelt use) each year,[61] and almost 4200 were killed by bullets in 1990.[62] This is not to belittle the need for AIDS education among young people, but lying about the extent of AIDS and HIV infection among teenagers, just as has been done in the case of heterosexually active adults, can not only lead to a diversion of efforts away from those most at risk, but may well promote an irrational fear of sex or an even more irrational—and dangerous—fatalism and increased risk-taking. As writer Michael Fumento said in *The New Republic*, "The disinformation campaign that grossly overemphasizes the groups and activities least at risk of getting AIDS does those in greater jeopardy no favor."[63]

The hysteria about teen AIDS has led to a debate about AIDS education and condom distribution in the schools, the likely result of which, whichever side wins out in the end, will be continued intrusion of the state into the lives of young people, with little, if any effect on the course of the AIDS outbreak among students. The conservative anti-sex side of the debate supports teaching abstinence as the only way to avoid AIDS and is opposed to any sex education in the schools at all. The other side, including much of the AIDS activist movement calls for extensive sex and AIDS education in the schools, sometimes starting as early as first grade, and distribution of condoms in the schools. Unfortunately, both sides rely on the state to achieve their goals and neither side wants young people to be told the truth.

While the dissemination of truthful information about sex and AIDS and easier access to condoms are worthwhile goals, the approach of the condom distribution and sex education supporters is misguided in several ways. First, though they want the schools to teach sex education and give out condoms, they want students to be told only one message: they are all at the same (very high) risk of HIV infection and it is always unacceptably risky to have sex without latex. One "certified teen speaker for the AIDS Action Committee," in an article in the *Boston Herald* even made the preposterous claim that, "If HIV spreads as expected, 160 of the 400 people in my high school graduating class will be HIV-positive or dead when I go to my 20th reunion."[64] Comic books such as *The Works* and *Risky Business*, published by the San Francisco AIDS Foundation and clearly directed at teenagers, make no distinctions between different sexual activities in terms of HIV-transmission risk and take great

[61] Michael Fumento, "Teenage AIDS and Anal Ideologues," *Heterodoxy*, June, 1992.
[62] "Guns are 2nd Leading Cause of Teen Deaths," *Boston Herald*, March 24, 1993.
[63] Fumento, "TeenAIDS."
[64] Miranda Stamp, "Parents' Ignorance Can't Stop AIDS Ed," *Boston Herald*, June 6, 1993.

pains to put out the message that "viruses aren't prejudiced" and "anybody can catch a virus."[65]

Likewise, in their song, "Let's Talk About AIDS," which was written to support their "Sisters for Life" AIDS education campaign aimed at young black women, singers Salt-N-Pepa imply that oral and anal sex are equally risky.[66] Though they charge the conservatives with spreading disinformation for emphasizing the failure rate of condoms, those who favor AIDS education are just as deceptive when they claim heterosex is as risky as homosex, or imply that all forms of fluid exchange are equally risky. This is simply untrue. As I will discuss in greater depth later in this pamphlet, the only really high-risk sexual activity is butt fucking (and then, only for the receptive partner, or bottom), with vaginal fucking significantly less risky for women and very low risk for men. Sucking dick is very low risk, and eating pussy is essentially risk-free. So the AIDS activists are willing to have students lied to in order to frighten them into complying with their version of safer sex. Students, and everyone else, should be told the truth and encouraged to make their own choices based on reason, not fear.

The second problem with the activists' program is that, besides advocating dissemination of an inaccurate message, they have also chosen a flawed messenger. The schools are the worst place for kids to learn about sex—or anything else, for that matter. Do we want our children's ideas about sex to be influenced by authoritarian, intolerant institutions and individuals who encourage not active decision-making and individual responsibility, but passivity and obedience? Can we reasonably expect the state and its schools to adequately discuss why buttfucking is more risky than eating pussy, or to encourage students to consider oral sex instead of fucking as a means of both birth control and safer sex?

The AIDS activists are likewise on the wrong track in pushing for condom distribution in schools. I don't oppose having condoms available in schools, but there are already a number of other places for kids to get them, whether at convenience and drug stores, or at health centers and STD clinics, where they are often available free of charge. Some, however feel that condoms in stores are too expensive, like Lawrence Barat, former AIDS policy advisor for Boston's mayor, who stated in an interview that, "[Adolescents'] access is limited by the price of condoms. One of the things I would very much like to work on—although it may be beyond my scope—is to go to the condom makers and ask them why it costs a dollar for a condom."[67] Surely Barat is being disingenuous. As one columnist wrote, "The latest contraceptive crusade is based on the following

[65] Les Pappas, ed., *The Works: Drugs, Sex & AIDS* (San Francisco: San Francisco AIDS Foundation, 1987), and Sterling Winterhalter III, ed., *Risky Business* (San Francisco: San Francisco AIDS Foundation, 1988).
[66] Rick Dunn, "Salt-N-Pepa Visit Boston to Promote AIDS Video," *Bay Windows*, April 8, 1993.
[67] Dawn Schmitz, "AIDS Advisor Appointed in Boston," *Gay Community News*, December 8-14, 1991.

dubious assumptions: 1) That New York City high school students have no idea of where to obtain condoms. 2) That teens with their $150 hightops can't afford condoms. 3) That children whose vocabulary would make Andrew Dice Clay blush are too shy to purchase them in drugstores."[68] Providing condoms (which are already inexpensive) for free does nothing to encourage personal responsibility, but does promote further reliance on others to solve one's problems. And when condom distribution takes place in schools, it encourages more dependence on one of the most authoritarian institutions around.

If the activists feel, as I do, that sex and AIDS education in the home and school is inadequate, or that condoms are inaccessible, it would make better sense for them to act for themselves. Queer Nation has done successful leafleting campaigns about homosexuality at high schools. Similar informational leafletting—only this time with *truthful* information about HIV transmission—and condom distributions by AIDS activist organizations would be time and money better spent than that wasted on lobbying school committees and other politicians. Instead of encouraging state intervention in people's lives, such activity would provide a model for independent, voluntary responses to problems like AIDS.

Injecting Drug Users and Needle-Sharing

Another group of people frequently portrayed as being subject to a fast-growing epidemic of AIDS and HIV infection are injecting drug users (IDUs). While the percentage of people who have AIDS who were infected by needle-sharing or sexual contact with IDUs is growing, the annual increase in such cases has been starting to level off, just as it has for people with other risk factors, as I discussed above. (The percentage of IDUs and their women heterosexual partners among new AIDS cases will be artificially inflated in 1993, because a larger percentage of HIV-infected IDUs and their partners than men who were infected homosexually will now be included as cases only under the new definition.) The main reason that the percentage of IDUs among total AIDS cases has continued to rise, although it rose only from 21% in 1989 to 23% in 1992,[69] is because the number of new HIV infections started to level off among men infected homosexually earlier than among IDUs. The number of cases of women with AIDS who were infected by their IDU partners and the children of these women who acquired HIV perinatally may continue to grow as a percentage of the total cases of AIDS for the next few years, as well. This is because they were the

[68] Don Feder, "Legion of Latex Recruits in School," *Boston Herald*, December 5, 1991.

[69] MDPH, *AIDS Newsletter*, October, 1989, and March, 1993.

last large "risk group" in which an outbreak occurred. But, as with the other groups, the outbreak here will also recede in the near future. Safer sex education among men who have sex with men has been very effective in controlling the outbreak in this group, and education in safe injection techniques will, hopefully, have a similar impact among IDUs and their partners.

Unfortunately, there is a barrier to controlling the outbreak among IDUs which does not exist among other people who engage in risky behavior: the laws against the use of certain drugs and laws against needle possession without a prescription. While there are still laws in many parts of the united states against homosexual sex and fornication in general, these are rarely enforced (although, as I have argued elsewhere, they do set an antihomosexual tone for the society at large), and there are no longer any legal barriers to condom use or sale. Because of this, not only can men who have sex with men be told how to avoid infection, they can freely acquire the means to accomplish this. IDUs, however, are barred in 11 states, including all of those with high rates of needle-related HIV-infection (florida, new york, new jersey, connecticut, etc) from legally obtaining the tools to insure their protection from HIV-infection, i.e., sterile needles and syringes.

This ban on needles continues despite clear evidence that allowing free access to needles reduces rates of HIV infection among IDUs. For instance, In 1990, while the infection rate among IDUs in Boston, where needle possession requires a prescription, was 39%, the infection rates in Dallas and New Orleans, where one can buy needles over the counter, were only 2% and 6%, respectively.[70] Likewise, in 1992, while New York's and new jersey's IDUs had an infection rate of 50-60%, those in St Louis had an infection rate of 3%.[71] Even more dramatically, as of the beginning of 1990, there had been no new HIV infections found among IDUs in Liverpool, england, where needle distribution is legal, since a needle-exchange program began in 1986. In Edinburgh, scotland, however, where needles are outlawed, 70% of IDUs were infected with HIV by 1990.[72] In connecticut, a needle-exchange program (less desirable than simply allowing over the counter sales, since it does not increase the supply of needles and syringes) started by Jon Stuen-Parker of the National AIDS Brigade resulted in a 33% reduction in the number of new HIV infections in IDUs over the space of two years.[73] Public officials, however, continue to debate the effects of the "message" that would be given by decriminalizing needle use, while IDUs and their sexual partners continue to get infected, sicken, and die.

[70] Derrick Z Jackson, "Clean Needles or Dirty Reality," *Boston Globe*, July 27, 1990.

[71] Wilson M Compton III et al., "Legal Needle Buying in St. Louis," *American Journal of Public Health (AJPH)*, April, 1992.

[72] Paul Katzeff, "Pusher," *Boston Herald*, January 5, 1992.

[73] Susan Brink, "AIDS Group Cites Rise in HIV Rate as Need for Needle Swap," *Boston Herald*, December 2, 1991.

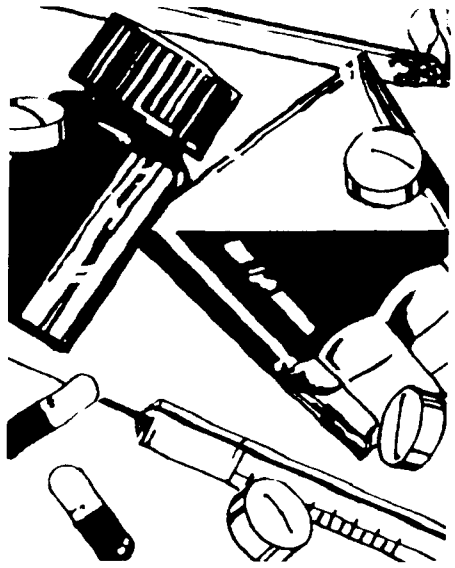
Opposition to needle use arises from the opposition to drug use that is so widespread in this country. Many feel that drug use for recreational purposes is evil and destructive, and, therefore, to be avoided. Others consider it a sign of illness, either physical or "mental." Despite the differences in their views of the nature of drug use and users, both groups feel that the sale and consumption of recreational drugs should be suppressed by the state, and users either punished or "treated." Consequently, anything that could be construed as facilitating drug use is to be dealt with in a similar fashion. However, there is no evidence to support the contention that more people would inject drugs if needles were freely accessible. In fact, the states with the toughest laws around drugs and needles are precisely the places with the highest rates of recreational injectable drug use.

While various governments are the institutions that regulate drug and needle use, they are encouraged and assisted in their suppression of drugs by the attitudes of the people who elect and support the politicians who run these governments. And these attitudes are heavily influenced by the public statements of various political and "community" leaders, as well as the print and broadcast media. The AIDS establishment and activists, who are experts at manipulating the various news media to get their agenda across have generally failed in their attempts to exploit this ability to any great effect on the issue of needle use. The problem is that, while they usually endorse greater access to needles, either through needle exchange programs or elimination of the prescription requirement, they have been unwilling to challenge conventional ideas about drug use, especially when expressed by community "leaders" they are trying not to offend. They talk about "treatment" being the ultimate way of stemming the HIV outbreak among drug users, with needle access simply being a holding pattern until the user enters "recovery." They share the views of most experts and policy-makers that "addiction" is a disease to be treated (and, of course, that others should be required to finance this "treatment"), and the best way to prevent HIV transmission among IDUs is to get them to stop using drugs.

This disease model of drug use, in addition to being inaccurate, is harmful to the cause of facilitating access to sterile needles and syringes. Unless people can be convinced that drug use should not be suppressed, the debate about the worth of anti-needle laws will continue. Besides being counterproductive, the anti-drug position is also hypocritical coming from the many activists who engage in homosexual sex. The same experts and "scientists" who still call recreational drug use a disease, until recently thought of homosexual sex the same way. Drug and needle use, like homosexual sex, are voluntary, private activities which are the business of no one but the participants. And neither is more or less morally good than the other. If recovery from drug use is postulated

as the ultimate goal in efforts to fight AIDS among IDUs, why not a similar attempt to get men to stop having sex with other men?

Since drug use is a voluntary activity, as is sex between men, stopping such activity is one way of dealing with HIV and AIDS. But why should one stop engaging in something that gives one pleasure, if it can be done in such a way that the risk of disease is lessened, but the pleasure remains. Granted, the activists, as I stated before, generally advocate freer access to needles. And, even more importantly, Albuquerque ACT UP has organized to pressure Walgreens to drop their restrictions on over the counter needle sales (which are legal in new mexico), and activists in Prevention Point in San Francisco and the IV league of ACT UP/Boston are themselves involved in the distribution of sterile needles and syringes, as well as bleach kits to kill HIV in shared or reused needles. But they usually also try to use such outreach to encourage users to get into "treatment." Maintaining that ending drug use is the appropriate endpoint of their campaign is like saying that rubbers and blow jobs should be used as an interim measure, but the real goal of safe sex campaigns is for men who engage in homosexual sex to "recover" from their illness and stop having sex with each other.



Despite the fact that I do not oppose the use of recreational drugs and am against laws regulating their use and administration, I realize there are some drug users who say they want to stop using drugs, but who believe they are unable to do so unassisted. If some wish to offer help to such people they should be free to do so. However, the vast majority of people who enter "treatment" programs will use drugs again, and many spend decades moving from detox to halfway house to sober house to independent drug-free living to drug use to detox and so on, over and over again. On the other hand, many IDUs stop using drugs on their own once they make the decision that that is the right thing for them. Similarly, 80% of smokers who stop using tobacco (a substance more addicting than heroin, according to former surgeon general C. Everett Koop) do it independently, without help from programs or physicians.[74] Given

[74]Tom Ferguson, quoted in *Medical Tribune*, reprinted in *Bottom Line Personal*, December 30, 1989.

the poor track record of "treatment" for drug use, it simply makes much more practical sense to push for needle and syringe deregulation than for "treatment-on-demand" as a way to lessen the impact of HIV among IDUs and their partners. Decriminalization of drug use in general, with a subsequent drop in the cost of drugs, would also be likely to promote a decline in HIV infection among IDUs. The lower cost of drugs would encourage non-injection drug use (as has happened with heroin users who are now more likely to snort the drug instead of injecting it since the price is lower than in the past), and make it easier for users to not only use drugs, but eat and otherwise care for themselves properly, as well. Getting the state out of the business of regulating our private lives by telling us what drugs we may use and how we may use them would be not only the most effective, but also the most ethical way to stop transmission of HIV among IDUs.

Racism, Sexism and Victimhood

Politicization of medical issues has been rampant since AIDS appeared over a decade ago, and in recent years has been especially noticeable in discussions of the different ways in which AIDS has manifested itself among people of different colors, sexes, or sexual tastes. Whether it's the higher rate of HIV infection among black people than among white people, or the different frequency of various AIDS-related diseases in individuals who engage in different risky activities, or the lack of inclusion of women in drug studies, different people have had different experiences with the AIDS and HIV outbreak in the united states. Unfortunately, in looking at these variations between people many have tended to categorize and stereotype people based on their sex, color, or sexual tastes, thereby obscuring the real reasons for the differences, and the activist movement and AIDS experts simplemindedly contend that discrimination is largely or solely to blame for many of these disparities between different people. Looking at people as members of groups, instead of as individuals, produces neither good research nor wise and fair social policy.

Much press has been given to the disproportionately high rate of HIV infection and AIDS among "people of color." While it is politically correct to lump all people who aren't white together under this classification, there is a major problem with this group-based way of looking at people: namely, that people who are not white do not all engage in the same activities, and therefore do not run similar risks of HIV infection. The AIDS incidence rate among black people, for instance, is higher than that among white people, but people of asian or pacific island descent have even lower rates than white people.[75] And as of January 1, 1993, 52% of people who had AIDS

[75] "AIDS?" *Health Beat*, Spring and Summer, 1990.

were white, 30% were black, and 17% were latin, while only 1% were "other," which includes american indian people, inuit people, and people of asian or pacific island descent.[76] When one looks at an ethnic grouping of people even narrower than that of all people who aren't white, the problem persists. In a study published in 1993 in the *American Journal of Public Health*, researchers showed that even generalizing about HIV infection rates and modes of transmission among latin people in the united states is impossible, since the prevalence of various risk factors for HIV infection varies greatly between latin people born in puerto rico, those born in the united states, and those born in cuba.[77]

Even when considering the members of a discrete ethnic group, an outlook which attempts to generalize about a large number of people can only yield inaccurate assumptions. Not all united states-born black people, for instance, are at equal risk of HIV infection. Risk varies with sex, sexual practices, geographical location, and drug use habits. Writer Charles Stewart, in an article in *The New Republic* pointed out that "The estimated 7 percent of black men who contracted AIDS through heterosexual sex [and this number is probably inflated] is dwarfed by the 36 percent who injected it into their own veins with tainted needles and the 44 percent who got infected while making love to other men....23% of all gay men with AIDS are black, double what colorblind assumptions would dictate."[78] While there is more heterosexual transmission among black people than white people, most black people who are infected with HIV or have AIDS were infected the same way as most white, latin, or american indian people: through anal sex between men and/or sharing of needles. And the reason for the increased incidence of heterosexual transmission (virtually all of which is male-to-female) and higher rates of AIDS in women among black (and latin) people is attributable to a higher rate of injection drug use and needle-sharing. The national commission on AIDS stated in 1993 that, "Injection drug use has played a significant role in the disproportionate impact of AIDS on African Americans and Hispanics-Latinos. In these communities the proportion of AIDS cases attributable to injection drug use is four times that for whites [40 percent as against nine percent]."[79]

Although there is more HIV infection, and more heterosexual transmission of HIV among black people, most black people are neither HIV infected nor at particular risk of becoming so. This did not, however, keep Debra Fraser-Howze, who is director of the Black Leadership Commission on AIDS in New York, from claiming at an African-American Summit in Libreville, gabon, in May, 1993, that, "Multiple generations are being simultaneously wiped out by AIDS on

[76] MDPH, *AIDS Newsletter*, March, 1993.
[77] Theresa Diaz et al., "AIDS Trends Among Hispanics in the United States," *AJPH*, April, 1993.
[78] Charles Stewart, "Double Jeopardy: Black, Gay (and Invisible)," *The New Republic*, December 2, 1991.
[79] Warren E Leary, "Panel Finds Racial Bias Spurs Spread of AIDS," *Patriot Ledger*, January 12, 1993.

two continents."[80] In response to similar statements made years ago, writer Sidney Brinkley wrote in *BGM* in 1989, "Black leaders such as Jesse Jackson say AIDS is 'devastating the Black community.' *Devastating?* Words are powerful. And we have to be careful when using the language of AIDS. There are well over 30 million African Americans in the United States. Approximately 30,000 have been reported as having AIDS to date. Even if one doubled that figure, to account for all those not yet counted, and all suddenly died, the Black community would hardly be devastated to the point that one wouldn't see Black people walking the streets."[81] He later adds, "The overwhelming majority of African Americans...have never and will never shoot drugs." I might add that most will also not have sex with a man who has sex with men. Only those who engage in certain activities run a risk of getting AIDS. Simply being black puts one at no additional risk of AIDS.

There are two phenomena, however, that do, in fact, put some black people, especially heterosexually active black people and their children, at a risk of AIDS higher than that of similar white people. These are the higher rates of risky needle-sharing practices and, arguably, male bisexuality among black people than among white people. (Needle-sharing, not skin color, is also the reason for the higher death rate among black people who have AIDS than among white people. IDUs and women infected by IDUs who have AIDS tend to be sicker and die more quickly than people infected in other ways, as I discuss below. Black men who have AIDS who were infected homosexually have similar survival rates to those of white men infected this way.)[82]

These practices have become the subject of much placing of blame and stereotyping. Injection drug use is generally blamed simply on poverty and racism. Similarly, when writing about AIDS among black people many claim that black people are just too busy trying to live day-to-day to care about health risks, including AIDS. However, if things were that simple, all poor black people would shoot drugs, smoke cigarettes, and ignore their health problems. Obviously, this is not the case. Blaming social forces for people's problems without discussing poor choices made by individuals infantilizes the people being discussed by ignoring their decision-making power and considering them simply the passive victims of conditions and urges beyond their control. While poverty, racism, and other adverse conditions may predispose to needle sharing and other potentially dangerous activities, using or not using drugs and taking risks sexually remain individual choices. Failing to recognize the part that unwise personal decisions play in creating the situations in which they find themselves encourages poor people to depend on others, especially the state, to solve their problems,

[80] "Africans, US Blacks Share Concern on AIDS," *Boston Globe*, May 26, 1993.

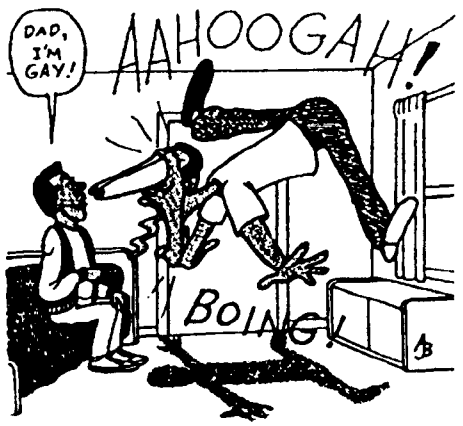
[81] Sidney Brinkley, "AIDS and Men of Color," *BGM*, 1989.

[82] Michael Callen, *Surviving AIDS* (New York: HarperCollins, 1991), p. 28.

instead of showing them how to take control of their own lives and look after their own health.

More stereotyping goes on in the discussion of bisexuality among black men. Many claim that it is harder for black men to be exclusively homosexually active than it is for white men because of "cultural" differences. An example of this argument is contained in an article written by Andrew Sullivan in a 1990 issue of *The New Republic*.[83] To make his point, he looked at the experiences of homosexualist[84] black men when they interact with their families and the mainstream society, and contrasted this with the experience of homosexualist white men in the so-called "gay community." This, however, is not a valid comparison.

Men who are able to live independently where they choose, especially those in gay communities, are much more likely to be exclusively homosexually active, whatever their color, than those who live among family members or in conservative neighbor-hoods. And white men who can't afford to live independently, or in a gay neighborhood, are as likely to be closeted and/or bisexual as black men similarly situated. The problem is one of economics, not of culture: if one can afford independent living one is more likely to be out, and if one has to rely for shelter and/or companion-ship on family one is more likely to be closeted and/or bisexual, whatever one's color. Black people, as a group, are no more or less biased against homosexuality than white people. It is simply often easier for white people to escape from oppressive living situations because they are more likely to be able to afford to live on their own.



Coming out to loved ones occasionally produces the 'Roger Rabbit' effect.

Closeted bisexual activity can lead to increased transmission of HIV for two reasons. First, it can lead to a higher risk of infection among bisexually active men, many of whom avoid homosexually-identified institutions where AIDS prevention information abounds, because they fear being seen and labeled homosexual. They therefore may not realize how risky what they are doing can be. Also, since

[83] Andrew Sullivan, "Gay Life, Gay Death: The Siege of a Subculture," *The New Republic*, December 17, 1990.

[84] I have acquired this terminology from Gore Vidal who argues that people are not homosexual or heterosexual, and that only sexual acts can be labeled this way. Hence, one who engages in homosexual acts is a homosexualist.

many bisexuals do not consider themselves homosexually active or "gay," many fail to heed safer sex information aimed at people who do define themselves this way, feeling it does not apply to people like them. Secondly, the women partners of bisexually active men are often put at higher risk of HIV-infection because they generally are unaware of their partner's sexual contacts with men, and therefore fail to take appropriate precautions.

While, as I have shown, there certainly are differences in the way AIDS has affected different people and there are a lot of racist attitudes and practices that exist in the united states, the response to these problems by AIDS activists and organizations has often been to exaggerate such differences and perpetuate such attitudes and practices. When a health care or service agency is perceived to be racist, for instance, confronting and pressuring this agency to change its ways, or establishing a non-racist organization would make the most sense. However, the standard response is to set up a similarly racist, separatist organization, which does nothing to help change racist attitudes or institutions, and further isolates people who are already discriminated against by much of society.

The idea that black, latin, white, and other people have vastly different experiences produces similar results when it comes to attempts to educate people about AIDS. There are separate AIDS service organizations for non-white people, AIDS organizations hold exclusively black safe sex workshops, and several groups sponsored an american indian conference on HIV/AIDS/STD in 1992. This division of people is based on the racist idea that people of different colors or ethnicities cannot understand or even associate with and talk to one another. Lili Silva, an AIDS educator with a latin social service agency, made this point clearly at a forum on AIDS among non-white people, when she said, "In dealing with the minority community, it's a tricky thing....You're dealing with religion, you're dealing with sex, drugs...those are difficult things to talk about."[85] In addition to assuming that white people can't talk to latin people, she seems to think that only non-white people are uncomfortable talking about sex, drugs, and religion. The same kind of racist attitude is reflected in such statements as that by Juan Rodriguez of the National Task Force on AIDS Prevention that, "The prevention programs that we've had in the Latino community were designed by and for white gay men. And that's not real to us."[86] Or this one by Moses Saunders, director of counseling and testing and education at a community health center: "Right now there's nowhere a gay man of color could go. They can't mix with the white community."[87] Apparently, these people think it is impossible to work with non-latin

[85]Elizabeth Fearnley, "Preventive Medicine: Forum Looks at AIDS in Minority Neighborhoods," *South End News*, June 7, 1990.
[86]Keith Clark, "National Latino AIDS Campaign Organizing," *In*, July 13, 1992.
[87]Marc Malkin, "AIDS Education Push Seen for Gay, Bisexual Men of Color," *Bay Windows*, June 3, 1993.

or white people to provide better education for all. (Yet, I doubt these same people would oppose the hiring of a black doctor to work in a predominantly white clinic because of the alleged communication problems.)

This idea that black and latin people need to be talked to differently from white people can also backfire and directly hurt AIDS education efforts among black or latin people. For instance, some area residents objected to a billboard in a black neighborhood in Boston that featured black people talking about AIDS and condoms, and forced its removal. Even though the billboard was designed by two black women and other black people publicly expressed their support for keeping the billboard in place,[88] there was no attempt on the part of AIDS activists or service organizations to intervene in the incident and prevent removal of the sign. This was despite the fact that AIDS organizations in Boston were able, for example, to convince (and sometimes force) the unwilling local transit authority to carry various pro-condom ads. The AIDS groups also tried to get the city government to force all bars and restaurants with entertainment licenses to carry condom machines, regardless of any opposition based on the religious or other "cultural" convictions of the proprietors. The unwillingness to confront the ignorance and biases of some, while catering to that of others, under the guise of "cultural sensitivity," is based on racist assumptions about the differences between people and their ability to learn and change.

Besides emphasizing the alleged differences between white people and everyone else, the AIDS organizations and establishment have of late been giving much notice to AIDS among women. Despite media claims about a burgeoning epidemic among women, the percentage of AIDS cases in women has slowly grown from 9% in 1989 to 12% as of September, 1993.[89] This has less to due with an increase in the number of new cases among women than it does with the fact that the outbreak has leveled off in different groups at different times, as I mentioned earlier in this pamphlet, resulting in fewer men getting AIDS than in the past. In fact, from 1991 to 1992, the rate of increase in heterosexually-acquired cases fell from 21% to 17%, and the rate of increase in women fell from 17% to 9%.[90] I am not discounting the seriousness of AIDS among women, merely putting it in some perspective.

But exaggerated reports in the press about the number of cases of AIDS among women notwithstanding, charges made about the neglect of women with AIDS have some merit. Unfortunately, many of the discussions of the topic that we read in the media either contain outright lies or fail to tell the whole story. It is not true, for instance, that, as claimed by writer Jennifer Wofford in *Gay*

[88]Leonard Greene, "Billboard: Positive Sign to Net Negative (AIDS) Results," *Boston Herald*, October 19, 1992.
[89]MDPH, *AIDS Newsletter*, July, 1989, and September, 1993.
[90]Fumento, "Shooting the Messenger."

Community News, "Women...predominantly suffer gynecological infections...when their immune systems break down;"[91] or, as writer Victoria Brownworth stated in *Spin*, "Women presenting with HIV disease have almost no incidence of...PCP [*Pneumocystis carinii* pneumonia, a common opportunistic infection in HIV-positive people of both sexes]....Assorted gynecological cancers...lead in the cause of death for women with AIDS."[92] In fact, women who have AIDS almost always sicken and die from the same diseases as men.[93] Despite this, however, there are some diseases unique to women, e.g., vaginal yeast infections, chronic pelvic inflammatory disease, and invasive cervical cancer, which are more common in women with HIV and need to be screened for and treated more effectively. In addition, women have generally been excluded from drug studies, thereby being put in the position of using drugs that are known to work a certain way in men, but may not have the same effect in women. And, since participation in drug studies is often the only way to get certain drugs, some women are being denied access to some drugs. These differences in diagnosis and treatment practices between men and women need to be addressed, and the issues leading to these differences discussed.

In the case of drug testing, two issues are generally avoided by the activists who call for greater participation in studies, and these are the questions of potential fetal harm and drug manufacturer liability.[94] Only in July, 1993, did the FDA end its 16-year long outright ban on the participation of women with "childbearing potential" in the early stages of drug testing.[95] This ban was intended to prevent possible harm to the fetus in a woman who became pregnant while taking an experimental drug. But even with this legal barrier removed, it may be difficult to persuade drug makers to include fertile women in their drug testing studies. This is due to the fact that a woman who is or becomes pregnant during a drug trial and whose fetus or child is harmed, may be able to sue the company and the people running the study. I strongly suspect that this, not sexism, is the primary reason why young women are excluded from many drug trials. Even giving informed consent and promising not to sue in the event of fetal damage is not adequate protection, since similar contracts are routinely thrown out in court proceedings. The only way to alter this state of affairs is for women to commit themselves to accepting responsibility for their actions and not hold others responsible when mishaps occur because of something done by the woman. Maintaining the right to sue when one violates one's own end of an agreement, e.g., by becoming

[91] Jennifer Wofford, "Women with AIDS Excluded from New CDC AIDS Definition," *Gay Community News*, December 1-7, 1991.

[92] Victoria Brownworth, "AIDS: Words from the Front," *Spin*, February, 1992.

[93] Scott Wilson & Brenda Lein, "HIV Disease in Women," *Treatment Issues*, Summer/Fall, 1992.

[94] Jon Cohen, "Did Liability Block AIDS Trial?" *Science*, July 17, 1992.

[95] "FDA Ends Ban on Drug Tests in Women of Child-Bearing Age," *Boston Herald*, July 22, 1993.

pregnant, will only lead to continued exclusion of women from drug studies. But an even better way to deal with both of the problems created by women's exclusion from drug trials is to abolish the FDA, eliminate prescription laws, and allow people to medicate themselves as they choose. (I discuss these proposals in greater detail in a later section.) Then, women (and men) will be free to use whatever drugs they wish, and, of course, will have to bear the responsibility for whatever outcome occurs.

As for detecting and treating the HIV-related diseases which occur only or more commonly in women, educating health care practitioners and women themselves about these diseases and actively looking for them in HIV-positive women is the best way to deal the problem. However, the AIDS organizations feel this is inadequate and have used these diseases as a means to accomplish some of their political and social goals, under the guise of medical advance. As I mentioned in an earlier section, the CDC, under pressure from AIDS activists, revised the AIDS case definition in 1993. It was changed to include a number of new diseases, as well as a CD4 cell count of 200 or less, as diagnostic of AIDS. The new diseases were invasive cervical cancer, recurrent bacterial pneumonia, and pulmonary tuberculosis (TB). Obviously, the addition of cervical cancer will have an impact on the number of women diagnosed with AIDS, but so will the other two, since these are also frequently occur among HIV-infected women.

The initial case definition was based on the people who developed AIDS early on in the outbreak, the vast majority of whom got *Pneumocystis carinii* pneumonia and/or Kaposi's sarcoma (KS), as well as a number of other opportunistic infections (OIs). However, as knowledge about AIDS evolved, it became clear that people who acquired HIV in different ways were prone to some different infections. For instance male IDUs seldom, and women rarely, get KS, but frequently get bacterial pneumonias. Also, IDUs and women who have AIDS are more likely to be poor and/or homeless than were the men who initially developed AIDS, and are therefore more prone to TB. Thus, there was a scientific basis for including some people without other OIs or cancers who had recurrent pneumonia or TB, since they could often be as sick as, or sicker than, others who had qualifying OI's or cancers, and the old definition was based on an earlier and quite different population of people who had AIDS. Most of these people, however, even though they were not diagnosed with AIDS, were being cared for, and 90% of those who are now reclassified as having AIDS only under the new definition would have met the old definition eventually anyway. Because of this, some opposed changing the definition, arguing that the change would result in statistical mayhem, with a sudden, large, but transitory, increase in new cases without any benefit in studying or treating the disease.

However, as usual, politics entered the picture. What the activists and organizations who promoted the new definition really wanted was two-fold: first, to make it easier for HIV-positive people to get social security and other benefits (which often required an AIDS diagnosis in order to qualify), and second, to inflate the statistics further to try and justify their exaggerated predictions about AIDS. While I sympathize with those in need of money, a better way to have dealt with this would have been to pressure the various agencies to change their criteria, so that needy, sick people could qualify regardless of diagnosis. The social security administration did, in fact, change their criteria in this way in June, 1993, facilitating access to benefits for people infected with HIV,[96] but by then the case definition change had already been implemented and the consequent disinformation and distortion based on the new statistics had begun.

Whatever impact the new definition will have on individual people who have AIDS, the AIDS organizations hope to take advantage of it as well. They have been actively publicizing the increased number of cases, at least in massachusetts, where the new case rate as of September 1, 1993, was over four times that in 1992.[97] This is being done in an apparent effort to pressure various government bodies to direct more money their way, since they can again argue that the AIDS outbreak is growing by leaps and bounds. As usual these organizations are not going to let the truth get in the way of their agenda.

Sex, Lies, and Condoms

Ignoring or distorting the evidence of statistics, not to mention that of personal experience, the AIDS organizations and the news media continue to spread disinformation about the real risks of various sexual activities. This is despite the fact that honest investigators have been questioning the official line of the safer-sexers since very early in the outbreak, with more recent data supporting their contentions. (See, for instance, "AIDS Update: Myths and Realities," published in *Playboy* in 1986, and Michael Fumento's *The Myth of Heterosexual AIDS*, which came out in 1990.) The self-appointed guardians of the public health prescribe condoms for boys and dental dams for girls for practically all sexual encounters, often failing to adequately differentiate between high risk and low risk activities and high risk and low risk partners or relationships. While everyone needs to be thoughtful and exercise reasonable caution during sexual activity, most of what passes for expert advice on "safer" sex are claims that are half-truths at best, and outright lies at worst.

[96] Marc Malkin, "More of the HIV-Disabled to be Eligible for Benefits," *Bay Windows*, July 8, 1993.
[97] MDPH, *AIDS Newsletter*, January, 1992, September, 1992, January, 1993, and September, 1993.

Briefly put, the most risky sexual activity is getting fucked in the ass. Given the facts that the rectum is not designed for getting fucked and is therefore likely to sustain some trauma even when adequately lubricated, and that cum, once in a rectum, is likely to stay there for a while, it is not surprising that this activity entails a high risk of HIV infection. Getting fucked in the pussy without a rubber is much less risky, both because the vagina is tougher than the rectum and designed for fucking, and because cum tends to run out after sex. Even less risky is sucking cock, since the mouth is fairly tough, saliva can inactivate HIV, and any HIV that is swallowed will be inactivated by stomach acid. Eating pussy is essentially risk-free, since there is little HIV in vaginal fluid and the mouth is an inhospitable environment for HIV. As for the tops, or "insertive" partners, in any of these activities, the risk is either very small or non-existent. Because HIV would have to enter through a break in the skin or urethral mucosa of the fucker, and vaginal fluid has little HIV and shit essentially none, most fuckers are at little risk of HIV infection. And, since saliva harbors very little HIV and tends to inactivate it anyway, getting sucked or licked is virtually risk-free.

What one does with this information depends on one's sexual tastes, sexual appetite, and feelings about risks. People who value sex highly are often willing to take more risks than those who don't enjoy it very much. And others may be willing to modify their activity to make it safer, or change from a higher risk activity to one that is lower risk. For instance, one person may choose to use rubbers when fucking, while another may switch from fucking to oral sex. There is no such thing as safe and unsafe, only various levels of risk. Individuals should acquire truthful information, think things through, and decide on the level of danger they are willing to risk to experience sexual pleasure.

The safer sexers just don't seem to understand that sex means different things to different people, and the importance of sex to the individual will influence how much risk they are willing to accept in seeking sexual pleasure. For instance, a number of articles in the lesbian/gay papers have discussed why men don't want to use rubbers.[98] They go on to talk at length about survivor guilt and self-esteem and other psychobabble, and not until around the middle of the articles do they finally mention in passing that fucking with a rubber doesn't feel as good as fucking without (not to mention the fact that they also taste awful). Well, of course. Isn't that the fundamental reason? If rubbers felt good, everyone would use them when they fuck.

The writers fail to honestly confront the fact that even informed individuals may sometimes make unwise decisions in order to enjoy themselves, and that this is alright. They prefer to mystify the issue because they can not understand why others would be

[98] Steven Colarusso and Jim Brenning, "Fucking Without a Condom—But Not Cuming," *In*, September 21, 1992. This is representative of these kinds of articles.

willing to take a risk which the writers feel is excessively high. Further examples of such mystification of simple phenomena are three studies currently underway at a Boston gay/lesbian health center to find out why young men have unsafe sex.[99] Again, the answer, at least in part, is obvious: it feels good. Conducting such studies is a waste of time and money. Some may behave unsafely because they don't understand the risks involved, and easily accessible education should be and is being made available to them. But others have made a choice to take more chances than others might, therefore sometimes engaging in riskier activities. This decision should be respected, not disparaged with psychotherapeutic jargon.

Unfortunately, the way most information on sex and AIDS is presented makes it difficult for many to make reasoned decisions, because everything is presented in terms of black or white, instead of in the more accurate shades of gray which reality takes on. For instance, while AIDS organizations in the united kingdom, canada, and australia, have for years considered blow jobs essentially risk-free, most safe sex literature in the united states, while pointing out the low level of risk, still encourages the use of rubbers for blow jobs. This is despite numerous studies which have found no or little risk of HIV transmission during cocksucking.[100] But, every time the occasional study implicating blowjobs in HIV transmission comes along, it gets more than its share of coverage in the gay/lesbian press. In one case, a Boston paper contained a story headlined, "New HIV Risks of Oral Sex Reported."[101] In fact the research discussed was not about oral sex at all. They were studies that found HIV in pre-cum. Since some safe sex guidelines advise that blowjobs are OK as long you don't get cum in your mouth, this new information made some people nervous. The reporter, however, failed to mention the fact that most other researchers have discovered no increased risk of HIV infection associated with ingesting pre-cum, which is almost unavoidable during cocksucking, and therefore this new study offered no new information that should disturb anyone. Many studies have demonstrated the safety of oral sex, and generally the rare men found to have acquired HIV this way have had chronic gum or dental disease.[102] Additionally, the HIV transmission rate among men in places like San Francisco bottomed out years ago, despite the fact that, although most men stopped fucking without rubbers, it appears that very few gave up blowjobs or used rubbers when sucking cock. All of this should lead one to look on studies or "guidelines" which condemn oral sex with a healthy skepticism.

[99] Marc Malkin, "Study Hopes to Find Reasons Young Gay Men Have Unsafe Sex," *Bay Windows*, April 22, 1993.
[100] Chuck Polisher, "Oral Sex How Safe is It?" *In*, September 14, 1992.
[101] "New HIV Risks of Oral Sex Reported," *In*, December 21, 1992.
[102] Rex Wockner, "Oral Sex Questions in Holland," *In* May 26, 1992.

Safe sex information aimed at women who have sex with women is even more distorted than that aimed at homosexually active men. Most studies have shown no sexual transmission of HIV between women,[103] but there have been a handful of anecdotal reports of such transmission, most recently that of two women in texas,[104] although an expert on AIDS among homosexually active women has stated that only one of these two women is likely to have acquired HIV from another woman.[105] Such a small number of cases among the millions of women engaging in sex with each other, should be cause for reassurance and elation. Instead we see the kind of fear-mongering evidenced by the following headline found in the feminist journal, *New Directions for Women*: "Nowhere to Hide: AIDS, an Equal Opportunity Killer Invades the Lesbian Community."[106] Women are frequently advised to use rubber gloves and dental dams when having sex with other women, despite the fact that most of them know *no* other women who acquired HIV homosexually. Prominent lesbian activists tell the story of their decision to get tested for HIV (both were negative, of course) in the lesbian/gay press,[107] while safer sex groups visit women's bars to hand out kits containing gloves, dams, and safer sex disinformation,[108] and women-only porn movies feature performers who wear gloves and use dams.[109] Time, money and effort are being wasted on such efforts, while those who are taken in by the arguments of the safer sexers are unnecessarily sacrificing their sexual pleasure.

Fortunately, there are a number of women out there who disagree with this stuff. Writer Sarah Schulman, herself an AIDS activist, has been trying to counteract this anti-sex current among women for a number of years. In an interview she stated, "I've been a lesbian for 15 years and I know thousands of women, right? I don't know any who got AIDS from sexual transmission with a woman. Gay men knew AIDS existed before the press told them because they saw it in their lives. We don't see it in our lives and therefore I don't think it's there."[110] Additionally, health educator Louise Rice told a gay/lesbian newspaper in 1992, "Every day, women make decisions about the risk of different activities. Most of these activities (smoking or driving a car, for example) carry a far greater risk than cunnilingus. Thousands of lesbians' lives could be saved if we were to

[103] Susan Chu et al., "Epidemiology of Reported Cases of AIDS in Lesbians, United States 1980-89," *AJPH*, November, 1990.
[104] Nancy Solomon, "Risky Business: Should Lesbians Practice Safer Sex?" *Out/Look*, Spring, 1992, and "AIDS Doc: Lesbian Transmission Possible," *Boston Herald*, August 30, 1993.
[105] Marc Malkin, "Lesbian HIV Risk Still Called Minimal," *Bay Windows*, September 9, 1993.
[106] Laura Flanders, "Nowhere to Hide: AIDS, an Equal Opportunity Killer, Invades the Lesbian Community," *New Directions for Women*, September-October, 1992.
[107] Joan Sully and Marea Murray, " A Couple of Dykes Talk About Their HIV Tests," *Gay Community News*, September 22-28, 1991.
[108] Bridget Snell et al., "Dam-it Dykes," letter to *Gay Community News*, March 4-10, 1991.
[109] Wickie Stamps, "Doing it for Daddy," *In*, March 22, 1993
[110] Sarah Schulman and Marea Murray, "The Writer as Witness," *Gay Community News*, March 4-10, 1990.

devote half the attention to mammograms and breast self-awareness that has been focused on dental dams."[111] Just as those of us who challenge the myths about sexual transmission among men are generally ignored, the views of these women are not given nearly the same coverage as those of their opponents.

Even though the heterosexual epidemic of AIDS in the united states that was promised several years ago never materialized, attempts are still being made to promote the idea that women and men who are heterosexually active are as much at risk of AIDS as men who are homosexually active, and therefore need to take the same precautions. Many myths about HIV risk among heterosexually active people are current: that vaginal sex is as risky as rectal sex, that women prostitutes are likely to transmit HIV to their customers, and that men and women are equally at risk in heterosexual sex. Despite the fact that there is no evidence to support any of these theories, they frequently surface in safer sex educational materials and press reports and have a definite impact on what people believe about AIDS. For instance, in a survey (whose findings were published in April, 1993) of 3321 men between 20 and 39 interviewed in 1991, "71 percent think the risk of getting AIDS from a single act of intercourse with an HIV-infected woman is about 500 times higher than medical research indicates it is."[112]

As I noted above, vaginal sex is much less risky than rectal sex, because of the differences in the anatomy of the vagina and the rectum. And, when heterosexual transmission of HIV does occur, it is much more likely to move from men to women than from women to men. In fact, one study which looked at heterosexual couples where, initially, one partner was HIV-positive and the other HIV-negative, found that after years of unprotected intercourse 20 percent of the women became infected, while only one of the 72 men in the study got infected from his female partner.[113] Michael Fumento has even stated that, "A non-drug abusing heterosexual man in this country has a much better chance of getting breast cancer than getting AIDS."[114]

The main reason that heterosexual cases are increasing as a percentage of cases is because transmission by other routes peaked earlier in the course of the outbreak than did heterosexual transmission, not because of increased spread of HIV between men and women. However, one other thing is influencing the heterosexual numbers: the fact that many people lie about their sex and drug use habits. I have personally had the experience of caring for men whom I know to be homosexually active, who do not disclose this information

[111] Carol Camlin, "With/Without the Dam Thing: The Lesbian Safer Sex Debate," *Boston Reader*, October 15-November 15, 1992.

[112] Boyce Rensberger, "Most Men See Condom Use as 'Caring,' Survey Finds," *Boston Globe*, April 15, 1993.

[113] Nancy Padian et al., "Female-to Male Transmission of Human Immunodeficiency Virus," *JAMA*, September 25, 1991.

[114] Fumento, "Shooting the Messenger."

to their health care providers, and specifically deny it when asked. Thus, there are a number of men who may have been infected with HIV from having sex with men, as well as people of both sexes infected by sharing needles, who are counted, inaccurately, as heterosexual cases, because they are unwilling to reveal their actual risk activities. Fumento illustrated this point well in *The Myth of Heterosexual AIDS*,[115] and, more recently, a study of the increase in heterosexual AIDS in florida concluded that, "The increased rate of heterosexually acquired AIDS cases reported from southern Florida was partially related to misclassification of risk," after 30% of the purported heterosexual cases they studied were reclassified into other transmission categories when properly investigated.[116]

Interestingly, while the more zealous among the safer sexers are willing to distort information about sexual transmission of HIV to terrorize people into draping their body parts in latex in any and all sexual encounters, they are more than willing to deemphasize other kinds of risks when it suits their political agenda. For example, the activists wish to have condoms distributed by school personnel. Therefore, when those who oppose giving out condoms in the schools bring up the failure rate when condoms are used to prevent conception and claim that they would be even more likely to fail to prevent HIV transmission, the pro-condom forces routinely dismiss such concerns. This is despite the fact that condoms do indeed sometimes rip or fall off, although not as often as the anti-condom people imply, and are more likely to do so in rectal than in vaginal intercourse. Remember these are the same folks who themselves exaggerate the practically non-existent risk of woman-to-woman transmission of HIV.

Similarly, the activists (as do I) want HIV-positive people to be allowed to work, play, and socialize in all areas of life with virtually no restrictions. So, while warning us always to "dress for the occasion" with condoms, the activists and experts go on to claim that playing basketball with Magic Johnson is essentially risk-free, despite the frequency of bleeding injuries sustained while playing ball.[117] Additionally, when a slasher cut an HIV-positive person, and then went on to use the same weapon on three others, "An AIDS expert said the chance of the other women contracting the virus from blood on the suspect's boxcutter is 'almost zero.'"[118] I agree about the low risk involved in the slashing and in playing ball with Johnson, but I believe the risk involved in a single sexual encounter is almost always as low, and often substantially lower, depending on the specific sexual activity that takes place. Keep in mind that blood is the body fluid most likely to have the highest concentration of HIV

[115] Michael Fumento, *The Myth of Heterosexual AIDS* (New York: Basic Books, 1990), pp. 87-96.

[116] Okey Nwanyanwu et al., "Increasing Frequency of Heterosexually Transmitted AIDS in Southern Florida: Artifact or Reality?" *AJPH*, April, 1993.

[117] Tony Massaroti, "Experts: AIDS Fears Not Rational," *Boston Herald*, November 3, 1992.

[118] Patrice O'Shaughnessy, "Slasher hurts 4 in B'klyn: HIV Woman is 1st Attacked," *Daily News*, June 6, 1992.

and therefore be most infectious, vaginal fluids have low concentrations of HIV, and researchers have even shown that the semen of HIV-positive men is frequently free of HIV.[119] So, the safer sexers seem to wish us to believe that HIV is more easily transmitted by practically any sexual encounter than it is by some forms of blood-to-blood contact. Or, in other words, they say it's safe to play violent contact sports with Magic Johnson, but not safe to suck his dick, in flagrant contradiction of the available evidence. This lack of consistency on the part of the safer sexers is just one more reason to question the "facts" they present.

What is lost when people are taken in by the safer sexers and not only avoid really risky behavior, but also make unnecessary changes in their sexual lives which leads to less enjoyment of sex? That, of course, depends on the person, and how important good sex is to them. But for those of us who now enjoy sex, and young people who have not yet experienced such pleasures, buying into the whole safe sex package would only impoverish our sex lives. And for what? To avoid any potentially dangerous activity? But the same people who won't have sex, or use condoms unnecessarily, because they believe the disinformation and distortion of the safe sex zealots, may drive fast, smoke tobacco, forgo seatbelts, or take many other risks daily while not giving them a second thought. Sex is something many of us are not willing to give up, just because we may put ourselves at some risk when we enjoy it. It is unfortunate that so many so casually accept the restrictions that are now sometimes necessary when having sex.

However, even some who are more cautious than I recognize what is being given up and protest at the ease with which others have forfeited sexual pleasure. As an editorial in *The Guide* stated, "As our oppressors cheer the demise of sex uninhibited by latex or mortal fear, we must not forget to mourn its loss....Savoring the taste of someone else is rapturous. Feeling yourself pump juice deep inside your partner is fantastic. Knowing you have [a] stomach or ass full of cum can be transcendent....But now an entire generation of kids is growing up viewing cum as a poison rather than as an erotic elixir....And while we can appreciate our creativity and resilience in developing and adhering to safer sex alternatives, we must not devalue the sacrifice we are making."[120] Writer Pat Califia made a similar point in "Slipping": "I am hungry for the smell and taste of lesbian desire....I am the kind of girl who prefers to swallow it. It is an affirmation and salvation. Sex without that salty taste makes me lonely....Never be sorry that you know what sex tastes like. Never be sorry that you have touched another human being intimately, drawn a part of them into your body. It is worth the price....Sex has always been a high-risk activity. I continue to struggle to make it as safe as I possibly can. But I can't lie to myself and pretend that I haven't given

[119] Susan Brink, "Study Focuses on Fickle Nature of HIV in Men," *Boston Herald*, May 27, 1992.
[120] "Coming Attractions," *The Guide*, April, 1991.

something up. And sometimes I just can't make myself believe that the bargain is worth it. And then I slip. When I slip, I do things that endanger my life. But I also find the hope I need to go on compromising, struggling, doing without, and getting by."[121]

In recent years, the experts and activists have broadened their assault on risk-taking to include not just risky sex, but also "risky" drug use. Safe sex guidelines have become safe sex and drug use guidelines, and do not include just safe injection techniques. They warn, like the temperance activists of old, of the dangers associated with getting high on alcohol, cocaine, or other recreational drugs. These modern puritans, with cutesy slogans like "Alcohol is Not a Safe Lubricant" or "Get High, Get Stupid, Get AIDS," argue that getting high affects one's ability to make decisions and may result in unsafe sex. Newspapers also encourage this anti-drug sentiment by routinely accepting and reporting the stories of people who freebase cocaine that they have as many as 50-80 partners a day to pay for their drugs.[122] (One wonders how they would have time to freebase with this much sex taking place). While I agree that drug use affects decisions we make, many, if not most, people who use drugs do not experience fundamental changes in thinking and behavior while high, and are unlikely to act in ways they do not think are acceptable when sober. The activists are unwilling to accept that people are capable of thoughtfully choosing risks, and seek to blame chemicals for behavior of which they disapprove. And although many people who engage in risky behavior may themselves claim that the demon rum, or cocaine, or whatever may have been the cause, and may, as well, embellish the stories of their sexual adventures to increase the dramatic effect, that doesn't make it true. It ought to be understood that many people lie about their behavior in an attempt to evade responsibility.

Besides such spurious safe sex arguments used to dissuade us from getting high, there have been a number of reports of studies by experts who are now laboring to prove that many recreational drugs hasten the progression of HIV disease or impair the body's ability to resist infection with HIV. The headlines claim that "Cocaine Boosts Growth of AIDS Virus,"[123] "Alcohol Impairs Body's Ability to Fight HIV,"[124] "Study Finds T-Cell Damage from Poppers,"[125] and even "Smoking Speeds HIV Woes."[126] While these studies may have turned up real evidence to support such claims, where are similar studies of the effects of the ingestion of non-AIDS-related therapeutic drugs, or meat, or dairy products, or pesticide-laden vegetables? Anything we take into our bodies can effect our immune systems, and there is no

[121] Pat Califia, "Slipping," *Frighten the Horses*, Summer, 1991.
[122] Susan Brink, "Emergency Rooms Mirror Society's Reckless Behavior," *Boston Herald*, September 27, 1992.
[123] "Study Finds Cocaine Boosts Growth of AIDS Virus," *Boston Herald*, October 23, 1990.
[124] "Study: Alcohol Impairs Body's Ability to Fight HIV," *Bay Windows*, March 23, 1993.
[125] Keith Clark, "Study Finds T-Cell Damage from Poppers," *In*, September 21, 1992.
[126] "Smoking Speeds HIV Woes," *Boston Herald*, May 12, 1993.

reason to presuppose that recreational drugs would be more problematic in this regard than many other things. But this society's bias against certain drugs has encouraged scientists to seek evidence of their harmfulness, while ignoring that of substances more acceptable to most people. And all in an effort to get people to avoid a voluntary, private, pleasurable activity of which some disapprove.

The anti-sex and anti-drug, in essence anti-pleasure, stance of those promoting safer sex may, in fact, prevent some cases of AIDS or help some people who are HIV-infected stay healthy. However, looking at it simply in these terms leaves out the question of quality of life. Life without risk is life without pleasure. Those who wish to avoid risk should surely be free to attempt this. But, those of us who are more interested in living than existing should not be condemned or belittled for the choices we make, and we should not be lied to or misled to get us to conform with the morality of the safer sexers.

International AIDS: Africa and Haiti

Much has been written and said in the united states about AIDS in other parts of the world, and most of it is no more accurate or informative than what we have heard and read about the outbreak here. Unfounded claims that AIDS will devastate large areas of Africa and Asia are uncritically reported, while most of the news media fail to raise tough questions about the real extent of AIDS in other countries, as well as the official line about transmission patterns and the origin of HIV.[127] While the AIDS outbreak has clearly affected people in some other countries quite differently than it has united states residents, we need to look beyond official explanations for this phenomenon and examine the known facts carefully.

Two areas of the world in particular, Africa and haiti have been the subject of much study and news coverage. It has been claimed that HIV originated in Africa where it is in the process of wiping out vast numbers of people, that it came to the united states via haiti, that heterosexual transmission is responsible for most of the outbreak in these two areas, and that the outbreak in the united states could grow and change to mimic that in these two regions. While more recent research has discounted some of this nonsense, and simply using common sense would lead one to dismiss the rest, the press and the experts continue to spread their disinformation.

A good example of news media mythmaking about AIDS and Africa is the cover story in *Newsweek* on March 22, 1993.[128] In this article, the author puts forward the hypothesis that HIV is derived from similar viruses in monkeys or other primates, and somehow evolved into a human pathogen, infected people in Africa, and thence

[127]"Study: AIDS in Africa Rampant," *Boston Herald*, February 17, 1991, and "Study: AIDS Ravaging Africa," *Boston Herald*, August 15, 1991.
[128]Geoffrey Cowley, "The Future of AIDS," *Newsweek*, March 22, 1993.

spread to the rest of the world. But, contrary to this popular theory, several writers showed years ago that not only is there no convincing evidence that HIV-1, the virus responsible for the vast majority of AIDS cases worldwide, is derived from a simian virus,[129] but HIV appeared no earlier in Africa than it did in the united states.[130] Additionally many of the earliest cases of AIDS in people from Africa were among those who had been living in Europe.[131] This supports the case against an African origin for HIV.

Despite this, there has been an outbreak of HIV infection and AIDS in many countries in Africa. However, contrary to what we often hear and read about the supposedly widespread and devastating epidemic of AIDS occurring there at present, the true extent of HIV infection in Africa is not as high as we are often led to believe. An article in *Alert* in 1990 claimed that HIV infection rates of 40-50% "are seen everyday...among the 'general public'" in sub-Sahara Africa.[132] However, in *AIDS in the World*, published at the end of 1992, Jonathan Mann, former director of the world health organization global programme on AIDS, and his associates reported that, "available studies have not found infection levels above 30 percent in general populations" anywhere, and that "results from several settings have shown relatively stable and moderate levels of infection in some general population samples over a period of several years, for example, in Kinshasa, Zaire."[133] (This is particularly interesting in light of the fact that zaire is often painted in the united states news media as one of the countries hardest hit by AIDS.) Additionally, this same book states that no country in Africa has an HIV infection rate in excess of 10% among the general population, and many have rates of 5% or less.[134]

Even as early as 1989, some questioned the conventional wisdom about the effect of the AIDS outbreak on Africa, as indicated by this *Boston Globe* headline: "Predictions on AIDS May Have Been Too Dire."[135] In a recent series of articles in *Spin*, writer Celia Farber further debunks the myths that continue to be spread about AIDS in Africa. She points out that, "of all the HIV-positive people in the world, 69 percent are in Africa, and only 16 percent are in the U.S. However, in terms of actual reported AIDS cases, 44 percent come from the U.S. whereas only 30 percent come from Africa. Finally, the total number of AIDS cases in the U.S. is 230,179. The same figure for Africa is only 151,455. In 1986, it was stated in the medical journal the *Lancet* that 60 percent of all children in Uganda were

[129]Richard and Rosalind Chirimuuta, *AIDS, Africa and Racism* (London: Free Association Books, 1989), pp. 69-77, and Renée Sabatier, *Blaming Others* (Philadelphia: New Society Publishers, 1988), pp. 51-67.
[130]Chirimuuta, *AIDS, Africa and Racism*, pp. 53-68, and Sabatier, *Blaming Others*, pp. 48-49.
[131]Chirimuuta, *AIDS, Africa and Racism*, pp. 26-29.
[132]Ken South, "Second International Conference of AIDS Related Non-Governmental and Community Organizations: 'Policies in Solidarity,'" *Alert*, December, 1990.
[133]Jonathan Mann et al., *AIDS in the World* (Cambridge: Harvard University Press, 1992), p. 82.
[134]Ibid., p. 80.
[135]John Robinson, "Predictions on AIDS May Have Been Too Dire," *Boston Globe*, June 25, 1989.

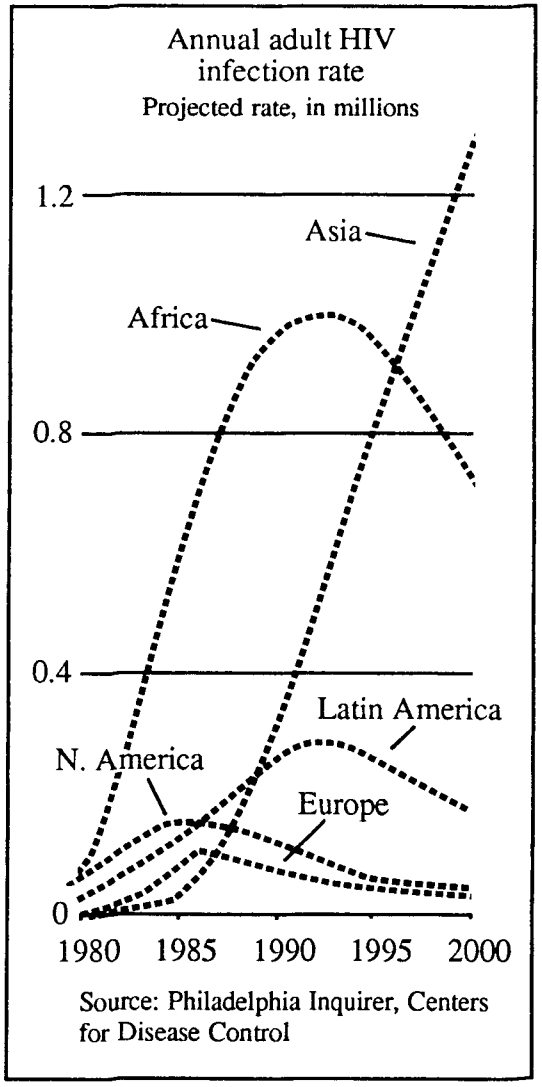
infected with HIV. The real figure is now recognized as 5 to 7 percent."[136] This is in line with figures cited by Jonathan Mann et al. They claim that, as of January, 1992, there were 1,183,000 cumulative HIV infections in North America and 8,772,500 in sub-Saharan Africa, while there were, at that time, 218,989 cumulative AIDS cases in North America (213,641 in the united states), but only 114,522 in sub-Saharan Africa[137] As early as 1989, Richard and Rosalind Chirimuuta, authors of *AIDS, Africa and Racism*, noted a lower death rate from AIDS among some residents of Africa than among residents of the united states and Europe. At the time they wrote, "only 13% of Kenyans with AIDS have died, whereas in Europe and America the figure is around 50%."[138]

If so many people in Africa are infected with HIV, one might ask why there is so little AIDS. Both the Chirimuutas and Farber suggest the most obvious answer: much of what passes for AIDS in Africa is not, in fact, HIV-related disease or AIDS. Several years ago, the Chirimuutas documented the fact that cross-reactivity with other antigens can cause false-positive HIV antibody tests, especially in those with parasitic infections such as malaria, a very common disease in much of Africa. Additionally, other infectious diseases, particularly TB, often present with symptoms indistinguishable from those used to diagnose AIDS according to the AIDS definition used in Africa. In one study from the *British Medical Journal* cited by Farber, in a group of 1715 patients studied in Abidjan, ivory coast, 35% of 684 HIV-positive patients had clinical AIDS, while 10% of the 1031 negatives had an AIDS diagnosis. In other words 30% of the "AIDS" patients in this group were HIV-negative. As a nurse who is quoted by Farber states, "If people die of malaria, it is called AIDS. If they die of herpes, it is called AIDS. I've even seen people die in accidents and it's been attributed to AIDS. The AIDS figures out of Africa are pure lies, pure estimate."[139]

While there has been an increase in mortality from infectious diseases in recent years, as well as an outbreak of HIV infection in parts of Africa, HIV is not the only, or even the most important, factor at work. Even those who believe the official version of the AIDS situation in Africa concede that the outbreak of HIV infection there has either already peaked or will peak in the near future as demonstrated in the CDC graph reprinted on the next page.[140] (The fact that the peak in Africa is occurring several years after that in the united states is further evidence that AIDS did not originate in Africa.) Poor nutrition and worsening pollution of drinking water with infectious agents, with their immune suppressive effects, may well be a more important part of the current problem with infectious

[136] Celia Farber, "Out of Africa," *Spin*, March, 1993.
[137] Mann et al, *AIDS in the World*, pp. 103, 893, 898.
[138] Chirimuuta, *AIDS Africa and Racism*, p. 106.
[139] Farber, "Out of Africa."
[140] "Salk: AIDS Researchers Should Try New Strategy," *Boston Herald*, July 22, 1992.

diseases in Africa than is HIV. However, the relative ease with which one can obtain funding to look at AIDS, as opposed to the difficulty in finding money to pursue other medical research or improve sanitation, may well result in an over-emphasis on one area of health promotion and care, to the detriment of others which are at least as important. Thus, while western scientists and international political groups focus their attention, money, and energy on AIDS, of which there were approximately 150,000 *cumulative* cases as of early 1993, 3,000,000 people in Africa die of TB, 1,000,000 die of malaria, 1,500,000 to 2,000,000 die of tropical infectious diseases other than malaria, and 10,000,000 (including 4,000,000 children) die of acute respiratory infections *each year*.[141]



Some of those who believe in the African origin of HIV also believe that it came to the united states via haiti, theorizing that it was introduced to the island by haitian people who had visited and worked in zaire. This theory, however, is not supported by the facts. First of all, as I mentioned above, the HIV outbreak began at approximately the same time in Africa and the united states. And secondly, while there apparently was a lot of sexual contact between vacationing men from the united states and men

[141] Fumento, *The Myth of Heterosexual AIDS*, p. 124.

they met in haiti in the years prior to the beginning of the outbreak in both countries, the first cases of AIDS appeared in both places around the same time, if not somewhat earlier in the united states.[142]

Though I dispute the details of the AIDS outbreak in Africa and haiti, I do acknowledge that AIDS has had a significant impact in both areas. Additionally, heterosexually active people in haiti and parts of Africa, especially women, have been affected disproportionately, compared to similar people in the united states and western Europe. According to Mann et al., the ratio of men to women with HIV is 7:1 in the united states, 1.5:1 in the Caribbean (where haiti is located), and 1:1 in sub-Saharan Africa.[143] Whereas most united states cases continue to be due to either homosexual contact between men or needle-sharing, most researchers attribute most of the transmission of HIV in Africa and haiti to heterosexual contact. While there does appear to be more heterosexual transmission in haiti and Africa, for reasons I will discuss below, it is not at all clear that this is the only explanation for what is happening there.

There are a number of factors that probably contribute to increased heterosexual transmission of HIV in haiti and Africa. Poorer general health, caused by poor nutrition, bad sanitary conditions, and the prevalence of bacterial and parasitic infections among people in these areas likely make people more prone to infection from heterosexual sex than they would be otherwise. Additionally, uncircumcised men are as much as 5-10 times more likely to acquire HIV infection from a woman partner than are circumcised men, and areas of Africa where HIV infection is most widespread are areas where circumcision is much less common than in the united states.[144] At least as important as these factors in promoting heterosexual HIV transmission in Africa (and, to some extent, in haiti, as well), however, is the extremely high rate there of genital ulcers caused by sexually transmitted infections. These genital ulcers promote transmission of HIV by giving the virus an easier portal of entry than it would find in intact skin or mucous membrane.

But facilitated heterosexual transmission could not be the only reason for what we see in Africa or haiti. Since transmission of HIV from a man to a woman is up to 20 times more likely to occur than would transmission from a woman to a man,[145] if heterosexual transmission were the primary mode of transmission, one would expect much greater numbers of women than men. This, however is not the case in either Africa or haiti. This means that men must be getting infected in other ways than heterosexual contact. In both areas, reuse of needles in medical or healing settings is much more

[142] Chirimuuta, *AIDS Africa and Racism*, pp. 15-20.
[143] Mann et al, *AIDS in the World*, pp. 83, 89, 91.
[144] Fumento, *The Myth of Heterosexual AIDS*, pp. 122-3.
[145] Padian et al., "Female-to Male Transmission."

common than in the united states. The blood supply is not screened adequately for HIV in many parts of Africa where transfusion is a common treatment for malaria. Additionally, in Africa unsterile blades are used for scarification and genital mutilation (circumcision, infibulation) in some places. All of these practices can cause transmission of HIV in both men and women, and may help account for the higher than expected rate of HIV infection in men.

However, what is even more likely to explain the unexpected gender ratios is unacknowledged sex between men, even though few men who have AIDS or HIV in Africa or haiti admit to homosexual activity. It has been well documented that men have sex with other men in haiti and that this is the most likely way that HIV was introduced to haiti from the united states. While I have not seen much discussion of homosexual activity in relation to the AIDS outbreak in Africa, some men are certainly having sex with each other there, just as they do everywhere else, and this has been documented.[146] Just as careful and persistent public health workers, especially in New York, have proven that even in the united states many men lie about their sexual activity when questioned by their health care providers, more thorough investigation would likely provide evidence of much more man-man sex in both Africa and haiti than is currently admitted.

If we factor in blood-blood contact through injections and shared cutting blades and covert sex between men, as well as enhanced heterosexual transmission in both directions as a result of genital ulcers, the numbers seen in Africa make more sense, since all of these things would result in greater numbers of infected men than would otherwise be expected. Besides helping explain why the AIDS outbreak looks different in haiti and Africa than it does in the united states, these very phenomena also show us why the African experience will not be repeated in this country. In the united states, needles are rarely reused except by IDUs; genital mutilation (primarily circumcision of boys) is done under clean conditions, usually in hospitals with sterile instruments; heterosexual sex is relatively inefficient in transmitting HIV, especially from women to men, largely because of lower rates of ulcerative STDs; and homosexually active men frequently do not have sex with women. For these reasons, women who do not share needles and avoid steady sexual relationships with IDU men and men who have sex with men, and exclusively heterosexually active men who do not share needles will continue to be at minimal risk of HIV infection and AIDS. And most women and men in the united states fall into these two categories.

While the AIDS outbreak in haiti, Africa, and elsewhere in the world has caused widespread suffering and death, its real impact in other countries has been just as exaggerated and distorted by the

[146] Cary Alan Johnson, "Inside Gay Africa," *Black/Out*, Fall, 1986.

experts and the news media as has been the case in the united states. Comparisons between the effects of AIDS on the world with that of real plagues like the bubonic plague outbreaks in past centuries or the influenza pandemic in the early part of this century are unmerited. Looking honestly at the outbreak and raising tough questions when consensus reality doesn't make sense is the only way to get at the truth.

AIDS, HIV, and AZT

Throughout this pamphlet I have written about HIV as if it were the cause of AIDS. This, however is too simplistic a statement of what I believe to be true about the connection between HIV and AIDS. I believe that HIV is not the cause of all cases of AIDS, and that, in most cases in which HIV is the cause, it does not produce AIDS without the assistance of various co-factors, either biological or chemical. I also believe that many, if not most, people who are exposed to or infected with HIV, will not develop AIDS. This is only one of many theories about HIV and AIDS, from the idea that HIV is both necessary (it causes all cases) and sufficient (it acts essentially alone) to cause AIDS, to the idea that HIV is a harmless organism that happens to be acquired by engaging in the immune-suppressive activities that are the real cause of AIDS. Clarifying the role of HIV in AIDS is important, both for designing strategies for preventing of disease, and for developing appropriate treatments for those who are already sick.

One of the big news stories that came out of the international AIDS conference in Amsterdam in 1992 was the disclosure that there were a number of documented cases of AIDS in which there was no evidence of HIV infection.[147] This information served to bolster the case of those who claimed that the cause of AIDS was multifactorial, as well as those who feel HIV does not cause AIDS. In response, however, the scientific establishment in the united states, committed to the HIV-causes-AIDS theory, declared these cases were not AIDS and renamed them idiopathic CD4-lymphocytopenia (ICL).[148] By this simple maneuver, the CDC and other establishment scientists acted to quash discussion of these non-HIV AIDS cases and preserve the integrity of their own theories about AIDS and HIV. Their success in convincing the news media of their position is indicated by headlines such as these: "Mysterious AIDS-like Illness Determined to be False Alarm,"[149] and, "Researchers Rebuff New AIDS-like Illness."[150]

Besides these non-HIV AIDS cases, there is much other evidence that contradicts the official line that HIV=AIDS=death. For

[147]"Scientists Skeptical About New Sickness," *Boston Herald*, August 15, 1992.
[148]MDPH, "Idiopathic CD4-Lymphocytopenia: What is It?" *AIDS Newsletter*, September, 1992.
[149]Daniel Haney, "Mysterious AIDS-like Illness Determined to be False Alarm," *Patriot Ledger*, February 11, 1993.
[150]Keith Clark, "Researchers Rebuff New AIDS-like Illness," *In*, February 22, 1993.

instance, there are a number of people infected with HIV who remain totally disease-free after up to 12 years of infection,[151] prompting Luc Montagnier, who discovered HIV, to state last year that, "We can no longer say that HIV infection is always a death sentence."[152] Estimates of the number of long-term HIV-infected people in controlled studies who remain healthy and symptom-free range from 10% to 33%.[153] Even prominent HIV proponent Robert Gallo was quoted as saying, in a speech to the royal postgraduate medical school in england in 1989, that "We have no way of predicting how many people who are infected are going to develop AIDS. The best data today argues for about one-third, but there are so many variants out there, don't start projecting that you know the future."[154] In one cluster of cases in australia, an infected person donated blood which was later transfused into five people. All five of these people are HIV-positive, but none have developed any signs of immune deficiency seven to 10 years after being infected. The donor, who may have been infected as early as the 1970s is also completely healthy.[155] There are also some anecdotal accounts of people going from being HIV-positive to HIV-negative.[156] Since most people with HIV infection are not being studied by anyone, presumably because they are well, there is every reason to believe, simply by extrapolating from the information we have about people known to be infected, that there are many more healthy HIV-infected people out there.

There is additional evidence that many people can successfully fight off HIV infection and AIDS without medical intervention. Studies have shown that a number of people exposed to HIV demonstrate cell-mediated immunity to HIV, but do not develop anti-HIV antibodies and have no evidence of current HIV infection.[157] In one case reported at the international conference in Berlin in 1993, of a set of identical twins born to an HIV-infected mother, one twin was infected with HIV, while the other was not. The uninfected twin showed evidence of cell-mediated immunity to HIV. Two other studies reported at the same conference showed similar disease-free individuals among high-risk groups of prostitutes in Nairobi and IDUs in Newark.[158] Such natural immunity occurs with every disease, so it is not surprising that it has been found in the case of AIDS.

Some researchers have gone even further in their criticism of the HIV hypothesis and claim that HIV does not cause AIDS. The

[151]Marc Malkin, "Local Researchers Give Mixed Reviews for AIDS Confab," *Bay Windows*, August 20, 1992.
[152]Rex Wockner, "Montagnier: HIV Not Always a Death Sentence." *In*, June 9, 1992.
[153]Malkin, "Local Researchers;" Ken Fornataro, "Non-Pathogenic Strains of HIV?" *PWA Coalition Newsline*, September, 1990; and Bruce Mirken, "Viral Apartheid in Our Community?" *Bay Windows*, May 20, 1993.
[154]News item in *Next*, September 13, 1989.
[155]Cowley, "The Future of AIDS."
[156]Niro Markoff [Asistent] and Paul Duffy, *Why I Survive AIDS* (New York: Fireside, 1991).
[157]Jonas Salk et al., "A Strategy for Prophylactic Vaccination Against HIV," *Science*, May 28, 1993.
[158]Lisa Krieger, "Tiny Twins Pose Huge AIDS Puzzle," *Patriot Ledger*, June 14, 1993.

best-known advocate of this theory is retrovirologist Peter Duesberg,[159] but there are others, such as physiologist Robert Root-Bernstein and biochemist Charles Thomas, the founder of the Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis, who share this view.[160] Supporters of this view argue that HIV is simply a harmless virus that is acquired through the same immune-suppressive activities which in fact cause AIDS. In support of this theory they point out that only a small number of people develop AIDS each year out of an infected population of 1,000,000, and that the incubation period from the initial production of antibodies to HIV to development of AIDS is found to be longer each year. They also add that different people who have AIDS often get quite different diseases, and that few CD4 cells, whose decrease in number and failure to function properly is the basic problem in people who have AIDS, are ever actually infected with HIV.[161] Duesberg and others argue that these facts indicate that HIV is not the cause of the immune suppression seen in people who have AIDS. They claim that use of drugs, both injected and ingested; exposure to foreign tissue, both in the form of cum in the rectum and blood transfusions; and immune suppression cause by viral and bacterial infections and overuse of antibiotics are the real causes of AIDS.[162]

The questions raised by Duesberg et al. about HIV are worthy of consideration, but do not prove the case against HIV. Opponents of the HIV/AIDS hypothesis point to the ever-lengthening "official" incubation period (from initial infection with HIV to AIDS diagnosis), which has been revised time after time by the CDC,[163] and the fact that many with HIV do not develop AIDS or any other HIV-related health problems after many years of infection, as evidence that HIV does not cause AIDS. But these phenomena are more likely to be evidence that co-factors like those which Duesberg claims cause AIDS, or co-infection with mycoplasma, which has been implicated by Montagnier and researcher Shyh-Ching Lo,[164] precipitate or accelerate AIDS in the presence of HIV, rather than that HIV is blameless. Also, the fact that anti-HIV drugs, like AZT, improve some symptoms of AIDS, such as the neurological problems which are thought to be a result of direct infection of brain cells with HIV, indicates that HIV plays some role in most cases of AIDS. But, whatever the real role of HIV, the kinds of questions raised by Duesberg and others have been important in opening up the debate about what causes AIDS, a debate avoided by most scientists

[159] Peter Duesberg, "HIV is not the Cause of AIDS," *Science*, July 29, 1988.
[160] Brian Doherty, "Lies, Damn Lies, and AIDS Research," *Liberty*, August, 1993.
[161] Charles Thomas, "What Causes AIDS?" letter to *Reason*, April, 1992.
[162] Bryan Ellison, "The Fabricated Epidemic," *The New American*, January 15, 1990.
[163] Elinor Burkett, "HIV/AIDS: Is Something Else Going On?" *Sunday Star-Bulletin & Advertiser*, February 24, 1991.
[164] Susan Brink, "Small Band Continues to Pursue Disputed AIDS Theory," *Boston Herald*, June 14, 1992.

studying AIDS, especially those who share the outlook of government researchers and bureaucrats.

A similar open discussion about the benefits and drawbacks of AZT (and other drugs like it) has also been avoided by many clinicians and researchers. AZT was first approved in 1987 as a treatment for AIDS, and then recommended for preventive therapy in 1989. More recently, two drugs very similar to AZT, ddI and ddC, have been approved and are now used in concert with or instead of AZT. While these drugs are considered by most researchers and clinicians to be a cornerstone of HIV and AIDS treatment, a number of people, both clinicians and people who have AIDS, have come to question their usefulness and safety.

AZT has certainly had an effect on the course of AIDS in many people. Initial studies which led to its approval by the FDA showed an increase in the lifespan of those who took AZT versus those who took placebo, and the experience of many clinicians and AZT-users is that it improves the quality of life for many people with HIV-related disease.[165] Even critics of AZT like Joseph Sonnabend of New York, who has treated people who have AIDS for many years, feels there is a place for short-term treatment with AZT in people who are symptomatic.[166] However, now AZT is being widely used as preventive treatment in asymptomatic HIV-positive people, and many people question the wisdom of this approach.

In 1989, the national institute of allergy and infectious disease reported that they had found that AZT slowed progression to AIDS in people who had HIV and less than 500 CD4 cells.[167] In light of this, early treatment with AZT became the standard of care. Another study, reported in 1992, claimed that early treatment with AZT delayed death from AIDS as well.[168] This study served to lend further support to widespread early treatment with AZT.

However, not all the evidence backs up the claims made for AZT. Joseph Sonnabend argues that the 1989 study did not, in fact, prove that early AZT was beneficial,[169] and european scientists conducting a similar study (Concorde I) at the same time did not feel that the united states study had proven its conclusion.[170] But, the most damning piece of evidence against early AZT use is the Concorde study, whose results were released in 1993. This study found no benefit to using AZT earlier rather than later in the course of HIV disease in terms either of progression to AIDS or survival.[171] Hopefully this will encourage a reevaluation of AZT use in people who do not have AIDS.

[165] Marc Malkin, "Retrovir: Five Years of AZT," *Bay Windows*, March 19, 1992.
[166] Drew Hopkins, "Dr. Joseph Sonnabend," interview in *Interview*, December, 1992.
[167] "AZT Slows Progression to AIDS," *Treatment Issues*, August 7, 1989.
[168] "Study: Early AZT Treatment May Delay AIDS Death," *Boston Herald*, April 16, 1992.
[169] Celia Farber, "Sins of Omission: The AZT Scandal," *Spin*, 1989(?).
[170] Jeremy Cherfas, "AZT Still on Trial," *Science*, November 17, 1989.
[171] John James, "AZT and the Concorde Study," *Bay Windows*, May 27, 1993.

AZT is a drug that is toxic to many people who use it, and, when beneficial at all, works for only a short time. It has also been linked with the development of non-Hodgkin's lymphoma in some patients.[172] Additionally, many, if not most, of the longest survivors of AIDS either have taken AZT for only a short time, or have avoided it altogether.[173] AZT does have a place in the treatment of AIDS for some people, at least until better treatments are developed, but it almost certainly is being overused.

The evidence indicates that HIV is important in causing most cases of AIDS, but is neither necessary nor sufficient to do so. I believe, as well, that most people exposed to HIV, and, possibly, most people infected with HIV, will not develop AIDS. Moreover, AZT has proven to be a dangerous drug with limited clinical benefit, which is being used widely, at least in part, because its use and purported efficacy back up the HIV hypothesis. None of this should be construed as arguing that people with HIV infection should ignore it, or that no one should use AZT. However, since there is clearly no consensus about either HIV or AZT, I, unlike many researchers and clinicians, feel debate about these issues should be encouraged, not avoided.

The AIDS Activist Movement[174]

The AIDS outbreak in the united states has produced a number of groups and organizations working in various ways to help people who have the disease. Some of these groups, such as self-help organizations, AIDS service agencies, and fundraising groups are similar to those organized around other diseases, like the American Cancer Society and the American Heart Association. However, AIDS has also led to the formation of something quite different from anything created in response to any other disease: the AIDS activist movement. These activists are, generally, committed to pressuring the government, the medical establishment, and drug manufacturers into working harder to find a cure for AIDS and provide treatment and support for people who have AIDS or other HIV-related disease. They also organize protests against people, events, and publications which they view as harmful either to their agenda, or to those who have or are at risk of contracting AIDS or HIV infection.

Part of the popular mythology about AIDS, and a theme that is constantly promoted by the activist movement, is that the government and medical establishment are not doing enough to fight AIDS. According to the activists, doctors and the state virtually ignored AIDS in the early years of the outbreak, apparently out of

[172]Celia Farber, "Another Spin on the AZT Controversy," *PWALive*, Summer, 1991.
[173]Callen, *Surviving AIDS*, p. 27.
[174]Portions of this section were published earlier in my article, "The AIDS Activist Movement," *Big Forehead Express*, September, 1990.

contempt for queers and junkies. In response to this perceived neglect, they argue, an AIDS activist movement and community-based service agencies were created both to provide services to people who had AIDS or HIV-related problems, and to pressure the powers-that-be to do a better job of caring for people who had AIDS and increase funding for research and treatment. Even now, however, despite the existence of massive government funding of research and treatment, extensive research on therapies and vaccines, and a plethora of AIDS service organizations, the activists would have us believe that AIDS care and research are underfunded, many people are not provided with adequate services, and researchers have not produced as many and as beneficial treatments as they should have.

Despite the claims of the activists, AIDS was not ignored in the beginning of the outbreak. The first cases of AIDS were reported by the CDC in its *Morbidity and Mortality Weekly Report* in June, 1981, and by October of the same year, CDC epidemiologists were conducting investigations of cases of this new syndrome throughout the country.[175] As a nurse, I cared for some of the first people who had AIDS in Boston in the early 1980s. I saw doctors, nurses and other health care workers providing good, sensitive care to patients who had AIDS, and saw researchers, especially infectious disease specialists, trying to figure out what was going on from the very beginning. As William Haseltine, chief of Human Retrovirology at the Dana-Farber Cancer Institute in Boston said at a conference at Harvard in February, 1993, "Tools which could have been used at the time...were in fact used. When the epidemic first appeared in 1981, within a very short time period of six months we had the idea that it was a sexually transmitted disease. We knew that it was a new infectious disease agent." He also added that, in record time, HIV was isolated as the cause of AIDS and the HIV-antibody test was developed within six months of that discovery.[176] Also, as noted by researchers Margaret Johnston and Daniel Hoth, "The speed at which AZT was discovered, moved through clinical trials, and approved was unprecedented."[177]

While many clinicians and researchers gave good care and did important research from the beginning of the outbreak, many people who had AIDS were, in fact, discriminated against because of their sexual or drug use habits. A number of them, additionally, lacked much of the social support of families and others which people who engage in more conventional sex and drug habits ordinarily have. It is also true that, because of bureaucratic rules, it was more difficult earlier on in the outbreak to get social services and disability benefits for people who had AIDS. In addition to these

[175]Stanley Monteith, *AIDS: The Unnecessary Epidemic: America Under Siege* (Sevierville, TN: Covenant House Books, 1991), pp. 59-61.
[176]Marc Malkin, "Harvard Doc Calls for Increased Use of Home HIV-Antibody Testing," *Bay Windows*, March 4, 1993.
[177]Margaret Johnston and Daniel Hoth, "Present Status and Future Prospects for HIV Therapies," *Science*, May 28, 1993.

problems, ignorance about the infectiousness of HIV led many people, including some health care providers, to avoid people infected with HIV as much as possible. In light of all of this it is understandable that service organizations and activist groups committed specifically to aiding people who had AIDS or HIV infection arose.

Service organizations have provided personal and social support to people in need by coordinating "buddy" programs. They have helped people gain access to social services and benefits. They have educated both health providers and the general public about the real risks of AIDS transmission in various situations. Much of what the activists have done has similarly been of great value to people who have AIDS or related illnesses. They have pressured drug companies to reduce the extortionate prices they charge for medicines, been instrumental in getting the FDA to speed up its drug approval process, participated in buyers' clubs and community-based drug studies (both of which increase people's access to otherwise unavailable drugs), helped raise questions about the focus and value of establishment research into and treatment of AIDS, and distributed sterile needles and syringes to IDUs. These are the things the service organizations and activists have done well.

Unfortunately, not everything done by the activist groups, and, to a large extent, the service organizations as well, has been so admirable. They have become political pressure groups who demand totally unrealistic things from both government and private people and organizations, repeat the lies and half-truths about the extent of the AIDS outbreak and who is really at risk which I discussed earlier in this pamphlet, have tried to suppress viewpoints at odds with their own, and look to government as the best, if not only, vehicle for dealing with AIDS. Besides these flawed strategies, the activists have also engaged in many obnoxious tactics in their attempts to further their agenda, alienating potential supporters and possibly even making non-involved people less sensitive to the problems of people who have AIDS.

Many, if not most, of the participants in the AIDS activist movement seem to feel that AIDS is a much more important and dangerous threat to the public health than any other disease at present. They also feel that people who have AIDS are, in the words of one critical writer, "somehow heroes, in a way in which people who suffer from cancer or Alzheimer's are not."[178] Despite the fact that cancer and heart disease kill more people in a year than have died of AIDS since the beginning of the outbreak, the activists have, for years now, been trying to convince both the government and people in general that AIDS should be the top priority of government, health care providers, and scientific researchers, and that there can never be enough money poured into AIDS-related research and care. This

[178] Thomas Sowell, "The Pernicious War on Values," *Boston Herald*, October 4, 1992.

approach, that the problems of people who have or are at risk of getting AIDS should take precedence over every other problem or concern other people may have, combined with an attitude that any tactic is acceptable if it furthers their goals, leads to many of the more problematic aspects of the movement.

Activists seem to feel that politicians, by not doing everything the activists demand or recommend are intentionally killing people who have AIDS, and that a cure could be delivered any day now, were it not for the mean-spiritedness of the president and other government officials. When demonstrating at then-president George Bush's home in maine in the Fall of 1991, ACT UP and its allies seemed to blame Bush for the AIDS outbreak, claiming that, "[his] silence is killing us."[179] In July, 1992, an ACT UP member from Boston was quoted as saying that, "Bush's AIDS policy is killing real people."[180] Later that year, at a protest at the white house in October, demonstrators chanted, "We die, Bush does nothing."[181] Such sentiments have become so widespread among the politically correct that a singer at the Grammy Awards show in 1992 wore a hat that read, "White House Stop AIDS."[182]

Such statements are problematic for two reasons. First they appear to attribute a power to politicians that they simply do not possess: the power to cure disease on command. It would seem, if the activists are to be believed, that if Bush had simply said "AIDS" more often, had appointed a national official to coordinate AIDS-related programs nationally (like Bill Clinton's AIDS "czar"), or simply spent more money on care and research, there would already be a cure. The government has certainly shortened the lives of many people who have AIDS by restricting access to drugs and other treatments. But in this the government has acted no differently than it always has, not at all singling out people who have AIDS, and, in fact, has even loosened some of its restrictive policies in response to the activities of AIDS activists.

The second problem with the claims of the activists is that it is simply untrue that the government has ignored AIDS, despite such claims having been made over and over during the last decade. For instance, when the national commission on AIDS dissolved itself in June, 1993, it criticized the government's "complacent unresponsiveness,"[183] This is despite the fact that money for AIDS research and care has increased every year since the outbreak began, with $4,900,000,000 budgeted for fiscal 1993.[184] As an editorial in the *Boston Herald* stated in July, 1992, "Per patient, outlays for AIDS research far outstrip spending for any other disease. Cancer will kill

[179] Peter Erbland, "George Bush: ACT UP's Maine Target," *Bay Windows*, September 5, 1991.
[180] Samson Mulugeta, "Activists Rip Bush's 'Head-in-the-Sand' Policies," *Boston Herald*, July 20, 1992.
[181] Cliff O'Neill, "Anger and Resolve Mark Quilt's Return to D.C.," *Bay Windows*, October 15, 1992.
[182] Larry Katz, "Grammys: Safe and Sorry," *Boston Herald*, February 27, 1992.
[183] Helen Kennedy, "AIDS Panel Disbands in Protest," *Boston Herald*, June 28, 1993.
[184] "Aids Rhetoric, AIDS Reality," *Boston Herald*, July 20, 1992.

500,000 Americans this year, 10 times the number who will die of AIDS. Yet AIDS research will get $1.1 billion from the government, compared to $1.9 billion for cancer. The annual death toll from stroke is 140,000, nearly three times the number of AIDS deaths. Yet the federal contribution to research into this killer is only $94 million, one-twelfth what Washington spends each year in the race to cure AIDS."[185] (While AIDS activists have criticized the veracity of these figures, I have yet to see them present their version of what is spent on AIDS and other diseases.) While this does not mean the money is being well-spent, either for AIDS or for other diseases, it does show that AIDS care and research is not being slighted when the federal government dispenses the money that it has extorted from united states residents.

Recently, there has been a growing understanding among some lesbian/gay writers and activists that there are health issues of major importance other than AIDS, and that focusing so much energy on this one disease, while claiming—inaccurately—that it is being ignored by government and the medical establishment, may backfire. For instance, Mister International Europe Leather AJ Steigenbrenner wrote in a gay/lesbian newspaper in December, 1992, that, "It is true that AIDS continues to exact a staggering toll on our lives everywhere. But so does cancer, heart disease and other 'straight' afflictions. To those who feel that whatever we do must only be directed towards AIDS, I must say that, as part of society as a whole, we do have a responsibility to address all the problems that affect all of our lives. And the fact is, that, while there will never be enough done for AIDS short of a cure, there is a lot more suffering in our society. There are a lot of people resenting us as the gay community for the 'special' treatment and protection we seem to seek at every turn. As unfair and wrong as it may be, I have to somewhat agree. Shouldn't we, if we want to be treated just like everybody else in society, simply act

[185] Ibid.

like everybody else?"[186] During the same month, Denise McWilliams, former director of the AIDS Law Project at Boston's Gay and Lesbian Advocates and Defenders, stated in an interview, that, "I have had people say to me that AIDS is rapidly becoming the Cadillac of diseases and when you look at some of the other illnesses out there and their needs, we have had a much higher success rate than loads of other people have, and I could understand that resentment."[187]

Not unexpectedly, such heretical voices are not welcomed by those who profit, either financially or politically, from exaggeration of the impact of the AIDS outbreak and underestimation of efforts to combat it. In a column entitled "Is Medical Science about Knowledge—Or Censorship?" writer Bruce Mirken discussed his experience with suppression of such disagreeable sentiments. He wrote: "A few months ago I wrote a piece about likely trends in hospital AIDS care in 1993 for a journal read by hospital administrators and staff. For the most part it was pretty innocuous stuff, but one sentence proved to be a land mine. I had quoted a southern California hospital administrator about the profitability of private hospital AIDS wards. 'Some AIDS units are carrying the hospitals,' he'd said, confirming the widely-held impression that, in my part of the country at least, which is the West Coast, such units can be very, very profitable. The editor nearly had a heart attack. 'We can't *possibly* say that!' she told me. Oh."[188]

A similar disdain by activists for views with which they disagree was shown most blatantly several years ago after *Forbes* published an article about writer Michael Fumento's work on the book, *The Myth of Heterosexual AIDS*. The June, 1989, issue, included an article by writer Joe Queenan called "Straight Talk About AIDS," that discussed Fumento's views, most of which are similar to my own. Shortly after the magazine hit the newsstands, the AIDS Coalition to Unleash Power (ACT UP) held a protest at *Forbes*' offices, accusing the magazine of "irresponsible journalism" for running the Queenan article. In a "fact" sheet which they presented to editor Malcolm Forbes at a meeting during the protest, ACT UP not only argued against the points made by Fumento, but criticized *Forbes* for even daring to run the article, claiming that by doing so the journal was "espousing" Fumento's views and encouraging readers to blindly accept his arguments. They then presumed to dictate the correct editorial position for the magazine, stating that *Forbes* "should be using its influence and mobilizing its resources to demand" a number of things that ACT UP believed were necessary to fight AIDS. In the July 10, 1989, issue of the magazine, Malcolm Forbes published an editorial which stated he would have "killed" the Queenan article if he had been in town, and dismissed the views of Fumento as

[186] AJ Steigenbrenner, "Fire & Ice," *In*, December 14, 1992.
[187] Marc Malkin, "Fighting for Those Less Fortunate," *Bay Windows*, December 23, 1992.
[188] Bruce Mirken, "Is Medical Science About Knowledge—Or Censorship?" *Bay Windows*, February 18, 1993.

"asinine...totally contrary to the facts," and unworthy of publication.[189] He also reprinted in full the ACT UP fact sheet.

What is disturbing about this incident is not that ACT UP demanded coverage of their point of view (although I do support the freedom of any publisher to determine the content of their publication). They were also, however, seeking to suppress the views of those who dared to disagree with them, rather than encouraging free discussion and debate about the issues. They argued, and Malcolm Forbes agreed, that the article should never have been published, and that the public should not be exposed to the unorthodox ideas of people like Fumento. Such people apparently feel, as Forbes stated in his editorial, that "some unknowledgable or unthinking" readers might make the mistake of agreeing with Fumento and questioning the current hysteria surrounding AIDS. This attitude on the part of at least some members of ACT UP is remarkably similar to that of the catholic hierarchy of which they are so critical, in that both seek to shape people's ideas and attitudes by controlling the information they receive.

Besides exaggerating the impact of the AIDS outbreak, minimizing the very real response by the federal government, and being intolerant of opposing views, the activist movement has demonstrated an arrogant and unreasonable attitude in their dealings with medical researchers. Retrovirologist William Haseltine discussed some of the issues surrounding AIDS research in his Harvard talk mentioned above. He stated, "Once the virus was isolated, a very large segment of the scientific community was mobilized. I think that the public really doesn't realize what success there's been in scientific terms. I think that's a general misconception about what science can and cannot do....Doctors can't cure most human ailments, whether it's AIDS, whether it's a common cold or whether it's a flu."[190] AIDS activists generally share the popular misconception of scientists' capabilities and act as if one of the primary reasons there is no cure for AIDS is lack of determination on the part of researchers.

In November, 1990 they set an 18-month "deadline" for researchers to complete testing of several drugs that could be used in treatment of AIDS-related infections.[191] In the words of a writer in the newsletter of ACT UP/Boston, six months after the activists first issued their ultimatum to researchers, "We DEMAND that a year from now these opportunistic infections be **stopped**."[192] While I sympathize with the activists' impatience about lack of effective treatments (and advocate total deregulation of drug manufacture and sales as the way to increase access to medicines), it is unrealistic to

[189]Malcolm Forbes, "Why Did Forbes Run Fumento's Fulminations on AIDS?" *Forbes*, July 10, 1989.
[190]Marc Malkin, "Harvard Doc."
[191]Cliff O'Neill, "AIDS Activists Give 18-Month Deadline for Treatment and Research Changes," *Bay Windows*, November 21, 1990.
[192]"Countdown One Year..." *Attitude*, May, 1991.

assume that scientific research can be put on a timetable and produce desired results on command. As one writer in a gay/lesbian newspaper pointed out, "More money and research time has been spent on AIDS than any other single disease entity, and yet the results in firm knowledge are astonishingly meager."[193]

Political pressure on researchers and government, in addition to being ineffective in curing disease, can, in fact, lead to misdirected funds and research, treatment, or prevention efforts, which, in turn, can produce results quite different from those sought by activists. For instance, the increasing focus on AIDS and HIV transmission over the last decade has led to a shift in emphasis and funding in programs directed at sexually transmitted diseases from infections like syphilis and chancroid to HIV. While one might argue that this is appropriate, since HIV is life-threatening and the other STDs are easily treatable, in fact both chancroid and syphilis, and genital herpes as well, greatly facilitate transmission of HIV. Additionally, these STDs are more prevalent among the poorer black and latin people in major cities who are also at increased risk of HIV infection. As writer Malcolm Gladwell reported in *The New Republic* in June, 1993, "Between 1984 and 1990, the time the AIDS virus began to move from white gay communities into disadvantaged neighborhoods, the number of cases of syphilis for black males almost tripled. The number of new cases among black women in that same period almost quadrupled. The number of reported cases of chancroid, once almost unknown in the United States, has increased sevenfold over the past decade....Each year there are between 200,000 and 500,000 new cases of genital herpes....Yet in the country's poorest neighborhoods, where these diseases are concentrated, the public health infrastructure that once existed to detect and treat STDs has deteriorated. The government today spends 23 percent less (in constant dollars) on controlling STDs than it did in 1950."[194] Government expenditures (in constant dollars) on syphilis, alone, are half what they were in 1943.[195]

Meanwhile, AIDS prevention messages and programs funded with the money redirected from other STD prevention and treatment programs are often directed at those at minimal risk of the disease, such as middle class heterosexually active white people, because the AIDS establishment is committed to the myth that "we are all at risk," since "AIDS is an equal opportunity killer." As Michael Fumento put it well: "When sexually transmitted disease clinics have fixed budgets, and 20-30 percent of those budgets suddenly has to go for AIDS control something has to suffer. Funds for controlling those diseases have been deflected into AIDS efforts, and the other diseases have been getting worse. And those who are tempted to worry about

[193]Paul Varnell, "What Can We Chant Now?" *Bay Windows*, August 26, 1993.
[194]Malcolm Gladwell, "Only Select," *The New Republic*, June 21, 1993.
[195]Geoffrey Cowley with Mary Hager, "What if a Cure is Far Off? AIDS Experts See Their Best Hope in Prevention," *Newsweek*, June 21, 1993.

racism ought to think of it this way: all that money used to convince the kids at all white Pleasant Valley High that they are at terrible risk of contracting AIDS was devastating the programs to control STDs that were keeping the kids at all-black Booker T. Washington middle school alive."[196]

The public health establishment has been encouraged in this course of action by the AIDS activist movement which has exaggerated the risk of HIV infection among heterosexually active people in order to scare money out of the government. Indeed, much of the money dedicated to AIDS programs, wherever it has been acquired, has been misspent, directed at people at low risk of AIDS. Discussing his experiences in the AIDS Medical Foundation and American Foundation for AIDS Research (AmFAR) a number of years ago, Joseph Sonnabend stated in an article in *Spin*, "It was pretty clear already then that AIDS was not a significant threat to heterosexuals. [Terry Beirn, former public relations director for AmFAR] knew that this heterosexual AIDS thing was a hoax, but he said we have to do it to raise money. And certainly, you could argue that unless those heterosexual male politicians in Washington thought that sex could kill, they weren't going to release any money. But my response to that was, if you raise money on a false premise, that money's going to be put to no good. And in fact, that's exactly what happened. The money was raised to protect heterosexual men from a disease they're not going to get anyway. So what have these hundreds of millions of research dollars given us? Nothing. AIDS education? All I see is terror and confusion. And AZT, which is a disaster."[197] Michael Fumento made a similar argument when he wrote, "Every dollar spent, every commercial made, every health warning released, that does not specify promiscuous anal intercourse and needle-sharing as the overwhelming risk factors in the transmission of AIDS is a lie, a waste of funds and energy, and a cruel diversion."[198]

Another area where efforts to get government money by inflating the AIDS outbreak and exaggerating the extent to which certain groups are at risk is in the funding of pediatric AIDS research. While only 2% of all AIDS cases in the united states are in children, 40% of the entire national institutes of health AIDS drug testing budget in 1992, $44,000,000, was spent on pediatric research.[199] Similar disproportionate funding of care and research for children who have AIDS has been occurring for several years.[200] Such misdirection of funds is to be expected when one bases one's appeals for help on emotion, rather than fact, especially in this case. Sick, "innocent," children are more likely to get a sympathetic ear from

[196] Fumento, "Shooting the Messenger."
[197] Celia Farber, "Fatal Distraction," *Spin*, June, 1992.
[198] Michael Fumento, "Shooting the Messenger."
[199] "Controversy About Funding of Pediatric Sites," *Treatment Issues*, December, 1992.
[200] David Kirp, "The Politics of Pediatric AIDS," *The Nation*, May 14, 1990.

bureaucrats and politicians, than are IDUs and their women partners, many of whom are the equally needy parents of these children who have AIDS.

Even when government and researchers have responded to pressure from activists and given them what they have asked for, as in the early approval of AZT, many activists have not been satisfied. In the years since AZT was approved, it has been discovered that earlier assumptions about the optimal dose and dosing schedule for this drug were wrong, and that patients who took AZT soon after it was approved may have been harmed by the high doses then recommended. This would have been less likely to happen if AZT had been studied for a longer period before approval, as would have been the case before FDA changed the rules as the AIDS activists had demanded. Critics of AZT, including some AIDS activists, have blamed the government for this. But, more speedy testing and release of drugs in order to increase access to effective treatment will inevitably involve some increased risk of harm to users. Encouraging researchers to facilitate drug availability, while holding them responsible for the adverse outcomes that may occur as a result, is no way to promote research and development of treatments for AIDS.

When the canadian government decided in 1989 to allow doctors to prescribe any drugs that pharmaceutical companies would supply for their patients with life-threatening illnesses, the reaction of AIDS activists was quite interesting. Tim McCaskell of AIDS Action Toronto said this was not adequate and complained that, "They've unlocked a door but there's still no proactive government agency facilitating the wider use of AIDS treatments."[201] In his mind it is not sufficient for the state to stop blocking access to AIDS drugs, but it must also do the work of letting people know about all the drugs available, instead of leaving this up to people who have AIDS and other illnesses and their health care providers. Michael Callen of the People With AIDS Coalition in New York said, "It's definitely intriguing, but it's so radical it borders on anarchy."[202] It seems the idea of people having to find out information and make choices for themselves without the guidance of the state makes these people uncomfortable. These two activists, like most people, believe that people need the state's help in determining what is best for them. The problem is that once one accepts government oversight of the drug market, one has to put up with the restrictions it will inevitably impose. Making choices for ourselves *may* be riskier than relying on the FDA or other governmental agencies in some ways, but the potential benefits of free choice greatly outweigh the drawbacks.

The activists' unwillingness to advocate total separation of pharmacology and state is paralleled by their willingness—even eagerness—to rely on government money to solve all the problems

[201] Rex Wockner, "Canada Approves Release of All Experimental AIDS Drugs," *Bay Windows*, March 2, 1989.
[202] "Radical Prescription," *Reason*, July, 1989.

associated with AIDS. While much of the early, important work of those involved in support of people who had or were at risk of AIDS was done independently of government, the AIDS activist movement later rejected this model in favor of support by the state. Most of the early safer sex education among homosexually active men, for instance, which resulted in a plateauing in their HIV infection rate by the mid-1980s, took place before any significant amount of government funding was made available for this purpose.

However, the activist movement has since followed the example of other political pressure groups, like the American Cancer Society and American Lung Association, and pressured the government to use tax money to fund projects the activists support. However, while there has been a dramatic increase in government money given to AIDS-related projects over the last decade, this reliance on government has not been without its costs. The government plays a major role in determining the direction of research and the content of publications which it funds. This has led to an overemphasis on dead-end research like that on AZT and its analogues, misdirection of funds and efforts towards people at minimal risk of contracting AIDS, and restrictions on the explicitness (and, therefore, effectiveness) of some AIDS prevention literature. One ACT UP member has complained that, "Congress is not in a position to decide what science should be done first....I shudder at the thought of Congress making scientific decisions."[203] But it is unrealistic to think that government will dispense money and not try to control what happens with it.

While chafing at the limitations imposed by politicians on the use of government funds, activists seem to feel that there is no alternative to this source of money. This is untrue. Private individuals, as well as organizations, such as the Pediatric AIDS Foundation, AmFAR, and the Gay Men's Health Crisis [GMHC](which, as recently as 1989 still raised 80% of its $11,000,000 budget from non-governmental sources),[204] have been very successful in raising and dispensing millions of dollars of private money for AIDS care, research, and education.

Activists, however, have sometimes been picky in deciding which private individuals it is acceptable to take money from. When Pat Buckley, wife of conservative writer William F Buckley chaired an AIDS fundraiser in 1990, ACT UP staged a demonstration against her, because she would not publicly criticize some nasty statements her husband had made about people who had AIDS (and which he has since retracted publicly). One protester even compared her to Eva Braun.[205] It strikes me as more than a little hypocritical to accept money from a government which discriminates against homosexually active people, prevents people who have AIDS from

[203] Marc Malkin, "Opinions Mixed on GP-160 Funding Approval," *Bay Windows*, November 12, 1992.
[204] Timothy Sweeney, Letter to *The Nation*, May 1, 1989.
[205] Michael Musto, "AIDS, Hope, and Charity," *Village Voice*, February 27, 1990.

choosing which medicines they can take, and spends many times more money on its war machine than all its health care expenditures combined, while rejecting the fundraising efforts of someone whose husband writes offensive columns. (By the way, at the time of the demonstration, Buckley had already helped raise $3,000,000 for AIDS causes.)[206]

The activist preference for government over private money is carried to the furthest extreme by ACT UP founder Larry Kramer. In an interview before the 1992 presidential election he called on people to "stop giving money to" GMHC and AmFAR and instead "put it into funding a Democratic caucus." He said that "David Geffen gave a million dollars to APLA [AIDS Project Los Angeles] and another million to GMHC. But as far as I can see that's just throwing money down the toilet....AmFAR is a sham."[207] Non-governmental solutions don't even occur to people like Kramer and many other AIDS activists anymore.

In addition to having unrealistic expectations of, and making unreasonable demands on government and individuals, and relying almost solely on government funding and activity to accomplish their goals, the activists have also been known to employ counter-productive and obnoxious tactics to achieve their ends. An example of the kinds of action employed by AIDS activists that can alienate both the observers and the victims of the action is the blockade of the Harvard Bridge between Boston and Cambridge several years ago, which took its inspiration from an earlier blockade of the Golden Gate Bridge. In this action the protesters blocked traffic on the bridge for half an hour during rush hour and inconvenienced thousands of people who had no involvement in AIDS in an attempt to get news media coverage of their demands for more money from the massachusetts state government. One activist arrogantly stated that, "no one has a right to an uninterrupted life."[208] These activists seem to feel that just because they find fighting AIDS the most important issue of the day, that others should as well, even though AIDS may never touch their lives. Besides disrupting the lives of uninvolved people the action failed even to get the news coverage desired by the demonstrators. They were left only with feelings of "empowerment" which, for some unknown reason, seem to inevitably follow the experience of being arrested for the cause.

A similar action in New York in 1991 had similar results. AIDS activists disrupted service at Grand Central Station during rush hour, blocking commuters' access to trains with human chains and "die-ins." As expected, this action angered many people, who tried to circumvent the protesters, but, of course, the activists were totally unsympathetic to those whose activities they were interfering

[206] Ibid.
[207] Rex Wockner, "Kramer Endorses Clinton: Calls for Boycott of AmFAR, GMHC," *In*, August 24, 1992.
[208] Jennie McKnight, "AIDS Demonstrators Arrested in Boston," *Gay Community News*, October 15-21, 1989.

with, and heedless to the possible negative effects of their actions. A writer in the *Village Voice* described an exchange between a commuter and an activist: "'There is so much support for this cause, and this splinter group does nothing for that,' said one man attempting to break through the human chain. 'I need to get to my train," he hollered at Dan Stuban of Baltimore ACT UP. 'You need a train?' Stuban answered. 'I NEED DRUGS!'"[209]

Actions against catholic churches, very popular among AIDS activists, have been marked by a similar arrogance. In several cities, the activists have disrupted mass, picketed churches, and, in New York, have gone as far as spitting out hosts after receiving communion, thereby, in the minds of catholic believers, desecrating these hosts. At a protest at a cathedral in Boston, protesters threw condoms at people leaving the church. (And this physical assault, like throwing objects at a speaker at the international AIDS conference in San Francisco, took place at the same time lesbian and gay papers were frequently talking of merely being called faggot or dyke as verbal "assault," apparently finding it as dangerous and condemnable as a real, physical assault.)[210]

In 1993, several AIDS activists were accused of desecrating 306 tombstones in a catholic cemetery in Denver, spray-painting some of them with slogans such as "Jesus Died of AIDS" and Virgin Mary Sez: No Latex, No Sex."[211] And, although most radicals and progressives are usually outraged by such desecrations when they are the work of fascists or other bigots, ACT UP was quick to organize a national defense committee for its accused members. While protesting the policies of the church by picketing, leafletting and other non-invasive means of protest is certainly acceptable in confronting such an anti-sexual and anti-homosexual institution as the church, invading and disrupting the worship services and vandalizing the burial grounds of believers is not.

These actions are based on the intolerant idea that those who disagree with the politics of the activists should not be free to say so. But, in addition to stifling debate on the issues, they also produce a perhaps unintended result: the alienation of some catholics who might otherwise be sympathetic to the activists. Cardinals like Law of Boston and O'Connor of New York are bigots who oppose sexual pleasure, condoms, and information about either, but many catholics do not share these views. Ridiculing their chosen religious rituals will only drive such people further away from the ideas which the protesters are trying to promote. Writer Camille Paglia, when asked about such actions in an interview with *Spin*, said, "When they [ACT UP] invade churches it is a disaster for gay causes, a disaster for gay men everywhere. I feel that all gay people

[209]Guy Trebay, "The War at Home," *Village Voice*, February 5, 1991.
[210]Deborah Schwartz, "'Queers Bash Back,'" *Gay Community News*, June 24-30, 1990.
[211]Peggy Lowe, "Dead Wrong? National Legal Defense Fund Established for Men Who Allegedly Defaced Catholic Cemetery in Denver," *Bay Windows*, September 2, 1993.

should be speaking out against this because it's causing such a backlash against gay men. They're showing such contempt and scorn for other people's spiritual values. The idea that you attack a religion and invade this sacred space and declare that your single issue overrides all other human concerns, this kind of thing is a disaster. It's infantile."[212]

It is interesting to note that the activists have singled out the catholic church for special contempt, although anti-homosexual ideas are spread by many religious leaders of all faiths, including many black protestant and jewish clergy. However, activists don't attack these people because they fear being perceived as insensitive to black or jewish people. Similar concerns about sensitivity don't seem to come up when the targets are catholics. Since the catholic church is large and influential (and largely white), activists consider it a legitimate target for actions they would not take against other religious groups.

This focus on the catholic church is ironic in light of the good work many catholics, including clergy, have done with people who have AIDS. In Boston alone, the catholic church has an Office of AIDS Ministry, operates a residence for homeless women who have AIDS and their children,[213] established a residence for homeless IDUs who have AIDS,[214] sponsors monthly dinners for people affected by AIDS,[215] and is trying to build housing for people who have AIDS, in the face of opposition from some people in the neighborhood.[216] While the hateful and harmful policies of the church should be pointed out and criticized, the activists should not forget that the church is not a monolith and includes many good people whose sympathy it would be wise to cultivate.

In addition to sometimes employing offensive and counter-productive tactics, the activists frequently use rhetoric which is inaccurate and misleading, such as their accusation that the government is ignoring AIDS. Another example is their contention that catholic officials are murderers. The term murderer can be aptly applied to government officials, like those in the FDA (and the president and congress who support and empower them) who prevent people, including many who have AIDS, from obtaining drugs and treatments that could be beneficial in treating or curing their illnesses and preventing or delaying death. The catholic cardinals, however, have no legal power to enforce their views and should be free to express them, no matter how repellent these ideas are to others. The church is a voluntary organization and catholics are free to follow or not follow the advice of their religious leaders. Calling a

[212]Celia Farber, "Antihero," *Spin*, October, 1991.
[213]Kathryn Marchocki, "Ex-Convent to House Mothers with AIDS," *Boston Herald*, October 19, 1991.
[214]Kathryn Marchocki, "On a Mission to Humanize the Battle Against AIDS," *Boston Herald*, November 3, 1991.
[215]Steve LeBlanc, "Breaking Bread in Good Company," *South End News*, December 17, 1992.
[216]Mark Malkin, "AIDS Housing on Line in Fenway," *Bay Windows*, August 5, 1993.

cardinal a murderer because someone was foolish enough to listen to his advice about avoiding condoms and thereby contracted AIDS, is a misuse of the term. People sometimes follow the wrong advice, but are responsible for the outcome when they do so. Criticizing the positions taken by the church leadership in a less confrontational way would certainly be more effective in reaching catholics at risk of or concerned about AIDS, than is calling their religious leaders murderers. It is not only incorrect, but also ineffective in promoting the AIDS activists' own agenda.

It is also important to look at the way words are being used and people described for another reason: labeling people is often used as a means of justifying actions which their opponents wish to employ against them. Centuries ago, the catholic hierarchy called certain people witches and used this label as a rationale for the annihilation of a huge number of people who either opposed their social and political agenda or were simply inconvenient or expendable for some reason. Similarly, calling people murderers is not simply a description (in this case inaccurate), but can also be a prescription for a certain means of dealing with them, since most people do not believe a murderer and a spiritual adviser who gives bad advice should be dealt with in the same fashion. Labeling priests and cardinals murderers and "AIDS criminals" has already been used as a rationale for actions against church leaders and could be used to justify even more obnoxious tactics against them than those already used. While it is highly unlikely that AIDS activists will turn to murdering their opponents, this misnaming is especially worrisome when someone as prominent as Larry Kramer has said he thinks "the time for violence has now arrived,"[217] and a protesters at an anti-Bush demonstration in Kennebunkport in 1991 stated, "If it takes violence, we can do that, too."[218]

Such sentiments and statements are indicative of the state of the activist movement as a whole at present. From a largely positive, though flawed, movement of people dedicated to getting drugs into bodies, combating discrimination, and circumventing government restrictions, it has evolved into an arrogant, disruptive, sometimes

[217]Donna Minkowitz, "ACT UP at a Crossroads," *Village Voice*, June 5, 1990.

[218]David Sharp, "Taking Rancor in Stride at Protest Central," *Bay Windows*, September 5, 1991.

threatening political pressure group which is trying to get government to implement its agenda, no matter how much this may conflict with the feelings or interests of those outside the movement. Such a strategy may work in the short run, but ultimately the movement will self-destruct, as more and more people are driven away by the activists' tactics or just stop listening to their outrageous rhetoric, and whatever outside support they still maintain is lost.

AIDS and Anarchy[219]

When I wrote *Misinformation and Manipulation* in 1989, I noted the disappointing response from anarchists to the AIDS outbreak and the associated activist movement. At that time, what little was written about AIDS was virtually identical to what could be found in non-anarchist leftist and activist publications, i.e., the standard inaccurate safe sex messages, complaints about the supposed lack of response by the government, and the occasional conspiracy theory about the origins of HIV and its genocidal conspiracy theory about the origins of HIV and its genocidal implications for poor, black, queer, and/or latin people. Unfortunately not much has changed since then.

The anarchist movement has, in general, failed to look at the problem of AIDS in a libertarian fashion. Most anarchist writers on the topic are content to blame capitalism or technology for AIDS, deemphasize the role individual actions have played in the outbreak, and repeat the standard, inaccurate statistics and safer sex guidelines.[220] Few look at how increased personal freedom would affect the situation. AIDS and the political issues surrounding it provide ample opportunities for anarchists to point out how we can and would deal with such matters in a non-authoritarian fashion, but these opportunities have generally been missed by anarchists. Not only this, but when someone (like myself) does put forward an individualist, non-statist point of view, other anarchists either ignore it or attack it.

Response to *Misinformation and Manipulation* among anarchists is indicative of their attitude to a libertarian critique of AIDS politics. When *Anarchy* republished *Misinformation and Manipulation* in its entirety in its March-April, 1990, issue, for instance, there was virtually no response from readers. This was despite the fact that what I had written was different from most anarchist writing about AIDS, and *Anarchy* has a very lively letters section, where there is frequent comment on almost all major

[219]Many of the proposals regarding deregulation of health care which I make in this section are discussed in greater detail in the pamphlet, *Regulated to Death* (Boston: BAD Press, 1992), by Jim Baker and myself.

[220]See, for example, Alicia non Grata, "Everyone's Guide to Understanding AIDS," Profane Existence, March, 1991; Toronto Queer Anarchists and Friends, *People Living With AIDS—Some Political Thoughts* (Toronto: Queer Anarchist Network, undated [1990]); Romances with Wolves and Birds, "AIDS: Sex in the Safe: Repression & Treatment," *Fifth Estate*, Spring, 1992, as well as the letters sections in the Autumn, 1992, and Spring, 1993, issues.

articles, especially those with a controversial point of view. Perhaps my ideas about AIDS were considered too far out of the anarchist mainstream to be worthy of rebuttal.

A couple of years later, in the Spring of 1992, *Fifth Estate* published a review of my pamphlet.[221] While critical of some points I made, the review was favorable overall, and I hoped that finally some debate about my criticisms of AIDS politics would be generated in the anarchist press. Unfortunately, I was disappointed again. The only response from a reader to what I had said was a letter from Michael Bacon, who dismissed my pamphlet as "out-moded, knee-jerk, doctrinaire, individualist anarchist clap-trap."[222] So much for reasoned debate.

Anarchists should be putting forward an analysis of AIDS that differentiates us from everyone else on the issue, which makes it clear why we choose to call ourselves anarchists, why we consider ourselves different from statists of various sorts, whether of the left or the right. And what makes us unique is our opposition to government intervention in people's lives and our emphasis on personal responsibility. Everyone else looks to government to solve the problems associated with AIDS, by funding research, overseeing drug testing, licensing health care providers, funding health care, etc. And anarchists have tended to go along with this agenda. It is time for anarchists to suggest non-statist alternatives. I propose the following as first steps in dealing with the problems associated with AIDS in a libertarian fashion:

Therapeutic drug manufacture and sales should be completely deregulated. Government intervention in the drug market, through the FDA, the patent system, and the prescription system has severely restricted people's access to therapeutic drugs. The FDA, through its obstructionist rules causes delays, sometimes as long as a decade, in the release of effective drugs available in other countries. Prescription laws prevent people from choosing which drugs they want to take when, and forces them to hire the services of expensive conventional doctors in order to obtain the medicines they wish to take. And the patent system, by preventing competition in the manufacture and sale of drugs, allows pharmaceutical companies to charge extortionate prices for their drugs. A free market in drugs would produce plentiful, cheap, and varied medicines for treatment of AIDS and its related diseases.

Deregulation should be extended to recreational drugs and the needles used to inject some of them. This would yield further benefits in combating AIDS. Allowing over-the-counter sales of clean needles would curtail transmission of HIV by sharing of needles. Abolishing laws restricting use of recreational drugs would allow above-ground sales of such drugs. This kind of open market, with its associated competition between dealers, would result in purer, safer,

[221] Romances with Wolves and Birds, "AIDS: Sex in the Safe."
[222] Michael Bacon, letter to *Fifth Estate*, Autumn, 1992.

cheaper drugs, all of which would make recreational drug use less unhealthy for the user, whether immunocompromised or not.

Health care providers should be similarly deregulated. The government, through its licensing of health care providers and institutions, both limits people's health care options and makes available health care artificially costly. Most alternative methods of healing, many of which may be beneficial to people who have AIDS, are heavily regulated and restricted by law, and, consequently unlikely to be covered by health insurance policies. Granting monopoly status to conventional physicians, either MDs or DOs, has allowed these groups to control the number of providers, maintaining a shortage, and thus driving up prices. Free competition among health care providers would allow people who have AIDS to choose whatever kind of health care provider they desire, and competition between providers would drive down costs to affordable levels.

Laws regulating sexual contacts between consenting individuals should be repealed. Anti-homosexual laws encourage many people to seek out sex in secret, where information about the risk of certain sexual activities is less available. Additionally, bias towards homosexually active people, encouraged by such laws, makes some people unwilling to acknowledge what they are really doing sexually, leading them to engage in risky activities without really thinking through what they are doing.

Prostitutes should be free to openly practice their profession. Bringing prostitution into the open would free prostitutes from the harassment of police and pimps, and allow them to work out of their home or office like other businesspeople. Unregulated prostitutes would then be no more likely to use injected drugs than other workers, eliminating the only major HIV risk among this group. (The present low rate of injection drug use and HIV-infection among call-girls and brothel-based prostitutes in the united states gives support to this argument.)

A number of objections to the above arguments can be raised. Some say that without patents and monopolies, drug companies would not do the costly research needed to develop treatments for AIDS. However, drug research and development are costly largely because of government rules and regulations dictating how it is to be conducted. And the huge—and profitable—market in generic drugs, such as aspirin and ibuprofen, proves that one can make money selling drugs that are not patented.

There is also concern that with no government intervention in health care, government funding will no longer be forthcoming. But health care is expensive largely because of government intervention in the first place, and ending such meddling would drastically reduce costs. Of course, there will still be some researchers who need extra funds to pursue certain projects, and sick people who require assistance in paying for their care no matter how much prices fall. These people will be aided in the same way

many are helped now: by the multitude of private fundraising organizations and individuals, who, in a free health care market, can spend all the money they raise on taking care of people in need and sponsoring worthwhile research, instead of squandering it on lobbying politicians and paying high-priced bureaucrats.

Abolition of state regulation of health care and the dismantling of its bureaucracies may, as feared by some critics, result in certain people making foolish choices, or being taken in and exploited by unregulated health care providers or drug makers. This is certainly a problem, but would also be a problem in any sort of anarchist society, a society which many people who raise this concern have as their goal. And the way one would deal with these problems in a deregulated health care market is not unlike the way they would be dealt with in a stateless world. Organizations and individuals, not unlike the Consumers' Union of today would monitor health care providers, medicines, recreational drugs, etc, and provide information to others to assist them in making informed choices. This would not prevent some from making stupid decisions or prevent all harm, but neither does the parentalistic state. Freedom does not bring paradise or eliminate all risks, it merely enables individuals to live their lives as they see fit. I wonder how anarchists who cannot conceive of people dealing with increased freedom now, can possibly envision an anarchist future?

I do not see the strategies I have discussed above as the ultimate solution to the problems of AIDS. A relatively free market in health care, in the context of an otherwise statist society, would certainly be distorted and far from ideal. Only the total elimination of government with its rules, regulations, and bureaucracy will produce the kind of world where people can freely and equitably seek solutions to all the problems of living, whether in the areas of health care and sexuality, or farming and transportation. I do, however, think that only by slowly but surely eroding the extent of government interference in the lives of individuals will we ever move in the direction of a free world.

> I believe it is better to be free than to be not free, even when the former is dangerous and the latter safe. I believe that the finest qualities of man can flourish only in free air—that progress made under the shadow of the policeman's club is false progress, and of no permanent value.
>
> —HL Mencken