

Anarchist Perspectives on AIDS

FE Readers and Writers Disagree

Various Authors

1992

Dear FE,

I was glad to see your discussion of my pamphlet, *Misinformation and Manipulation: An Anarchist Critique of the Politics of AIDS*, in your Spring 1992 issue (see "AIDS: Sex in the Safe: Repression & Treatment," FE #339, Spring, 1992). However, I would like to comment on a few of the points raised in the article.

As you note, we published M&M three years ago, so the statistics I quote are dated. I intend to write a follow-up pamphlet within the next year which will update the statistical and epidemiological information with data which have come out since 1989, much of which backs up the case I made in M&M. For instance, most "official" estimates of HIV-infected united states residents have remained stable at around 1,000,000. There has been no new outbreak among non-injection drug using heterosexuals.

Every year the "experts" change their estimate of the median incubation period from initial infection with HIV to development of AIDS, with the purported incubation period getting longer and longer, and more frequent acknowledgements that there are people with HIV infection who are not getting sick. Additionally, there has been more and more documentation of the low risk to most people in the united states of HIV infection through heterosexual intercourse, with an especially low likelihood of transmission of HIV from women to men. I will document this and other information in my upcoming pamphlet.

You state that I define "low-risk" people as "non-IV drug using individuals who do not have sex with IV drug users." Actually, in M&M, I specify that only heterosexuals who fit this description are "low-risk." I would, however, broaden this to include women who have sex with women and avoid injection drugs and injection drug users. I still would argue that men who have sex with men are generally at higher risk of HIV infection than those who engage exclusively in heterosexual sex, since most men who have sex with men have engaged in sexual activity, primarily getting fucked, which puts them at increased risk of HIV infection. Related to this is your point about the increased risk of infection to some heterosexuals, especially those who aren't white and are poor. While statistically true, at least in the case of black and latin people, your brief comments do not explain why this is true, making only a general statement blaming historical oppression.

First of all, most black and latin hets are no more at risk than white ones. What puts heterosexuals of any color or sex at risk is the sex and drug practices of themselves and their sexual partners. Most women with HIV infection were infected through their own drug use or that of their partner. There are proportionally more black and latin women with HIV and AIDS because there are proportionally more black and latin women who share needles to inject drugs or have regular sexual partners who do. Few men of any color acquire HIV sexually from women.

One could argue that the drug use habits of some black or latin people are, in some sense, linked to historical oppression, but this avoids the fact that many people of all colors sometimes make unwise choices about their activities which put them at higher risk of acquiring HIV infection. Blaming oppression for individual drug use

habits misses the point that all of us are capable of lowering our risk of infection by avoiding certain activities which are totally voluntary.

Your description of my position on drug manufacturers and the medical industry in general is inaccurate. You state that I advocate “unrestricted access to the marketplace for pharmaceutical companies,” when in fact I advocate a free market for drug makers/manufacturers, a description which could include, but is not limited to pharmaceutical companies. I advocate abolition of patents, the FDA, and any other restriction on sale or manufacture of drugs as well.

Such abolition of state interference in the drug market would lead to the elimination, via competition, of pharmaceutical companies as we know them now. Additionally, contrary to your statement that I have a “narrow-minded faith in pharmacology and the medical industry,” in *M&M* I specifically call for deregulating all areas of health care. This would enable those who do not like western medicine to choose other practitioners, treatments, drugs or whatever. While some parts of western medicine seem helpful (penicillin, some vaccines, some surgeries), I find much of it harmful. We should all be free to engage in any voluntary health care practice we choose. (I discuss the issues involved in freeing up the health care market in more depth in the latest pamphlet from the BAD Brigade, *Regulated to Death: Anarchist Arguments Against Government Intervention in Our Lives*, by Jim Baker and myself, available for \$3. from Bad Press, P.O. Box 1323, Cambridge, MA 02238.)

One further point, related to my statements above concerning the increased rate of heterosexually-acquired HIV infection among black and latin people: in your discussion of Cohen and Lederer’s pamphlet you state that the differential infection and death rates between black and latin and white people are likely due to things beyond the control of people who are at risk. This is untrue. Drugs are not more plentiful, and are much more expensive, than fresh produce in “ghettos.” People choose to use or not use drugs, choose whether and how to have sex, and, for the most part, choose what kind of foods to eat.

While racism and the economic disadvantage it results in cause difficulties for most black and latin people, most poor people of any color engage in consensual sex, do not inject drugs, and choose what they will and won’t eat. Racism is not sufficient to explain why someone chooses to spend money for cocaine instead of decent food. I acknowledge a connection, but not causation. It is racist to assume that black and latin people do not have the same ability to make decisions as do white people, thereby relieving them of personal responsibility for any bad choices they might make. Again, I plan to expand on this issue in my next pamphlet on AIDS.

Anyway, thanks again for writing about my pamphlet, and for dealing with the important issues you raised in your article. I hope it provokes more discussion of AIDS and AIDS politics in the anarchist movement.

Joe Peacott
Boston

To the Fifth Estate:

“AIDS: Sex in the Safe,” by Romances with Wolves (see Spring 1992 FE), who or whatever that is, was welcome on one hand because attention paid to AIDS by anarchists is rare.

On the other, much of the article is so inaccurate and wrong-headed that it might be a disservice if anyone takes it seriously. The article is a review of two pamphlets, “The Roads Not Taken; Why Promising Natural Therapies for AIDS have been Ignored,” by the Red Balloon Collective, and “Misinformation and Manipulation: An Anarchist Critique of the Politics of AIDS,” by Joe Peacott.

I have not seen “Roads not Taken...,” but it sounds like an important piece of work. Its co-author, Bob Lederer, whose work appears in the Red Balloon pamphlet, is well regarded in New York City. His reasoned objections to mainstream medical treatment have a wide audience including people with HIV/AIDS.

None of us close to this epidemic believe HIV is the sole cause of AIDS. There is something in one’s bones that tells us there is more to it, and that, at the moment, we don’t really know a lot. The cofactors listed in the article do seem possible. The problem comes when one is infected: what to do? Your writer, Wolf or Bird, is a bit blithe about it.

A lover of mine died in 1988. We worried a lot about which and how much of the natural therapies to use. He decided to change diet but retain the medical regimen of his doctor. I don't think the AZT helped him, but I can't say it sped his death. Another friend decided not to take any medicine. He always felt the cure would be worse than the disease. I supported these decisions. Inside, I was torn apart by them, so you can imagine how it was for him. He died fast. He went from newly-diagnosed to death in about 18 months.

The point of this is that one cannot make blanket declaration to do this or that when it comes to AIDS. Your article implies that it is correct to avoid medical treatment. Do you really want to say this? Medical treatment does seem to help some people. Doubtless, if there existed systems of natural health and healing, fairly available, they would be the choice, and a lot of terrible drug regimens would fall into disuse.

Joe Peacott's pamphlet is another matter. It is a testament to how few anarchists are paying attention to AIDS that Peacott's writing keeps showing up. Your writer ought to have caught on that something is terribly wrong when they write, "[Peacott] advocates unrestricted access to the market place for pharmaceutical companies" because, in his eyes, the problem is the FDA (the state) standing between the HIV-involved and the drug corporations. What is the relationship between the business community and the U.S. government? It is that business calls the shots. The government is not independent of business. Isn't this our basic understanding?

Attacking the state without an equally vigorous attack on business is no critique at all. It is outmoded, knee-jerk, doctrinaire, individualist anarchist clap-trap. Those involved with AIDS activism are much tougher on capitalism than your article or Peacott. The FE article agrees with Peacott that business is more moral than government.

Your writers also praise Peacott for asserting that "the complete elimination of risk from his life is not a priority." Referring here to safe sex practices, does the FE really want to advocate not using safe sex, or to imply there is something ennobling in having sex which might risk exposure to HIV? Don't you have a responsibility to look into this a bit more before going to press?

Yes, some sex is less risky; "giving head" is perhaps less so than anal intercourse, but you may not want to if you have sores on your gums or made your teeth bleed when you last brushed them.

Most safe sex educational efforts and materials do not, as your writers indicated, tell people not to have sex. Even though you hear this in the media, at the ground level, education takes a much more fundamental approach: have sex, just take care of yourself and your partner. This is, in part, what I do for a living. Your and Peacott's moralistic treatment of the subject is misinformation itself.

Peacott claims more government money is spent on AIDS research than for cancer, that this is wrong because there are more deaths from cancer, and money is taken away from cancer research by AIDS funding. This is untrue. Romances and Peacott bought into figures from the Reagan/Bush thugs who inflated AIDS research numbers for a good show.

You are able to do research. Look into these matters yourselves. Then hopefully there won't be any more miserable articles on AIDS like this one or Peacott's. Just 22,000 dead in 1989? No, that is not an epidemic, nothing for the FE to worry about. Come on!

Michael Bacon
Jersey City NJ

To the FE staff and readers:

Co-authors Romances With Wolves and Birds are to be congratulated for their foray (the first attempt in the FE) into the complex, raw subject of AIDS ("AIDS: Sex in the Safe," Spring 1992 FE). The problems I have with it might have been resolved through discussion if I had been able to participate in the editing process, but that was simply not possible. As an FE staff member, I know that they worked hard to produce a libertarian, pro-sexuality response to the AIDS plague while at least commencing a critique of media exploitation and the role of the medical industry. Much was worthy and well said, but in many aspects the piece was confusing and inconsistent enough to merit response. Since they called it only the opening of a dialogue, I hope they will take my strong criticisms in the spirit of debate and discussion in which they were intended and not as personal attacks.

This said, it bothered me that an article claiming to open a discussion had such a tone of definitiveness and finality. Probably some of my secondary criticisms about details or the interpretation of suggestive remarks may be due simply to a misunderstanding of their intent. But as I understood it, the article starts by arguing that safe sex is little more than a right-wing media-fanned hysteria campaign that seeks to impose rigid sexual conformity. It assures us that the actual risks are negligible, the paranoia a ploy.

Yet within a few paragraphs the AIDS issue is said to deserve “serious community attention.” Obviously, the authors were not exactly clear on which is the truth—is the AIDS scare an anti-sex campaign or a serious community problem? In fact, it entails both, but the article is confused from the start because it fails to distinguish what many already know, that there are serious differences between the attempts by the christo-fascist right to use AIDS as a sex- and gay-bashing vehicle on the one hand, and the campaign of community health activists on the other to catch the attention of people seriously at risk.

For many, the fear of AIDS may greatly exaggerate the risk—assuming that basic common sense precautions are taken (safe sex now nearly being synonymous with condom use), even for low-risk populations (who also face the risk of other diseases and of unwanted pregnancy). Even the authors recommend condoms, so one wonders just what it is they are arguing.

The discussion of the media’s role compounds the confusion even as it points out the inevitable sensationalization of the epidemic. The media is excoriated for turning this serious non-issue into a “narrow-minded charge in regulating behavior” and a “life and death drama complete with good guys and bad guys.” One expects such from the media, but the examples given are poor. The unfortunate Kimberly Bergalis (who contracted the virus from her dentist) and Magic Johnson are allegedly portrayed as innocent victims, while the dentist and the women with whom Johnson had sex are tarred as villains.

Yet, it didn’t seem as if Johnson was portrayed as the poor victim of disease-ridden woman, but rather as the tragic victim of his own reckless lust. Given that careless sex with the number of strangers he claimed as partners is risky by anyone’s account, there was at least a grain of truth to the media portrayal (despite the drooling spectacularization of Johnson’s tragedy). The dentist appears to have been an irresponsible lout, and innocent people did die because of him. Indeed, every plague does have its heroes and villains, and AIDS is no exception.

The authors repeatedly argue against themselves. For example, they argue that the media is whipping up groundless panic by presenting what is essentially a zero-risk situation into a deadly morality play with good guy innocents and villains (women, gay activists, etc.) Then they argue that there actually is great risk for certain groups (pointing out that the risk is growing for women, higher for women than for men), whom the media is rendering invisible. This is a weird internal contradiction; you can’t exactly have it both ways. Mentioning the activist group ACT-UP as a media villain that has been punished by the authorities is also confused; it hardly makes sense to start from the article’s thesis and then cite government harassment of the most militant group that is treating the AIDS epidemic as an unprecedented public health catastrophe.

Doubtlessly, AIDS has been spectacularized in the most repulsive manner by the media, and this has served to shore up sexual repression and simultaneously spur a multibillion dollar AIDS research industry. It has rendered other aspects of modern health less visible—such as the epidemic of breast cancer and the multiple cancers and immune diseases that are the result of all kinds of industrial and medical contamination. But that doesn’t mean AIDS isn’t serious.

AIDS educators can hardly be faulted for targeting rapidly growing infected groups (Latinos, adolescents, for example) and persuade them as dramatically as possible to take simple precautions. And the practice of identifying current risk groups keeps them visible while further qualifying the risk. This seems to be what safe-sex advocates and health activists are doing. So where’s the story? Clearly, the FE should always take into account those very groups marginalized by this society who make up the high risk groups, taking their concerns as our own, if we are to take our anti-authoritarian views seriously. Arguing that there is no risk (for privileged, adult, hetero white people, that is) is narrow and indifferent, even glib in the face of real suffering with real people—an impression I am certain the authors did not intend to give. But the argument still ends up being irresponsible.

The discussion of co-factors reveals more confusion. The authors imply that high risk populations are dying of AIDS not because of their behavior(whatever the socio-economic and psychological roots of this behavior may be) but simply because of environmental contamination. An article I wrote on the theme of AIDS in recent ecological

debates (“Cheerleaders for the Plague,” FE #331, Spring 1989) is cited to support this idea based on my contention that the success of the AIDS virus is likely one of many consequences of the generalized assault on the immune systems of many complex life forms by industrialism (radiation, chemicals, synthetics, antibiotics etc.).

No one should have taken this to mean that specific behaviors associated with this plague are not significant (the only ones presently identified) for its transmission. To argue otherwise implies a direct pathway for co-factors—a distortion of the technological critique I proposed. The Detroit trash incinerator, for example, is definitely spewing many horrible toxins which without a doubt contribute in combination with other contamination sources and co-factors to cancers, neurological disorders, immune system problems and who knows what else. The co-factors represent an environment that makes us all to one degree or another susceptible to immunological disease. But let’s not kid ourselves that this virus is being transmitted through polluted air and bad food rather than by the mixing of blood through unprotected sex or needle sharing with infected persons. That could change, I guess. (AIDS is an admirably devious predator, the way it appears to use our own anti-bodies against us; if we were talking about the way an exotic eel attacks spiny shellfish on a coral reef, we’d almost develop an affection for the entity. But in this case we are the target, and the virus the Other. The cunning of evolutionary change may provide this adversary with new weapons and new pathways. We may even be dealing with several different phenomena that have not been distinguished from one another. For now, take precautions.)

“If co-factors can be dismissed,” the authors argue, “then the rate of HIV infection for rich white males and poor black and Latino males would be nearly identical.” But most rich white males simply do not engage in the same risky behavior that many poor people do. The rich are, generally speaking, mixing with a low-risk population and taking fewer risks. Yet they are getting cancer, if at lower rates than industrial workers. Grosse Pointe, a wealthy suburb, is downwind from the trash incinerator, and nearly everyone eats fast food in this society. Not many of these people are getting AIDS, though. Those that are, appear to be getting the disease through (their or someone else’s risky behavior. And though wealthy AIDS victims live longer because they enjoy better living conditions and have many health options, they, too, are for the most part all eventually dying.

The fetishization of co-factors leads the authors to imply that the matter is purely one of environment and not one of specific actions—a kind of fatalism. “Blame for the illness should not be focused on the individual,” they argue. It’s a good idea to avoid blame, with all its punitive connotations. But it is ridiculous to remove responsibility for one’s actions entirely from the issue, as if people could not be taught to make certain choices. Of course, Joe Peacott’s insinuation in his letter that people unidimensionally choose to engage in high-risk behavior (like they choose to buy a certain product, one assumes) is the familiar libertarian fallacy that everyone starts at the same place on the same level playing field. Thus, according to this specious idea, the poor “choose” unemployment, low self-esteem, drug addiction and petty crime while the rich “choose” to go to Princeton and become lawyers and surgeons. Peacott hasn’t even gotten as far in his social critique as the nineteenth century quip that everyone being equal under democracy, neither beggars nor bankers could sleep under bridges. It doesn’t occur to him that people told from birth that they are garbage and treated as garbage might tend to treat themselves just as badly. But both positions—the idea of abstract decontextualized choice and the idea that environment is everything, human choices nonexistent—make a caricature of any authentic notion of freedom.

Finally, the conclusion of the article negates its original thesis when the authors recommend not only that we “change our sexual behavior by having an ample supply of condoms” but that we “redefine our day-to-day lives” in relation to AIDS. Given that it started by labeling safe sex the response of a “paranoia” demanding “complete insulation against all harm and change” and little more than an authoritarian clampdown, its claim to demystify AIDS is pretty dubious.

In fact, AIDS is a life and death drama, not media-confectioned hype. The lurid fascination with the epidemic decried by the authors is a reality in which we all participate because the combination of sex and death makes a powerful elixir. There is a whiff of black plague, danse macabre and harsh fate to it that can’t be neutralized by bland reassurances or bravado. There are people who have seen dozens of friends die, and people dying themselves because of outlandish ironies of destiny. In Africa the epidemic is decimating whole towns; in many communities in the U.S. the toll is terrifying. We still are mostly uncertain about AIDS. We know that it is being manipulated to impose sexual conformity, that the media has sensationalized and spectacularized it, that corporations and re-

search institutions are creating an enormous empire off it, and that it is certainly connected in ways we do not completely understand to a generalized deterioration of immune systems from industrialism.

But we need to keep much of our uncertainty in mind and refrain from dismissing what few precautions we have if we are to act in a responsible way not only to our readers but to ourselves and to people around us. It might be exciting to defend unconditionally unlimited sexual expression in the name of anarchy and freedom, but the fact is that capitalism has sufficiently eroded the conditions of life so as to make us think twice about such a choice. The ugly truth is that this is not the world we would like it to be. There's a jagged edge to life called death. Be careful out there—including what you argue in print.

This said, Michael Bacon's letter calls for comment. Despite a number of perceptive observations on his part, I think his response is also confused, at least his discussion of medical technology. Distrust in industrialism's cures for disease stems from a legitimate and natural skepticism about all of technology's claims, given the nightmares it has unleashed, the fraudulence of its "humanist" self-justifications and the way in which it is coupling the entire organic world to the corporate-industrial machine (the pesticide treadmill, the antibiotic treadmill, the communications treadmill, etc.). But this distrust also and just as importantly comes from an emerging philosophical rejection of the consciousness—the cognition, epistemology and methodology—of modern industrial capitalism in general and its medical paradigm in particular.

AIDS activism, the most militant form being ACT-UP, does not address this question at all. ACT-UP's verve, creativity and tough refusal to remain silent are admirable, but I have seen the group do little more than use ostensibly radical tactics to make reformist demands on politicians, the state and the corporate medical empire.

Essentially the militants are demanding that the state fund medical research by corporate labs to cure AIDS. I am reminded of workers demanding jobs from the state and of contaminated communities demanding reparations. It's understandable, wrenching, but not only will the state not give in to such sectoral demands (except for a few showcases to prove its concern, subsidized by sucking the life from some other sector), they tend to legitimate the state and the whole industrial system it defends.

I sympathize when AIDS activists point out how the state is spending billions to destroy the life web with war and accumulation while people are dying of hunger and lack of minimal health requirements. But to demand that the empire provide a cure for disease is to affirm the state as the provider of life and to play into the dangerous ideology of technological optimism and progress—the assumption that there even is a cure for AIDS (like there is a cure for cancer or birth defects, or a safe petrochemical technology), and that this cure is to be discovered through the dominant medical-technological paradigm of exploitation-extraction, intervention and control.

But the response from the medical establishment will likely be worse for humanity as a whole than the disease itself. New drugs are a never-ending tech nightmare and a form of experimentation on the population that will probably at best only up the ante by selecting for breeding stronger, more resistant viruses and retroviruses. Instead we should be demanding different conditions of life that make it possible for our immune systems to improve and defend themselves; this means getting rid of the awful industrial co-factors and poor living conditions that the original essay's authors were correct in bringing up, but it also means taking seriously medical paradigms predicated on working with nature rather than napaing it. It is understandable that Michael's personal experiences have led him to raise the difficult questions he raises. But it is important, crucial, to distinguish between the limited benefits that inevitably accrue to some individuals (in the case of medical transplants and other technological interventions) and the global effects of mass technological systems. One cannot choose to accept the prolonged life of a friend while rejecting the concomitant horrors that mass technics generate. Bioengineering may likely help a few people to live longer or better, but what of its overall effect on society, the human organism, and the natural world? Is Michael and are we all willing to live with all of those implications and the obvious risks that such intervention necessitates?

And let there be no illusions: you can't have the medical technologies which he defends without the enormous labs, blind experimentation, instrumental exploitation of nature, and complex work hierarchies that constitute the megamachine. Is keeping some people alive (or even staying alive) worth maintaining that whole edifice of misery and oppression? Modern capitalism, more than almost any other previous social system, is more and more eclipsing the real possibilities of life while manufacturing a pseudo-life which may soon become literally not worth living.

I discussed much of this in the article cited above, and will encourage people to read it by not repeating myself, except to say that our response to medicalization cannot be a simple one, and is definitely not a question of abandoning all medicine. I am suggesting, as I have in other contexts, a process of critical deconstruction of mass technics as a process of inquiry, as a practical way of winning back our lives, our cultures, our health. There are no easy answers to be sure, but the industrial mystique can only lead us closer to our own extinction.

George Bradford

Romances With Wolves Responds:

A couple days after reading George Bradford's reply to the FE AIDS article, I dialed my doctor's office to learn if I had tested positive for HIV. The cheerful receptionist asked for my anonymous number and put me on hold. While I waited for my one word verdict, I felt 99% positive that my status was HIV negative, and yet I couldn't help but dwell upon that 1% chance I was horribly wrong. I also thought about all the People With AIDS who were first informed through a similar impersonal, disquieting process.

So there I was, a college senior from a family of "medical professionals", trying to honor a partner's request for good health verification by submitting to the mercy of esoteric knowledge. This was my fifth AIDS test in as many years. If the merry nurse picked up the phone, I was instantly ok, but if the doctor came on the line... If only I, or someone in my family or community could conduct the blood test procedure (instead of one lab for the entire State), I could at least be spared these agonizing moments...

The harmful effects of medicalization and institutionalized esoterica was one of several topics my friend and I tried to discuss in our article. We acknowledged in the third paragraph, "The thoughts and ideas which follow are by no means the end of the debate..." but rather, "a beginning, designed to provoke questions" in the fight against AIDS. Bradford and Bacon apparently bypassed those sentences, but their attacks on our piece help fulfill our prediction: our essay did succeed to some degree from the lengthy discussions it provoked.

Bacon and Bradford make some veiled observations but they both succumb to an odd impasse. With Bacon, it is primarily in his desperate focus towards medicalization and technology, where he wrongly assumes any anti-technological stand to be anti-intellectual (and counter-productive).

With Bradford, the reaction is more problematic and therefore much of this response is directed at him. I usually applaud his detailed analyses about the devastation caused by technology and "progress"—including much of his above reply to Bacon—but this time I feel he offers little in possible new insights, as he misreads our text, and our intentions.

Our essay was probably flawed in how it tried to summarize too many AIDS related issues by trying to play catch-up for the FE's neglect of AIDS and sexuality topics. The FE collective was also quite divided over whether we should concentrate on the two anarchist AIDS pamphlets or whether they should only be used as an introduction to the latest views and research. This was admittedly frustrating.

Thus we explicitly compromised both sides by coloring our review of Peacott and Lederer/Cohen with a select sampling of related literature. Bradford's reaction to all this is his declaration that we're "not exactly clear on which is the truth" regarding "the AIDS issue." He basically dismisses our writing as "confused."

First, welcome to the world of HIV. AIDS and HIV infection are extremely confusing. For starters, there is no consensus in and outside the medical "community" (marketplace) on whether HIV is the sole cause of AIDS or whether HIV must be combined with other co-factors before the onset of AIDS occurs. A quick recap of the recent Eighth International Conference on AIDS in Amsterdam bears this out.

On one extreme were people like Dr. William Haseltine, who claimed HIV infection could be transmitted through kissing even without the presence of mouth abrasions (*Mirabella*, August 1992—with the subtitle, "Read it and shiver").

Representing the other extreme were people like Dr. Peter Duesberg, who announced HIV is such a harmless retrovirus that he wouldn't mind being injected with it (*Spin*, June 1992; August 1992). Amid the confusion was an alternative AIDS conference (also in Amsterdam), "AIDS: A Different View," where the co-factor arguments were more thoroughly dissected in front of hundreds of delegates (and a total of two U.S. journalists).

Details of this central debate can easily make another lengthy essay—one which should certainly not be confined to scientific journals. It is important here to note the hypotheses rejecting HIV as the single-cause agent for AIDS are not from some lost, misinformed, “irresponsible” minority as Bradford implies. They include voices like Michael Callen, who’s survived AIDS for ten years while traveling across the world with remarkable optimism; or Dr. Luc Montagnier, the original discoverer of the HIV virus, who now agrees there are enough documented AIDS cases without a trace of HIV to seriously disrupt past assumptions—that HIV cannot directly kill cells without some other kind of contributing agent (Spin, August 1992).

Bacon and Bradford seem to begrudgingly accept co-factors as an afterthought and not as deserving of the attention we feel is needed more urgently than ever.

Another issue (AIDS invariably brings up many issues) running throughout our piece was how to remain sex-positive in a sex-negative world. As most religions promulgate one sexual option for the terrified populace—heterosexual monogamy (preferably lifelong and marital)—the mass media has gradually allowed a second alternative. It usually appears briefly in the sea of mass consumption as a quick commercial or magazine ad: condoms.

According to Bradford, condom use about sums up safe sex and our alternatives to AIDS. He proclaims safe sex to be synonymous with condoms before continuing about how confused we are.

As Bacon mentioned, there are readily available pamphlets explicitly detailing condom use. However, this secondary information is a minor concession in the state’s relentless quest to contain sexual behavior and capital’s corresponding aim to profit heavily from any sexual insecurities, be they real or manufactured.

Even Magic Johnson is now experiencing real censorship as he drifts into taboo territory beyond basic condom instruction. The latest edition of his fairly explicit *What You Can Do To Avoid AIDS* has been banned nationally from several book chains, while his new related video (containing graphic language but alas, no graphic images) is also prohibited from most school systems (*Progressive*, Sept. 1992). The current censorship movement against erotica and porn has indeed become an extension of the AIDS-induced, anti-sex hysteria.

Thus we questioned the depth and sincerity of the typical safe sex campaigns. This means generally supporting condom use for intercourse but believing “safe sex” can also utilize many other creative options for sharing sexuality. We proposed, for instance, that if the government and the media were truly advocating safe sex, they would remind people that sex between two women is far safer than between a man and a woman (a rare constant in AIDS research-over the decade)—or that mutual masturbation, group massage, hand-to-genital sex etc. are secure pleasures worth encouraging in detail. These are not flippant trivialities. The politics of AIDS includes recapturing a positive sexuality.

Magic Johnson’s misfortune has been exploited by a misogynist media. Perhaps Bradford has read different articles where Magic no longer emphasized his promiscuity with women as the culprits. Bradford stops just short of defining what qualifies as an “innocent” or “guilty” victim, probably because he knows such finger-pointing would really be sanctimonious.

My final general response deals with the rather inflammatory charge, that we don’t consider AIDS a serious issue. The bitter accusation, that we were trivializing AIDS fatalities, is most regrettable (fortunately, hardly anyone else reached the Bacon and Bradford conclusion).

First of all, sexual activity has always been full of risks; from emotional affliction and stress to life-threatening infections and, of course, to pregnancy. “Deviant sexuality” like anal intercourse and other “sexual experimentation” is as old as heterosexual intercourse but something unusually disturbing occurred with the sudden appearance of AIDS in the early 1980s. Homophobia and condemnation of non-monogamy is hardly news but even anti-authoritarians need to keep addressing this new sexual conservatism, which strikes way beyond common sense precautions and personal hygiene.

We did not mean to give the impression that suffering and death from AIDS is any less significant than lives claimed by auto accidents, homicide, suicide, heart disease, liver disease, strokes or cancer, even when these types of fatalities are statistically more common. Like Bacon, most of us have lost loved ones and since death is still death, any comparison may seem pointless. But, if ten times as many people die each year from AIDS, why isn’t there more hysteria surrounding cigarette smoking than with people’s sexuality? The government, the media and the tobacco industry certainly give mixed messages about cigarette consumption, and our community doesn’t fare much better.

Most friends are more likely to question someone's sexual habits than their smoking, even if one could prove the latter to be much more threatening to everyone.

Is it pointless to retain how sex inherently makes us more vulnerable to a variety of hysteria than most other activities? And can we be extremely concerned without being hysterical?

For this is where we need to go from here. Rather than accusing fellow activists for supposedly not taking AIDS seriously enough, or for not being clear with all the "facts," we need to (a), find more ways to be sex-positive in a sex-negative world and (b) pursue further the neglected possible treatments and remedies in our struggle to create a "community of scholars" (to paraphrase Paul Goodman) and healers.

This includes some allopathic medication but also the various homeopathic, nutritional, and non-Western therapies we alluded to. It may be learning how to take and analyze our own blood and urine samples or taking extra time to study recent developments in Chinese herbal medicine... In short, we must break the cycle of a helpless dependency on capital, the state and institutionalized medicine which have caused more ills than cured them.

CODA: After the medical secretary relayed I had tested negative, I hung up the phone and headed quietly for the only government institution worth saving: the library.

fifth Estate

Various Authors
Anarchist Perspectives on AIDS
FE Readers and Writers Disagree
1992

<https://www.fiftheestate.org/archive/340-autumn-1992/anarchist-perspectives-on-aids>
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