

AIDS: Sex in the Safe

Repression & Treatment

Romances with Wolves and Birds

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“Safe sex” has put sex in the safe. The three number combination lock reads: heterosexuality (two turns to the right) ultra-monogamy (two more turns to the right)—and condoms (one reluctant turn to the left), unlocking the Final Solution for the far right. Even if AIDS isn’t the result of covert germ warfare testing (see “Did U.S. Cause AIDS?” FE #326, Summer, 1987) the CIA couldn’t have created a better weapon against the subculture of drug use and “deviant” sex. Is it time to raise the white flag of celibacy and wait for science to invent a new pill, or do we have some real choices beyond the modern black plague hysteria?

Writings by Joe Peacott, Bob Lederer and Mitchel Cohen redefine the battle lines in the so-called “war on AIDS.” “Misinformation and Manipulation: An Anarchist Critique of the Politics of AIDS,” published in 1988 by Peacott, challenges the current AIDS hysteria; and “The Roads Not Taken: Why Promising Natural Therapies for AIDS have been Ignored” by Lederer and Cohen (1991) presents radical perspectives and approaches to treatment of HIV. In “Misinformation and Manipulation,” Peacott argues that: (a) HIV has led to hysteria and confusion about sexual activities disproportionate to the actual risks; and (b) by rejecting government intervention, we are much better off in our fight against AIDS.

The thoughts and ideas that follow are by no means the end of the debate about the politics of AIDS. Rather, we hope they are a beginning, designed to provoke questions and inspire creative approaches to treatment and lifestyle for those infected with and affected by HIV.

Four years after publication of the Peacott pamphlet, misinformation continues, [1] as does the obsession with “no risk” sex. Peacott challenges us to resist the sweeping sex paranoia which leads individuals to seek complete insulation against all conceivable harm or danger. He asserts the complete elimination of risk from his life is not a priority.

While a glance at the front page of a typical newspaper might convince us that our next sexual encounter will result in infection, researchers in 1986 admitted that the risk of contracting HIV from condom free sexual intercourse (with a “low risk” person) was about 1 in 5 million for one encounter (Journal of the American Medical Association). “Low-risk” people, says Peacott, are “non-IV drug using individuals who do not have sex with IV drug users.” Although these statistics are dated, and the number of people with HIV has increased overall, more recent figures fail to suggest a runaway epidemic: in the U.S. during 1989, 22,909 people died from HIV infection; in 1990, there were 24,120 deaths, an increase of 5.3% (National Center for Health Statistics). With 47,575 deaths in motor vehicle accidents in 1989, we are at greater risk of death while driving to a sexual encounter than we are from the encounter itself.

In terms of sheer numbers, there are more deaths annually due to car accidents than from AIDS. Despite this fact, the media encourages auto ownership and consumption, only covering accidents when they are sensational and gory. AIDS, too, is sensationalized. AIDS is an issue that deserves serious community attention; meanwhile, the gawking media leads the narrow-minded charge in regulating behavior, particularly sexual behavior. If car accidents prompted similar “logic,” then the mass media would promote abstention from driving. The public panic

about AIDS becomes no accident, and the community suffers from lack of intelligent information and discussion about the disease.

Death from cancer, heart disease or suicide is more likely than AIDS (and even death from liver disease is more common). However, the media has transformed AIDS into a life and death drama complete with good guys and bad guys, the former portrayed as innocent victims, the latter individuals who “deserve it.” The citizenry is encouraged to raise up Kimberly Bergalis (the woman who traced her HIV-infection to her dentist, campaigned for mandatory testing of doctors and died of AIDS last year) and Magic Johnson and attack the dentist and the woman Magic slept with.

As spokesperson for the Presidential Task Force on AIDS, one of Magic Johnson’s priorities has been affirming his own heterosexuality, as if heterosexuals, especially men, are the “innocent victims” of a rampant virus, while women are second-class, “guilty” carriers of the plague. This boldly contradicts the latest AIDS statistics which claim that less than 2% of the total population of people with AIDS were men infected with the virus by women. (For further discussion, see *Z Magazine*, January, 1992.)

And the “bad guys” get punished:

The FBI harasses the bad guys who “ACT-UP” in demonstrations that confront institutions in creative and shocking ways. The FBI’s tactics, including mail threats, phone surveillance, and group infiltration designed to thwart alliances and foster internal divisions, are eerily similar to those used against the Weathermen and the Black Panthers during the days of COINTELPRO (1968–1972), (*Village Voice*, 7-16-91).

Recent figures suggest that AIDS is spreading to the heterosexual population; the headlines instruct the populace to stay in the sack alone (or with a spouse). However, what isn’t emphasized is that the risk of infection is greater for some heterosexuals than others. Poor, minority heterosexuals, particularly women in urban areas, are experiencing a greater increase in infection than the white heterosexual population (*Detroit Free Press*, 11-25-91). If there is a correlation between the spread of AIDS and historical oppression of certain groups (in this example, minority women), the media-driven hysteria reinforces existing prejudices; in this example, bigotry and sexism.

The manipulation of information about AIDS for the purpose of serving the state abound. Heterosexuality is promoted as safer than homosexual love, but do we ever see government pamphlets advocating cunnilingus, lesbianism and masturbation (which are even “safer”)? Sexism is reinforced when the “crimes” which warrant mandatory testing for AIDS, listed in a 1988 package of AIDS legislation passed by the 84th Michigan Legislature, include prostitution, solicitation, and gross indecency—but, as Peacott reveals, prostitutes do not spread the virus. COY-OTE, an organization of female prostitutes, estimates that more than 100,000 straight white men in ties would have AIDS if prostitutes were truly spreading the virus.

Abstinence and marital monogamy are promoted by school policies that prevent the use and distribution of condoms and punish students (and adults) who attempt to educate their peers. Just recently, two U.S. high schools (in New York City) became the first to consent to condom distribution. President Bush responded by reaffirming his program for “family and fundamental values” by condemning condom distribution and sex outside of marriage (*Detroit Free Press*, 12-17-91). Accordingly, the Six-O’clock News revealed that teenagers are the up-and-coming group at risk for the virus.

Peacott also calls for an end to government intervention. Frustrated with the FDA’s bewildered and bumbling efforts to regulate AZT, DDI and DDC (drugs shown to slow the progression of HIV), he advocates unrestricted access to the marketplace for pharmaceutical companies. People with HIV deserve the opportunity to know the pros and cons of a given treatment and to make their own choice about whether to adopt it; they should also be granted easy access to medications should they choose that alternative.

However, Peacott’s reliance on medical technology causes him to look kindly on the real drug profiteers, pharmaceutical corporations. His narrow-minded faith in pharmacology and the medical industry forces him into a dark corner: if drugs are perceived to be the only way to treat AIDS, then pharmaceutical corporations must deliver the magic pills. Drug corporations are no more humane than the government; though they wear the guise of

concern, they are parasites, existing on naked greed, not unlike the leeches they were supposed to replace a few centuries ago.

For instance, a recent alliance between the Burroughs Wellcome Company, a leading manufacturer of AZT, and certain far-right Congressmen, reveals their mutual willingness to profit from the exploitation of their desperate customers—people with AIDS. The *Windy City Times* (Chicago, 4-19-90) reported that dividends from Burroughs Wellcome's grossly inflated AZT pricing helped finance Jesse Helms' re-election campaign.

White Flag or Black Plague

Several groups are currently developing alternative research on the causes of AIDS and its treatment in the New York area and beyond. The latest pamphlet by Brooklyn's Red Balloon Collective, "The Roads Not Taken: Why Promising Natural Therapies for AIDS Have Been Ignored," is a welcome sequel to Peacott's treatise. The authors explain why the official health care system has a keen interest in 1) applying a single-agent theory of disease to HIV; 2) favoring expensive, hi-tech treatments over low-profit, holistic remedies; and 3) suppressing information about "iatrogenics," i.e. disease or death which is medically induced. The first two will be addressed below.

Mitchel Cohen's preface confronts medical authority and outlines the significant similarities between AIDS and cancer research, two big businesses which profit from isolating a single-cause agent. A single agent theory of disease assumes that if an isolated virus can be detected, there are no other factors contributing to the origin or malignancy of the disease. A single agent theory also deflects attention away from possible environmental causes for diseases like AIDS and cancer.

Such a theory ignores the role of pollution from nuclear power plants, toxic landfills, trash incinerators, manufacturing and chemical facilities, and other industries, the very industries which devastate the environment and human immune systems. In Detroit, for example, the world's largest trash incinerator is surrounded by a predominantly black neighborhood. The Department of Natural Resources estimates there will be 72 cancer deaths per million due to inhalation of polluted air from the smokestack. Accordingly, the 1985 study, "Minority Health in Michigan: Closing the Gap," concluded that on average, minorities have a 27% higher rate of death from cancer than whites. Surely Phillip Morris, the new owner of Detroit's incinerator, wants to avoid the possible—and racist—connections between minorities, hazardous waste, and compromised immune systems.

A more recent University of Michigan study reaffirmed the reality of environmental racism, finding minorities significantly more likely to live near commercial hazardous waste processors than whites. Although it may be economically convenient for industrialists to attribute the cause of infection to an individuals' (moral) failure or weakness (the "single-agent theory"), it is deadly for us to fail to see the connections between AIDS and environmental factors.

The Red Balloon pamphlet outlines five basic "cofactors," or fundamental causes of immune system damage, in addition to the environmental dangers discussed above: other infections (e.g. syphilis or African swine fever), medicinal drugs (e.g. hepatitis B vaccine), street drugs (uppers, downers, cocaine and alcohol are known immune suppressors), inadequate nutrition (especially lack of vitamins A, B2, B6, B12, and C), and psychological stress. [2]

Not only is a single-agent theory of disease preferable from a medical standpoint for defenders of the status quo, but also from a moral one. Those who are infected—the "bad guys"—are blamed, as if the cause of illness rests in their moral behavior. Blame for illness should not be focused on the individual when cofactors are as obvious and insidious as those mentioned above. It is no coincidence, for example, that rates of HIV infection are higher in ghettos, where street drugs are more plentiful than fresh fruits and vegetables.

If cofactors can be dismissed, then the rate of HIV infection for rich white males and poor black and Latino males would be nearly identical. Not only are rates for the latter higher, but death rates for the former are decreasing (due, we might surmise, to the lack or reduction of detrimental cofactors, a privilege not afforded economically disadvantaged groups at risk), (*Village Voice*, 12-31-91).

One ethnic group historically affected by environmental devastation and impoverished health care has been Native Americans. Their communities continue to be plagued by skyrocketing rates of sexually transmitted dis-

ease, substance abuse, sexual violence, and dire poverty. Not surprisingly, Native Americans have experienced the highest increase in HIV infection from 1989–90, 10 times that of whites and twice that of blacks and Latinos.

Deifying the Medical Establishment

Many anarchists would be comfortable living in a world without cops, lawyers and politicians, but take away the doctors and some get nervous. However, in the Red Balloon pamphlet, Bob Lederer notes the formation of the American Medical Association in 1845, which, among other things, solidified the patriarchy of male doctors over healers and midwives, who were primarily female. Since then, widespread dependency upon doctors as “experts” has only increased with the emergence of capital-intensive health care.

Thus the last sections in “The Roads Not Taken” are devoted to alternative medicines and holistic healing systems. These include using natural substances like Carrisyn, Hypericin, Glycyrrhizin, AL-721, and vitamin C; and methods such as Homeopathy, Naturopathy, Eastern Medicine, and related nutritional therapies. An acquaintance of ours with AIDS recently discovered the limitations of the medical system when doctors refused to prescribe marijuana (a natural medicinal substance) for him, despite the fact that he had lost weight due to “wasting syndrome” and pot made him comfortable and hungry.

When a friend who has been HIV+ for six years was first diagnosed, he gathered all the information he possibly could—not only government or medical establishment -issued data—but “far out” information on healing as well. He has said, “When I hear that 97% of people with HIV go on to develop AIDS, I want to know what the other 3% are doing.”

Since then, increased numbers of people with HIV have resisted—possibly permanently—the progression from HIV to AIDS. “Bob” has continued to shun AZT and other medications; he has staunchly told off doctors who want to manage his treatment. Instead, he has focused on controlling the cofactors he can control: he eats healthy meals and sleeps enough, abstains from alcohol, and conducts healing groups to explore ways of uniting mind, spirit and body in an effort to remain healthy.

Medical salvation is a literal dead end, given the onslaught of environmental hazards and cofactors which remain unchallenged. Indeed, our global ecosystem is threatened, with various species fading into extinction because of immune system damage caused by industrialism. As noted three years ago in the Fifth Estate, human beings may be next “AIDS is a reflection of a biological opportunism on the part of viruses whose other side is the current deterioration and breakdown of human immune systems.” (FE., Spring, 1989).

In his introduction, Cohen urges direct action to “seize back our own bodies” from the government, medical establishment, war merchants and polluters. He adds that “Money for AIDS, Not for War” is “no substitute for a direct action environmental approach to AIDS and cancer, nor for participating in communities of resistance to seize back our lives.” (p. 5).

As government spokesman Magic Johnson prepares for the Summer Olympics (!?), it is doubtful that he, in his new role as media puppet, will focus on the environmental and other cofactors which challenge bureaucratic and industrial society (even as environmental racism prevails in the neighborhoods Johnson might address most effectively). AIDS does not call us to merely change our sexual behavior by having an ample supply of condoms, nor does it demand that we keep sexual activity isolated in some mysterious safe of knowledge where science and the state hold the key. It challenges us to redefine our day-to-day lives as if this is the final stand for us all.

NOTES

1. Though some of the information in Peacott’s bibliography is outdated, one should be aware that much of the information currently circulating throughout the nation’s health care networks is just as dated, e.g. the 200+ page manual, “AIDS High Risk Adolescent Prevention” from the National Institute on Drug Abuse, relies on research from 1981-88, including the erroneous suggestion that HIV can be spread through contact with urine.

2. A small number of renegade voices within the medical community have closely examined internal and external cofactors, even arguing that HIV requires the presence of mycoplasma, a tiny bacterium, to cause AIDS.

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