

1-50
4790
P

Misinformation and Manipulation: An Anarchist Critique of the Politics of AIDS

by Joe Peacott



A B.A.D. Press Publication
BAD Press Pamphlet No. 1

Freedom Press
DISTRIBUTORS
£1.50

All of the statistics cited in this pamphlet can be found in the articles, journals, and pamphlets listed in the annotated bibliography found at the back of the pamphlet.

Joe Peacott
Boston Anarchist Drinking Brigade
P.O. Box 1323
Cambridge, MA 02238
U.S.A.

NO COPYRIGHT

First Printing 121 copies (actual). June 1989
Second Printing 200 copies. September 1989

Published by B.A.D. Press, Boston.

Introduction

AIDS, like all diseases, is having an effect not only on those who have AIDS, but on society as a whole. There is a continuous flow of articles in the press, TV specials, brochures from AIDS organizations, and even ads on the subway, all of which make AIDS an issue in most people's minds. Unfortunately, much, if not most, of the information people are receiving is inaccurate, incomplete, and/or manipulative, including that put out by AIDS "service" organizations and the AIDS activist groups. The two major pieces of misinformation that almost everyone seems to accept are that AIDS is the most important and dangerous health care problem facing Americans at present, and that action by the government is the way to solve the problems caused by AIDS. This pamphlet will argue that: while a serious problem, AIDS is not the plague that the mainstream press, government and AIDS organizations say it is; most people are at little risk of HIV infection and AIDS; and not only is government activity not the solution, but eliminating government intervention from our lives is the best way to fight AIDS.



Scope of the problem

Both the mainstream news media and most of the radical press, gay and straight alike, continually describe AIDS as an epidemic, or simple as *the* epidemic. While AIDS, like many other diseases, certainly fits the medical definition of an epidemic, the emphasis on this term serves only to frighten people, not to increase their understanding of the disease and its transmission. When people are afraid it is more difficult for them to look at and talk about a problem objectively. And an objective perspective on AIDS is sorely lacking in this country at present. The way statistics about AIDS are presented in most of the news media and medical literature also contributes to the panic atmosphere associated with this disease by greatly exaggerating the impact of AIDS compared to that of other diseases and causes of death in the U.S.

Statistics for AIDS are generally presented in terms of the number of people who have gotten the disease and/or died from it since the outbreak began in this country. This makes it difficult to compare AIDS statistics to those for other diseases/causes of death, which are generally reported as cases per year. But even using the government figures in this form, and comparing them to figures for other diseases, one can illustrate the slanted way in which the scope of the AIDS "epidemic" is being depicted. In the U.S., breast cancer kills 42,000 a year; 94,000 die in accidents, 46,000 in car accidents; 466,000 die of cancer; and almost 1,000,000 die of heart disease. AIDS has killed 49,976 (as of 2/28/89) since the outbreak began; 11,000 people died of AIDS in 1987. The point is not that AIDS is not a problem, but simply that it is one of the many diseases and dangers people are at risk of, and significantly less dangerous for most people than many other things. Many more gay men will die of heart disease this year than will die of AIDS, but I have yet to see an article in the gay press advising homosexual men to avoid high-risk eating activities, such as eating meat and dairy products, while we are constantly told to avoid any remotely risky sex.

The "experts" also frequently make predictions about how many will get AIDS, are infected with HIV (the virus, human immunodeficiency virus, that many believe to be the cause of AIDS), or will go on to get AIDS after being infected with HIV. The games played with statistics are even more sophisticated and subtle in this area. Last year, the press reported on a study that supposedly showed that 99% of people infected with HIV would go on to get AIDS. However, if one reads this study one finds that although the researchers favor the 99% figure, they concede that the true number who will get AIDS could fall anywhere between 38% and 100%, according to their statistical manipulations, and that they are only 90% confident that even this interval is accurate. Most scientists and statisticians demand a 95%-99% confidence level before accepting and reporting results as significant. The authors also clearly state that their estimate of the number of gay men who will develop AIDS after HIV infection "should still be treated cautiously". Additionally, as of January 1, 1987, of six men in this study who seroconverted (developed antibodies to HIV; this usually occurs within a few months of infection) in 1978, only three had developed AIDS, only one out of eight infected in

1979 had AIDS, and three out of twelve infected in 1980 had come down with AIDS, all of which argues against the researchers' contention that most persons infected with HIV will develop AIDS, since they also maintain that the average time elapsed from infection with HIV to diagnosis with AIDS is less than eight years. In other words, the news media took a study containing questionable methodology and conclusions, reported the authors' speculation as fact, and did not mention either the doubts voiced by the authors themselves about their work, or the criticism of this re-port by others. This is an example of how AIDS hysteria is manufactured.

Studies that indicate that many or most people infected with HIV will not develop AIDS are given much less exposure in the media than those that paint a more grim picture. There have been no page one stories, about the group of men studied at the New York Blood Center, 20-25% of whom have no measurable immune dysfunction after ten years of infection with HIV. And who has heard about the study showing that only 36% of a group of HIV positive men studied for over seven years have gone on to develop AIDS? And what newspaper reports pointed out the inconsistencies in the study I discussed above, where the numbers in the study group developing AIDS after HIV infection were not consistent with the researchers' own conclusions and indicated that many, if not most, HIV-infected people may remain AIDS-free. While these studies do not prove that most people with HIV infection will not develop AIDS, there is no evidence from other studies to prove that they will. In other words, no one knows how many HIV-infected people will get AIDS, but that does not stop the press and AIDS organizations from presenting the worst possible scenarios when they talk about this disease.

A final example of the statistical manipulations to which AIDS is subjected is the revised estimates of the HIV infection rate in New York. Last year the New York Dept. of Health cut its estimate of the number of New Yorkers infected with HIV by one half. They justified this by using a new model for estimating HIV infection rates based on epidemiologic studies of homosexual men in San Francisco. Both this model and their previous model could be defended scientifically, but produced numbers that were not even close, showing that they really don't know what they are talking about and their various estimates are simply guesses. Despite

this, much of the press, of course, simply accepted these new figures as true and reported them as such. Many in the AIDS "service" and activist "communities" attacked the revision as politically motivated, to be used as a justification for cutbacks in AIDS funding. Almost no one pointed out that these numbers were really no more valid or invalid than previous ones. The press believes and reports as fact whatever the government says, and the AIDS organizations accept whatever will lead to more funding and reject what may lead to cutbacks. Neither group however, seems interested in facts, especially if they indicate that "the epidemic" is not as fearsome as they contend it is.

Many people are infected with HIV, many have AIDS and many will develop AIDS. But many more people will die of other causes, and there is no convincing evidence that AIDS will ever surpass heart disease or cancer as killers of Americans. Despite this, people are daily subjected to AIDS horror stories, much more dramatic and terrifying than reports of

Changing estimates

Infected with HIV

Previous NYC estimates

Total cases 400,000

Gay males	250,000
IV drug users	100,000
All other*	50,000

New NYC estimates

Total cases 200,000

IV drug users	100,000
Gay males	50,000
All other*	50,000

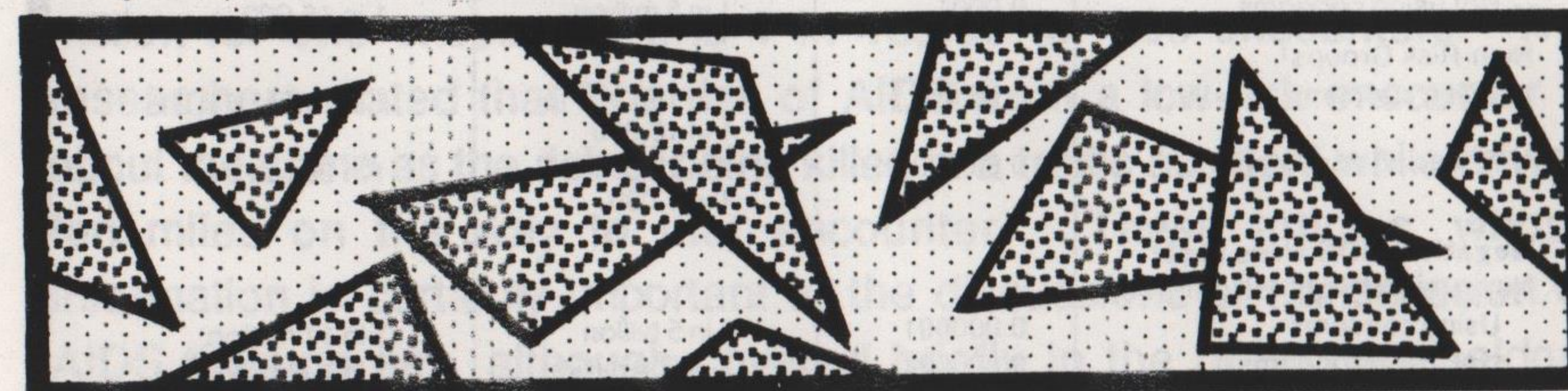
* Heterosexual cases, babies infected during pregnancy, those infected through transfusions of contaminated blood and blood products, those originally from Haiti and Central Africa, where transmission patterns are predominantly heterosexual.

death and disability caused by other, more common, diseases. This is done for two major reasons: some wish to use AIDS to further their anti-sex and anti-homosexual agenda; others wish to use an exaggerated fear of AIDS to increase government funding of activities concerning AIDS, and thereby further their careers. Neither group is necessarily interested in the truth about the disease, its incidence, or its transmission. People need to be more careful about believing what they read and hear about AIDS and not just accept what they are told by the "experts".



Who's at risk?

We are constantly warned these days that everyone needs to be more careful in every sexual encounter we have: we need to practice "safer" sex; we need to use rubbers or dental dams at all times; we need to have sex with fewer partners; some even say we need to marry and be "faithful" to one partner for our entire lives. We are told that there are no high-risk groups of people, only high-risk activities. But is everyone really at equal risk of HIV infection?



In 1986 the Centers for Disease Control [CDC] changed its method of presenting statistics and began to present the figures for people who have AIDS who were "born in countries in which heterosexual transmission is believed to play a major role" (primarily people from Haiti, with some from Central Africa) as part of the "heterosexual cases" category. This category had previously included only non-Haitian/non-Central African people who "have had heterosexual contact with high risk individuals" (IV drug users and men who have sex with other men). When these two categories were combined, the number of "heterosexual

cases" more than doubled and the press duly reported the "explosion" in AIDS among heterosexuals, and has continued to devote a lot of coverage to heterosexual AIDS ever since. But has anything really changed? Has there been and will there be a major outbreak of AIDS among non-IV drug using heterosexual people?

The number of heterosexual cases reported by the CDC as of 2/28/89 is only 4%, the same percentage as when the definition of heterosexual cases was changed in 1986. Not much of an explosion. The "doubling" of heterosexual cases in 1986 was not a real change, it was merely a statistical "blip" caused by combining two previously

Heterosexuals and AIDS: Assessing the Risks

Based on data from several studies, researchers have roughly estimated the chance of becoming infected with the AIDS virus through heterosexual intercourse with partners of varying backgrounds. The true risk in individual cases may differ greatly from group averages. The scientists say that while

even the group averages are only approximate, they accurately characterize the comparative risks. For all categories, the chance that the virus will be transmitted in a single sexual contact with a partner who is definitely infected is assumed to be 1 in 500; the condom failure rate is assumed to be 1 in 10.

Risk Category of Partner	Assumed Prevalence of Infection	One Sexual Encounter	500 Sexual Encounters
Infection Status Unknown			
Not in any high-risk group			
Using condoms	0.0001	1 in 50 million	1 in 110,000
Not using condoms	0.0001	1 in 5 million	1 in 16,000
High-Risk Groups¹			
Using condoms	0.05 to 0.5	1 in 100,000 to 1 in 10,000	1 in 210 to 1 in 21
Not using condoms	0.05 to 0.5	1 in 10,000 to 1 in 1,000	1 in 32 to 1 in 3
Negative AIDS virus test²			
No history of high-risk behavior			
Using condoms	0.000001	1 in 5 billion	1 in 11 million
Not using condoms	0.000001	1 in 500 million	1 in 1.6 million
Continuing high-risk behavior ³			
Using condoms	0.01	1 in 500,000	1 in 1,100
Not using condoms	0.01	1 in 50,000	1 in 160
Infected with AIDS virus			
Using condoms	1.0	1 in 5,000	1 in 11
Not using condoms	1.0	1 in 500	2 in 3

¹ A range is given because the extent of infection varies widely within the groups. The greatest risks involve homosexual or bisexual men and intravenous drug users from major metropolitan areas and hemophiliacs. The lower risks involve homosexual or bisexual men and drug users from other parts of the country, female prostitutes, heterosexuals from Haiti and certain African countries, and recipients in the early 1980's of multiple blood transfusions in areas where the virus is prevalent.

² A negative virus test could be misleading because of testing inaccuracy, because the person had not developed antibodies at the time of testing or because the person was infected after the test.

³ Sexual intercourse or needle-sharing with a risk-group member.

Source: *Journal of the American Medical Association*

separate categories. There are few heterosexual cases now, and although there may be an increase in the future due to the increasing numbers of people who have acquired HIV infection through IV drug use, most of whom are heterosexual and can infect their sex partners, there is no reason to predict a major increase in AIDS among heterosexuals who do not use IV drugs or have regular sex partners who do. Even Surgeon General Koop, who is pushing the lifelong monogamy line, says that he is "quite sure that we won't have an explosion in the heterosexual population."

There have been several studies in the last two years that have emphasized the low risk of contracting AIDS for most heterosexuals. A study in Denver of approximately 1,000 persons seen in a VD clinic, showed *zero* cases of HIV infection in low-risk individuals, i.e., non-IV drug using heterosexuals who did not have sex with IV drug users. A similar study in Seattle of 343 people showed no infections in persons who were not homosexual men, and a Queens, N.Y. study showed one infection among 200 low-risk persons. These data indicate that there are indeed low-risk people, and that most people in the U.S. fit the low-risk description. An article in *JAMA* [*Journal of the American Medical Association*] last year estimated the risk of acquiring HIV infection during rubber-free penis-vagina sex with a low risk person is approximately 1 in 5 million for one encounter, and 1 in 16,000 for 500 encounters. The researchers stated that "the risk of AIDS from a low-risk encounter is about the same as the risk of being killed in a traffic accident while driving ten miles on the way to that encounter." These articles, whose information is certainly important to the discussions of transmission of AIDS through sex, although covered briefly in the press, are seldom mentioned in discussions of what safe sex is and who needs to practice it.

Prostitutes are considered by some to be a high risk group for HIV infection and the Public Health "Service" lists sex with a prostitute as a high-risk activity. As with so much we read about AIDS, this is simply not true. CDC studies show that only prostitutes who use IV drugs or have ongoing sexual relationships with IV drug users have become infected. Another study showed that prostitute women in San Francisco had the same rate of infection as other women who had multiple partners or

partners at risk of HIV infection. There is no evidence that prostitutes who do not use IV drugs and are not sex partners of IV drug users are any more at risk than other women with multiple partners.

Additionally, there is no evidence to back up assumptions that prostitutes are "spreading" HIV infection and AIDS to their customers; 80% of prostitutes use rubbers some or all of the time, and most of the time they engage in low risk sex activities such as hand jobs and blow jobs anyway. Despite the fact that street prostitutes see approximately 1,500 customers a year, 20% of men hire prostitutes regularly, and 70% hire them occasionally, as of September 1987, only 33 men (out of more than 40,000 persons who had AIDS at the time) whose primary "risk" factor was sex with prostitutes had been diagnosed with AIDS. COYOTE, an organization of prostitutes, estimates that if prostitutes were truly spreading AIDS, by 1988, "at least 100,000 straight, white, middle-class businessmen would have been diagnosed" with AIDS. Clearly, this hasn't happened.

Despite the availability of the above information, the U.S. Public Health "Service", most of the press, both gay/lesbian and straight, virtually all the AIDS organizations, and even ads in the subway (virtually all of which appear to be directed at non-drug using heterosexuals), take the position that straight people are at high risk for AIDS and need to take the same precautions when having sex that gay men and IV drug users need to take. They spread the myth that there are no high-risk groups of people, but only high risk activities. However, one of the studies cited above convincingly argues that, because the rate of infection is so low among low-risk groups, unprotected sex with a low-risk person is safer than sex with a condom with someone in a high-risk group. But most AIDS "experts" and activists seem unwilling to discuss this view, and prefer to spread the myth that "we're all at risk."

There appear to be two main motives for putting forth this view. Some wish to scare heterosexuals into either celibacy or monogamy and marriage. Others, especially AIDS organizations seem to be encouraging this view in order to increase the amount of government money they can obtain, reasoning that the government won't fund their activities unless they think heterosexual non-drug users might get sick as well, since they really don't care about queers and drug users. Although this may be true,

and the strategy effective (there certainly is a lot more AIDS money coming from governments these days), it does not justify the misinformation and fear being spread. Unfortunately, the AIDS bureaucracy, both governmental and non-governmental seems more interested in making rules for others to live by than in providing people with the truthful information they need to make informed choices about what activities they want to engage in and what risks they wish to take.



Safe sex and queers

Advice about "safer" sex for men who have sex with men, although directed at a group of people who are truly at high risk for HIV infection, is no less full of misinformation and half-truths than guidelines for heterosexuals. In some ways the "safer sex" literature for men who have sex with men is even worse than that directed at heterosexuals. At least the "experts" generally aren't telling heterosexual men and women not to fuck when they have sex (although, of course they should only have monogamous, preferably marital, sex), but are simply telling them to use rubbers when they do. Much "safer" sex advice to men, however, suggests not only using latex in all sexual contacts, but even encourages men to give up homosexual sex entirely, and instead learn to "eroticize" non-sexual activities. A recent edition of *Next*, a magazine distributed free in homosexual bars in Boston, in a particularly offensive and anti-sex series of articles lists the following as "life affirming erotic options" in their "sensual buffet": flirting, kissing, phone sex, sensuous feeding, and consensual exhibitionism and voyeurism. The writer also recommends dirty talk, leather, lubricants (he doesn't specify what is being lubricated), and bubble baths. We are encouraged not to "screw up something perfect" like playing with whipped cream by introducing those much talked about "bodily fluids". These articles, and workshops sponsored by AIDS organizations encourage men to learn to consider non-sexual activities satisfying substitutes for fucking and sucking. Michael Callen of the People With AIDS Coalition in New York is one of the few AIDS

activists who oppose this attempt to eroticize non-sex activities. He has said "what I find so pathetic is the cheery sloganeering of the 'Great Sex is Healthy Sex' campaigns. For those of us who proudly referred to ourselves as 'hot sex pigs', 'healthy' sex is definitely *not* great sex. It is a depressing consolation prize and I sometimes want to smack those who pretend otherwise. Yes, if we want to stay alive, we *have* to practice safe sex. But let's not pretend it's the real thing."

In addition to encouraging men to avoid real sex altogether, the AIDS educators encourage men to view all sex between men not involving a rubber as equally risky, and people who do not share this view are portrayed as stupid and irresponsible. But, there is evidence that not all sexual activities and not all "exchanges of bodily fluids" are equally risky. Getting fucked in the ass, and, to a lesser extent, getting fucked in the cunt, appear to be the only two high risk sexual activities. A number of studies published in the medical literature, for instance, have found a minimal risk of becoming infected with HIV from giving blow jobs, or being the fucker in rectal sex. A study from 1987 showed essentially no difference in rate of HIV infection between men who had given up both fucking and sucking and those who had continued to have oral sex (some of whom had also continued fucking, but not getting fucked) in the two years prior to the start of the study, while those who continued getting fucked had a significantly higher rate of HIV infection. Another study the same year showed that of 147 HIV-free gay men who gave blow jobs, some of whom also swallowed cum, but none of whom fucked, not one became infected in six months of follow-up, while 95 out of 1,998 men who engaged in fucking became infected during the same period. A report at a national AIDS conference in 1987 reported that 50 of 522 men who fucked became infected, but none of the 50 who engaged only in blow jobs acquired HIV infection during an 18 month period.

Despite these encouraging reports, there is evidence that cocksucking is not totally risk-free. There have been some reports of infection with HIV in men who engage only in oral sex, but the numbers are very small, the risk of infection from cocksucking appears to be minimal, and getting fucked without a rubber seems to be the most risky sexual activity and the primary mode of transmission of HIV between men. AIDS activists and educators in several other countries, such as Canada,

Australia, and some in Britain, as well as the Gay Men's Health Crisis [GMHC] group in New York, based on this kind of information, consider cocksucking to be a low risk activity. Few AIDS educators or activist types in the U.S. are willing to give people this kind of information or emphasize the vast difference between sucking and fucking. Instead, most AIDS and gay/lesbian groups and newspapers, with the exception of GMHC continue to put out the most conservative possible safe sex guidelines, listing blow jobs as equally risky as fucking, which is simply not true.



Cocksucking is not the only low risk activity inappropriately considered highly risky by the AIDS establishment. Tongue-kissing, watersports (pissing), and rimming (licking assholes), activities even less risky than cocksucking are considered moderate-to-high risk activities by most AIDS organizations. This, combined with the advice to shower and have your partner shower, which is often seen in safe sex literature [showering does *nothing* to prevent HIV or other sexually transmitted infections) makes me think that there is as much concern here with encouraging people to engage in "nicer", "cleaner" sexual activities, as there is in preventing HIV infection. It all seems awfully anti-sex.

The anti-sex hysteria has even taken root among homosexual women. They are advised by women's and gay/lesbian newspapers, the AIDS bureaucrats, and "sexperts" Susie Bright and JoAnn Loulan, that they are as much at risk of acquiring HIV infection as everyone else. This myth is being spread despite the fact that there have been few reports of possible transmission of HIV infection between two women in the medical literature, and one report of possible transmission of HIV to a man from eating out a woman. The CDC reports only seven "probable cases of woman-to-woman transmission" of HIV (but no cases of AIDS acquired by

woman-to-woman sex), and purveyors of the myth of lesbian AIDS like *The Village Voice* and ACT UP cite only three or five cases. Even if the number the CDC cites is accurate, this bears out my contention that woman-to-woman sex is nearly risk-free, since millions practice woman-to-woman sex, while it appears that no more than seven have acquired HIV infection sexually. Yet, homosexual women are urged to use rubber dams and gloves and take various other precautions at all times.



Most AIDS "experts" and activists are not interested in increasing people's awareness of relative risks and coming to their own conclusions. They instead wish people to unquestioningly follow the anti-sex guidelines which these experts have come up with. Certainly there are risks involved in cocksucking and eating out women, as well as other, even lower-risk activities, which the "safer" sexers advise against, but these are much lower than the risks of rectal, and to a lesser extent,

vaginal, fucking. Despite this, virtually all safe sex guidelines describe activities with greatly different levels of risk as being equally dangerous. A brochure by the AIDS Action Committee in Boston, for example, lists rimming, cocksucking, eating out women, and fucking without a rubber in the same category, as high risk activities. Instead, people should be informed of the relative risks of different kinds of sex, and encouraged to make their own choices about the risks they are willing to take.

LOW-RISK SEXUAL ACTIVITIES:

- Jerking off with someone, or jerking them off
- Hugging, rubbing, touching, massage
- Dry kissing

MODERATE-RISK SEXUAL ACTIVITIES:

- Fucking a man or woman in the ass or the vagina **with a rubber**
- Sucking off a guy **wearing a rubber**
- Open-mouth (French) kissing
- Watersports—pissing on the skin but not in the mouth

HIGH-RISK SEXUAL ACTIVITIES:

- Fucking a man or woman in the ass or the vagina **without a rubber**
- Sucking off a guy **not wearing a rubber**
- Going down on a woman
- Fisting—sticking a hand or fist into your partner's ass or vagina
- Rimming
- Sharing sex toys like dildoes and vibrators

The majority of AIDS educators want no part of such an approach. At a lesbian/gay health conference in Boston last year, some AIDS activists confronted AIDS educators at a workshop on safe sex about the supposed high level of risk associated with cocksucking. The educators defended their commitment to discouraging men from sucking cock, and felt that "changing the rules" would lead men to question their credibility (a positive development, in my opinion), and would confuse people. They said they preferred the "on me, not in me" rule because it was simple and easy. Additionally, when an article entitled "I Hate Safe Sex" which questioned the whole anti-sex approach of the AIDS establishment appeared in a Boston gay/lesbian paper, it was criticized by the AIDS Action Committee, who claimed the article would "undermine

the efforts of AIDS organizations throughout the country". These kinds of responses by AIDS educators to criticism of safe sex dogma clearly show their contempt for people and their sexual desires, and show that their commitment to their "safer" sex ideology outweighs their interest in supplying people with honest information.

The safer-sexers and their allies in government have not confined their activities to propagandizing against sex. In a number of cities places where men congregate to engage in consensual sex have been shut down or driven out of business by the government. In all of these cases there has been widespread support for these shutdowns among some sectors of the "gay community". In Boston, Jeff Epperly, the editor of the local mainstream gay/lesbian paper, *Bay Windows*, not only editorialized in favor of the shutdown of the only homosexual bathhouse in Boston, he actively collaborated with the city in its "investigation" and later closing of the baths. (He has also editorialized in favor of cutting down the reeds in a part of a park in Boston in order to prevent men from having sex there.) He and one of his writers went to the baths, spied on the sexual activities of the customers, and informed the city health department of their "findings". Epperly later attended meetings with the health department officials who subsequently took action against the baths. The idea that people were engaging in sex of which he disapproved seems to so enrage Epperly and people like him that no restriction of personal freedom seems too high a cost (for other people) to pay to prevent "unsafe" sex between men.

The "safer" sexers tell people that they should engage only in totally risk-free sex. And some people feel that attempting to totally eliminate risk from their sex lives, even at the expense of eliminating sex altogether in some cases, is in fact the appropriate strategy. This strikes me as odd, since many of these people are willing to take risks in other areas of their lives every day, like smoking tobacco, eating meat, driving a car, or even crossing the street against the light. Many of us wish to lower our risk of acquiring HIV, but are willing to take some risks in order to continue having a pleasurable and satisfying sex life. While driving without a seatbelt is arguably more risky than wearing one, I find driving more comfortable without one. The risk of injury while driving, whether

strapped in or not, is small, and I'm willing to accept the possibly increased, but still small, risk of driving without a seatbelt in order to make driving more enjoyable. Similarly, I would be at lower risk of acquiring HIV infection if I stopped giving and getting rubber-free blow jobs, but I prefer to take that small risk in order to continue having an enjoyable sex life. As in all areas of my life, I, like many, if not most, people weigh the possible risks of my actions, decide if the benefits outweigh the risks, and act accordingly. Providing people with honest information about relative risks associated with different sexual activities, instead of unsubstantiated anti-sex warnings, would enable individuals to make informed decisions about their behavior and what level of risk is acceptable for them. A risk-free life would also be a pleasure-free life, and the total elimination of risk from my life is not a goal of mine. Encouraging people to eliminate risk from their sex lives, even at the cost of eliminating sexual pleasure, as the AIDS educators recommend, is an attempt to narrow people's options and manipulate their behavior under the pretext of concern for their health.

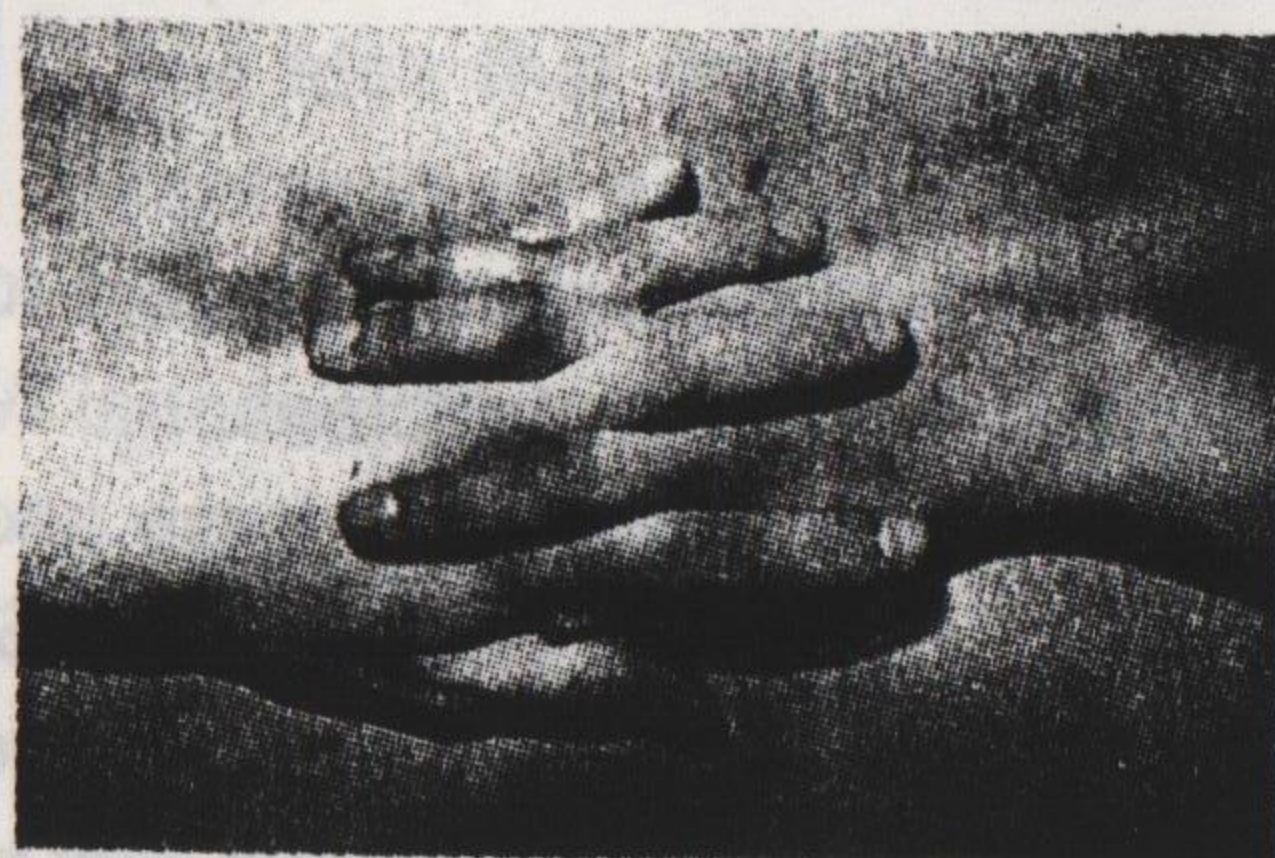


IV drug use and AIDS

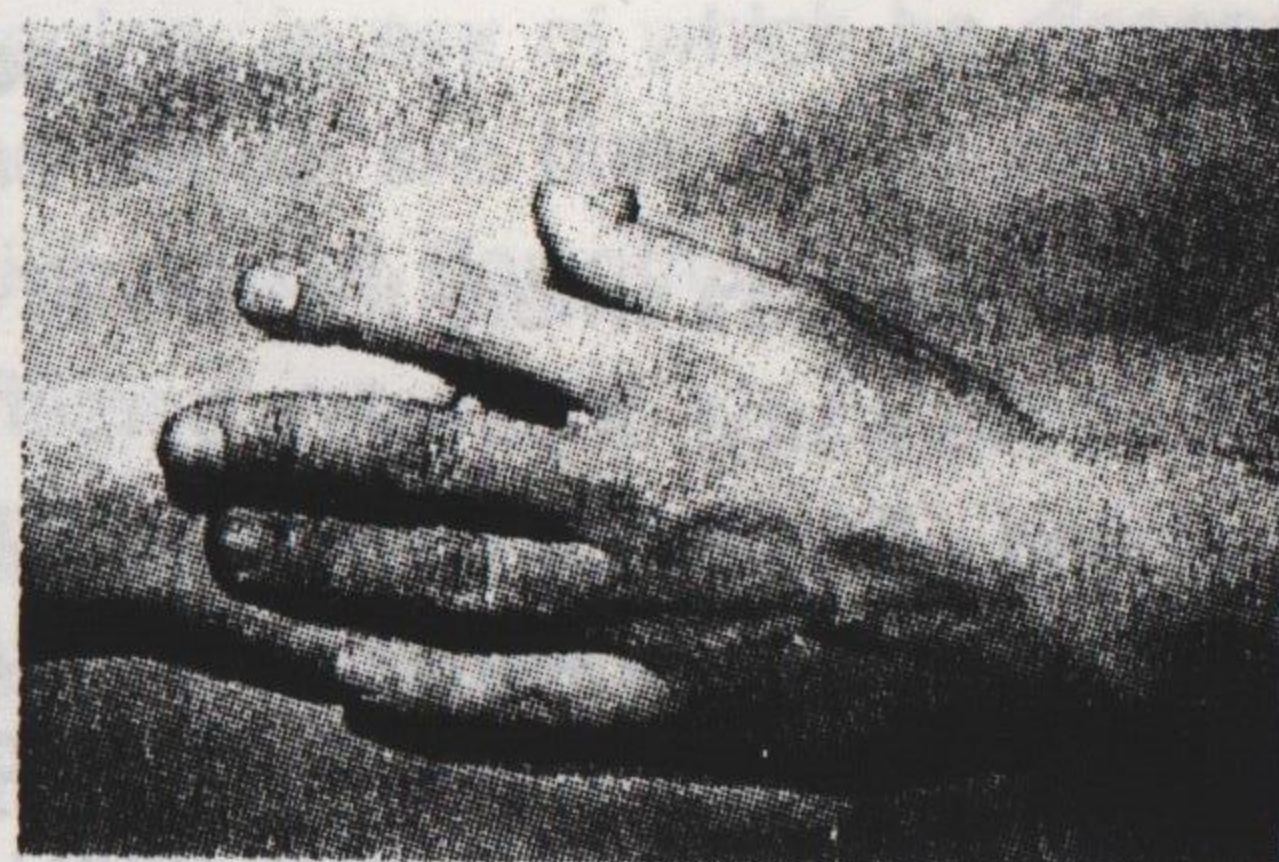
Another area where the AIDS "crisis" is being used as a pretext to restrict the scope of people's personal activities is that of recreational IV drug use. IV drug users and their sex partners make up a large and growing proportion of HIV-infected people and people who have AIDS. These people, while being urged to use safer injection techniques, are also being urged to give up IV drug use totally as the most efficient way to stop transmission of HIV among drug users and their partners. Although similar to the safe sex/no sex campaign directed at homosexual men, the anti-drug campaign, disguised as an anti-AIDS campaign, is based on even more faulty premises, most importantly, the myth that IV drug use is inherently a high risk activity which should be outlawed.

Drug use would be totally free of risk from infectious disease transmission if the government simply decriminalized needle and drug

use. Needle exchange programs are not what is needed, in part because they force drug users to submit to the surveillance of the public health authorities, but most importantly because they do not address the main cause of needle sharing and subsequent transmission of HIV: an inadequate supply of sterile needles produced by government restrictions on the sales of needles. In the 38 U.S. states that do not criminalize possession of needles without a physician's prescription, IV drug users are not at high risk of AIDS because needle sharing is minimized. The states with the highest number of IV drug users are also the states that restrict access to needles, contributing directly to the extremely high rate of HIV infection in drug users in New York, New Jersey, Connecticut and other states. The government and the media constantly regale us with stories about the high rate of HIV infection among children born in New York, most of them children of IV drug users, but fail to point out that most of these infections would never have occurred were it not for laws against needles in New York. And even the totally inadequate needle exchange program being conducted in New York has been opposed by many politicians. These politicians and their laws are contributing to the death of IV drug users, their sex partners, and their children.



Digital intercourse.



Classic "69" position.

Decriminalizing and deregulating drug and needle use, would not only dramatically cut the rate of HIV infection among drug users, it would also reduce the other health risks of recreational drug use, such as endocarditis, poisoning by additives, and unintentional overdose, by bringing drug sales and manufacture aboveground and open to

examination by users. Decriminalization and deregulation would also produce a precipitous fall in drug prices, improving the economic situation of drug users (and, incidentally, eliminating most street crime, most of which is a result of users seeking cash to pay high drug prices or dealers fighting to monopolize a lucrative market). These changes would likely result in an improvement in the general health of drug users which would help those already infected with HIV to better deal with the infection.



Government is part of the problem, not the solution to the AIDS "crisis."

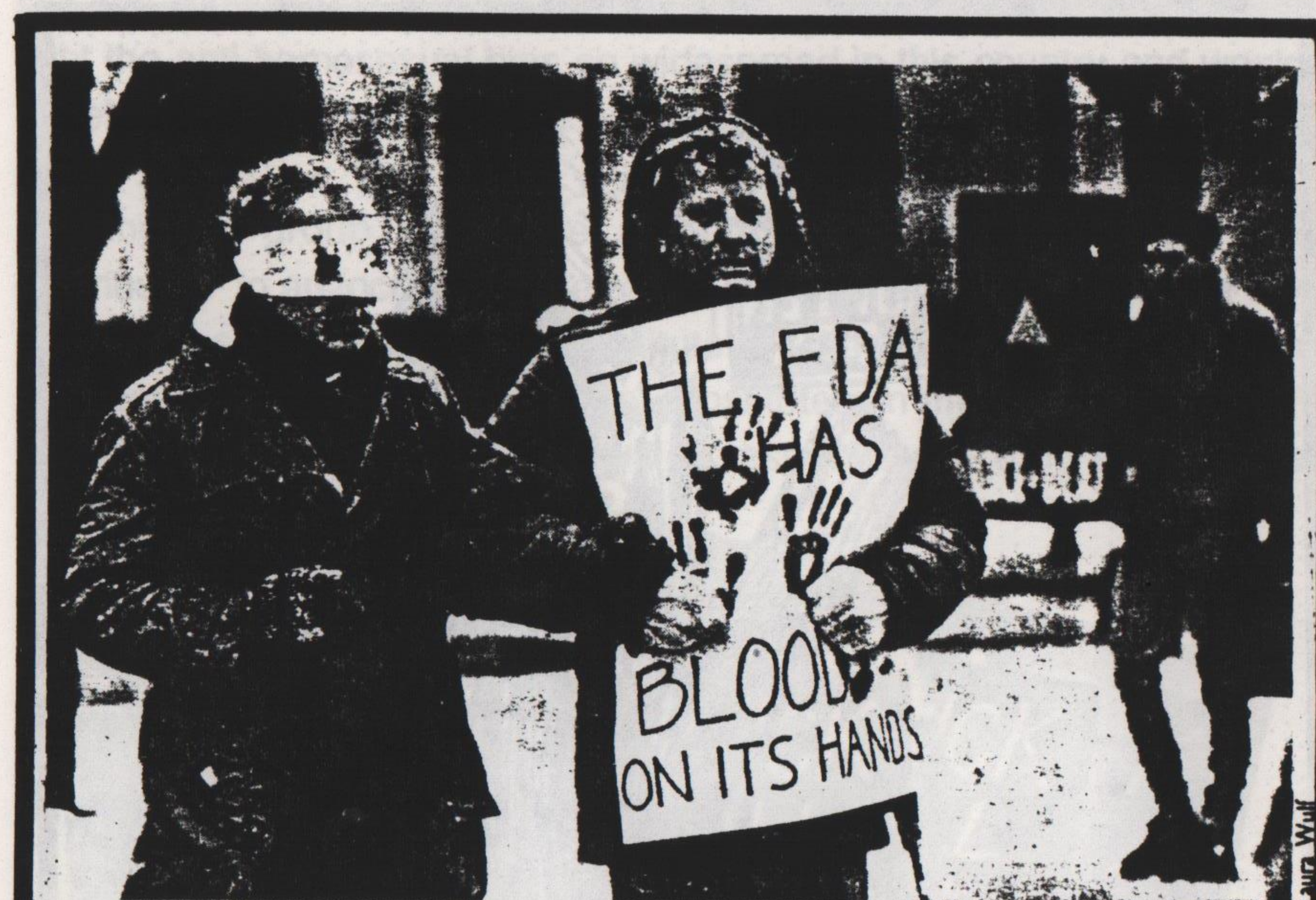
Most people in this country, including most leftists and many anarchists, look to government as a source of help in dealing with AIDS. As in the case of IV drug use, government intervention in any area of our lives, including AIDS and its associated problems, causes more problems than it "solves". Eliminating government intervention in health care; "therapeutic" drug research, manufacture and sales; recreational drug and needle use and sales; and sexual activity, including sex-for-a-fee, would greatly increase people's options in both AIDS prevention and AIDS treatment.

As stated above, decriminalizing and deregulating recreational drugs and needles would decrease transmission of HIV and lead to better general health among IV drug users. Abolishing the FDA and deregulating the research, manufacture and sales of "therapeutic" (or non-recreational) drugs would also be of benefit in dealing with AIDS and HIV. The FDA holds up the release of drugs with proven benefits for people who have AIDS, like ganciclovir [DHPG], a drug used successfully for several years to treat retinitis caused by cytomegalovirus [CMV], a common infection in people who have AIDS. They recently tried to force people into sight-threatening studies where the drug would be withheld from some people until their disease worsened, potentially leading to blindness. In order to impose this on people the government had

forbidden the manufacturer to provide the drug to people who needed it on a "compassionate use" basis, as it had in the past. Political pressure by AIDS activists resulted in a reversal of this policy, and the FDA is expected to approve the drug soon. The FDA also held up approval of aerosolized pentamidine, a treatment proven to prevent *Pneumocystis carinii* pneumonia, the most frequent cause of death in people who have AIDS, discouraging physicians from providing this treatment, and insurance companies from providing coverage for it. This policy resulted in many deaths that were preventable, and approval was granted only after widespread protests by AIDS activists. Eliminating regulation of drugs would enable people to use these drugs, as well as other drugs that may be effective in treating AIDS, but whose use is criminalized by government regulations.

Deregulation of drug research and manufacture would also result in the production of many new drugs to fight AIDS. Expensive government-mandated drug trials prevent many drug manufacturers from developing some drugs, and prevent new drug makers from entering the market, by making the business too costly. Abolishing the system of drug patents would bring down drug prices dramatically and allow new manufacturers to more easily enter the market. These two developments would result in more varied and cheaper drugs to use against AIDS (and other diseases as well). Doing away with the prescription system, which prohibits people from making their own choices about what drugs they wish to take, and forces them to go along with the dictates of government-certified physicians if they wish to get any drugs at all, would enable people, at long last, to really make their own decisions about their health care. A marketplace made up of totally unregulated drug makers competing for the business of consumers unencumbered by the dictates of government and its approved physicians would result in cheaper, more varied, and, hopefully, safer and more effective drug treatments for AIDS.

Deregulating the rest of health care would similarly increase people's freedom to choose how they wish to maintain their health and treat their illnesses. By imposing restrictions on who can provide health care advice and treatments through licensing laws and boards of registration, the government prevents people from choosing which health care practitioners they wish to hire. The system of prescribing (and

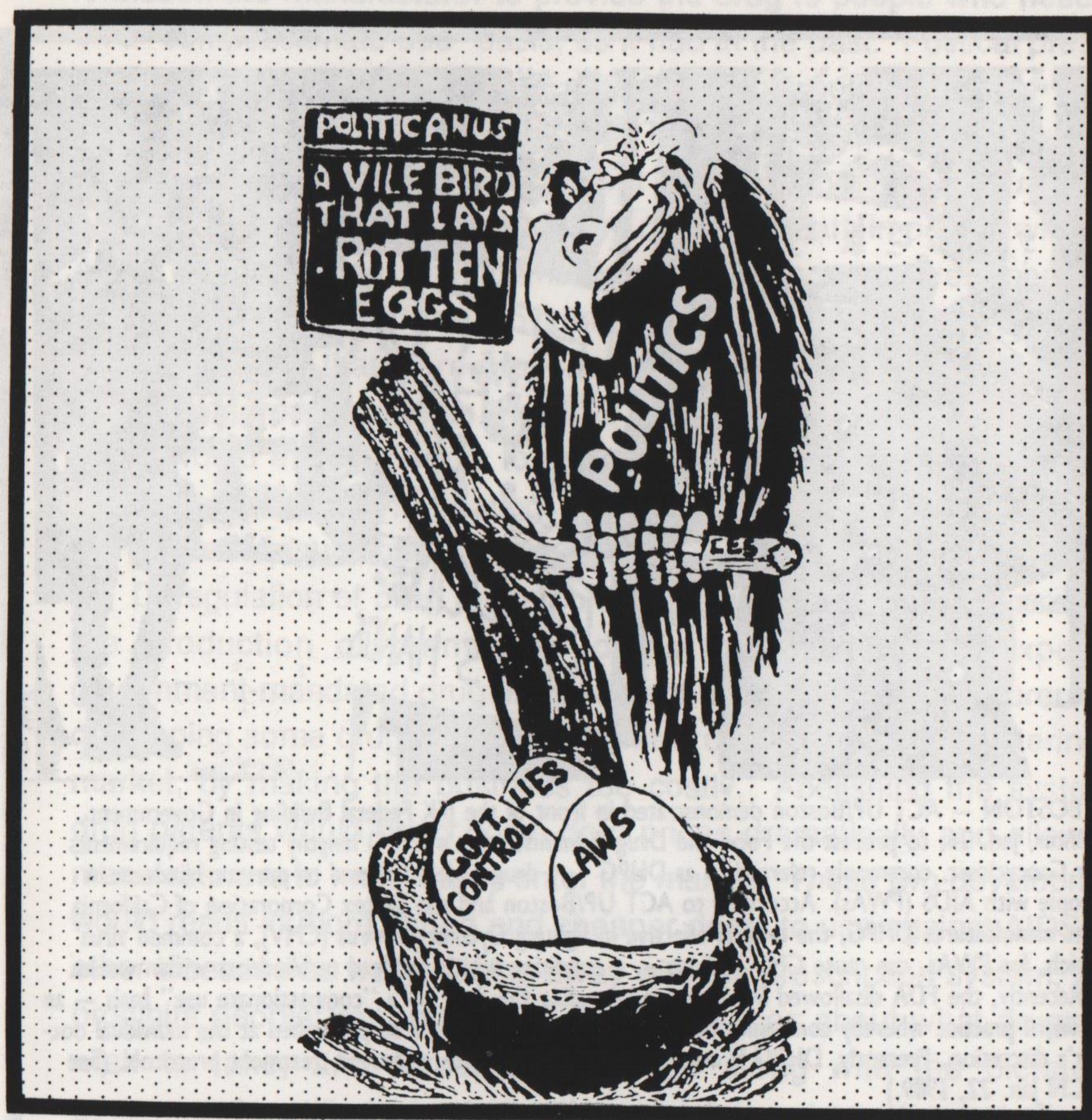


BOSTON — ACT UP/Boston demonstrated in front of the JFK Federal Building in Government Center, Jan. 26, to protest the Food and Drug Administration's (FDA) lengthy testing requirements for Gancyclovir, commonly referred to as DHPG — a drug widely believed to prevent blindness in people with AIDS (PWAs). According to ACT UP/Boston and the Syntex Corporation of California that manufactures DHPG, the drug is effective in fighting Cytomegalovirus (CMV), a common virus which, for PWAs, can cause CMV retinitis — a condition which can lead to blindness within weeks.

Recently, the FDA disallowed Syntex from providing the drug on a "compassionate use" basis — an informal practice whereby companies donate experimental drugs to be prescribed at the individual doctor's discretion. Presently, DHPG is only available through FDA approved treatment protocols. (See GCN Jan. 22, 1989.)

proscribing) drugs and other treatments and procedures pushes people into the hands of government-approved MDs, as there is no other way, under the current system to obtain many drugs and other medical treatments. Abolishing professional licensure and prescription laws would enable people to choose the people, drugs and treatments they wish to employ, without requiring them to seek the permission of "experts" licensed by the state.

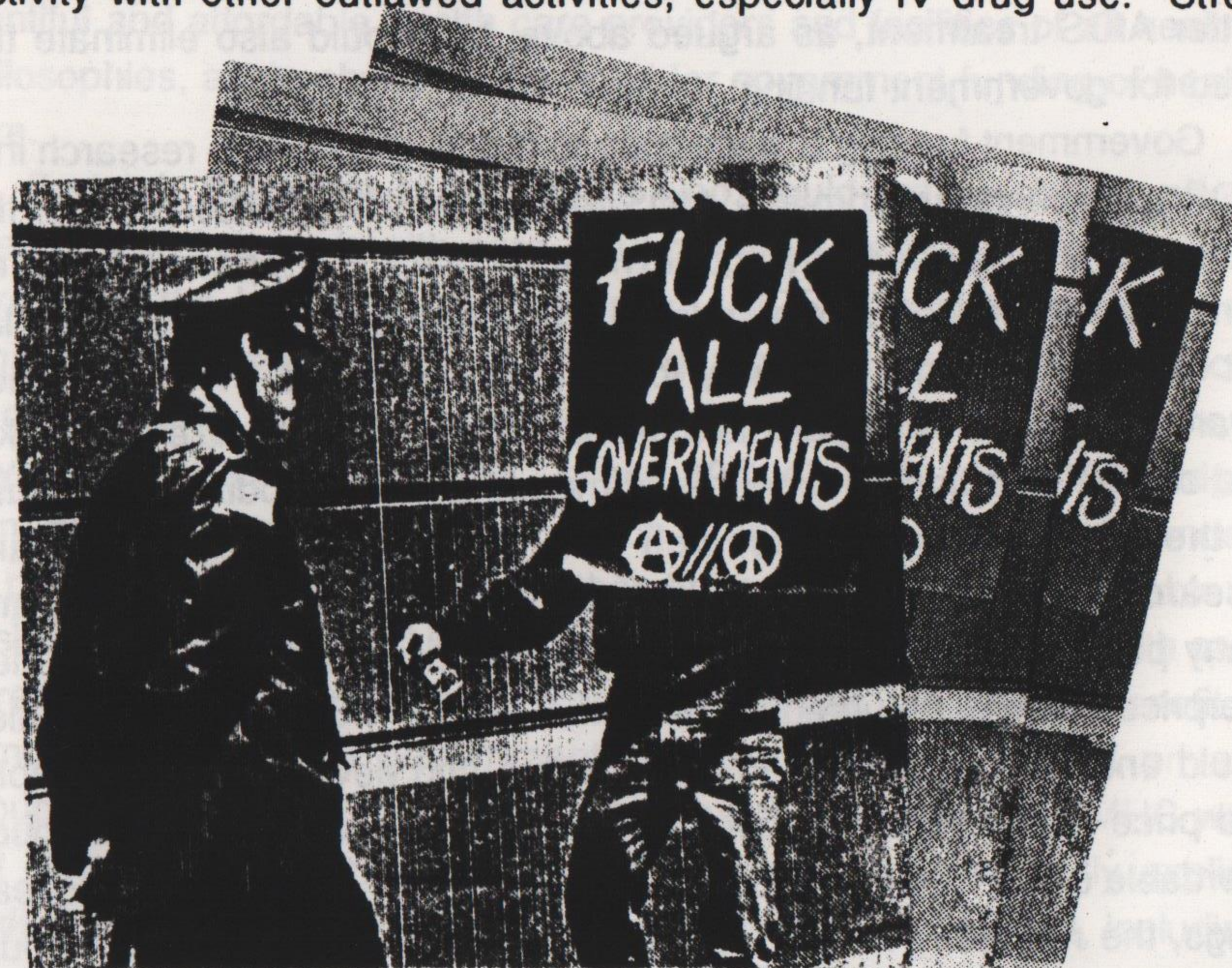
Laws regulating individuals' sexual activities have also hindered the fight against AIDS. Criminalization of homosexual sex and laws preventing homosexuals from working in certain jobs and from



participating in some activities, such as adopting or providing foster care for children, contribute to a pervasive anti-homosexual atmosphere in this country which discourages many men who engage in homosexual sex from acknowledging and accepting their sexual tastes. These men may, out of fear, not be willing to frequent places or read literature where information about truly risky sexual activity is available and remain ignorant of the hazards to which their sexual activity may expose them. Additionally, many men who engage in sex with men ignore information directed at homosexual men, since they don't consider themselves homosexual because of fear of the possible consequences of being known as homosexual. Abolishing laws which criminalize homosexual

sex and discriminate against homosexual people would make it easier to fight the anti-homosexual bias so widespread in this country and would, hopefully, make it easier to reach *all* people who need information about AIDS.

Another group of people among whom anti-sex laws have contributed to an increased rate of HIV infection and AIDS is people who engage in sex for a fee, i.e., prostitutes. Criminalization of prostitution has resulted, at least among street prostitutes, in the association of this activity with other outlawed activities, especially IV drug use. Street



prostitutes have a high rate of IV drug use, as well as often being in long-term sexual relationships with IV drug users, these two activities being the main causes of the relatively high rate of HIV infection among prostitutes in some areas of the U.S. Decriminalization of providing sex for a fee would enable prostitutes to work out of their homes or offices, advertise their services, and otherwise conduct their occupation as other service providers do, without living in fear of police and pimps. This "normalization" of their occupation would make them no more likely than anyone else to use IV drugs, and therefore put them at low risk of HIV infection.

Virtually all writers on the subject of AIDS, including even some anarchists who share my criticisms of government intervention in people's lives, feel that increased government funding for "the fight against AIDS" is a positive step. These people feel that without government funding, no research would be done, no new drugs developed, and no health care given to indigent people who have AIDS. Since such an idea is so widely accepted, people who believe this feel no need to argue the merits of their position; they simply state it and assume, rightly, that most people will agree. But abolishing government regulation of health care and drug development, would not only result in better AIDS treatment, as argued above, but would also eliminate the need for government funding.

Government funding is necessary to those who now do research into AIDS treatments and provide AIDS-related health care because of the restrictions imposed by government laws. Expensive, often unnecessary, government-mandated drug trials force drug makers to lay out massive amounts of money to develop new drugs. They are then awarded with exclusive patents that allow them to monopolize the market and charge extortionate amounts of money for their products. Because of the expense of the research and development process, many researchers rely on government funding to continue their work, and many people who have AIDS must rely on government to pay for their overpriced drugs. An unregulated market in drug manufacture and sales would enable drug makers to do research and develop drugs cheaply, and price competition produced by abolition of patents would produce affordable drugs. With cheap drug research and manufacture and cheap drugs, the necessity for state funding in the AIDS drug business would be eliminated.

Provision of other treatments and care for people who have AIDS would also be better served by deregulation of health care than by increased government aid. State restrictions on entry into the health care occupations and regulation of hospitals and other health care facilities is what makes health care in this country so expensive. Government-certified doctors have a virtual monopoly on provision of health care in the U.S., supporting government-imposed restrictions both on their own numbers, through state regulation of medical schools, and on other

health care providers through occupational licensure laws. Hospital and health care institution regulations prevent new and/or alternative health care institutions from opening because of the expense of complying with government rules, many of which do nothing to improve health care or protect patients. (During the early 70's in Chicago, an illegal group, the Jane Collective, provided safe, effective, and cheap abortions without any government oversight.) This artificial shortage of health care providers and institutions leads to hugely inflated health care costs. Abolishing state regulations and the medical monopoly would lead to plentiful and affordable health care providers and facilities of all healing philosophies, again obviating the need for government funding of health care.

Certainly there are some people who would not be able to afford even much cheaper health care. But government is not the only, and surely not the best, source of money. AIDS education and service organizations (as well as other private groups like the American Cancer Society) have been very successful in raising money from non-governmental sources. GMHC raises 80% of its \$11,000,000 budget from non-governmental sources. Such charitable organizations, funded by private contributions would, as they have done historically, be able to assist those who were still in need of financial assistance after health care deregulation. Taking voluntary contributions has the added benefit of removing attempts at government control of the activities of private groups, as when a \$700,000 federal research contract with GMHC was not renewed because of government opposition to a sexually explicit "safer" sex comic book they published. Avoiding government, including government money, whenever possible is the best way to ensure freedom of action in providing quality services to people in need.

In AIDS and health care policy, as in all areas of its activity, government is interested only in serving the interests of itself, and the politically and economically powerful social groups with which it is allied. Getting government out of the health care business, as well as the rest of our lives, is the best way to confront AIDS and other problems we face.



Annotated Bibliography.

Act Up/Boston. Various flyers on AIDS research and medical ethics, 1988.

AIDS Action Committee. *Man to Man: A Frank Discussion on AIDS to Help Reduce Your Risk*, 1988.

Typical "safer" sex literature, equating the risks involved in fucking, sucking, and rimming.

----- *Safer Sex Can Be Sensuous!*. 1987. Similar to above pamphlet.

Andrews, Lori B. *Deregulating Doctoring: Do Medical Licensing Laws Meet Today's Health Care Needs?*

Peoples' Medical Society, 1983. Argues against current medical licensing laws.

Batchelor, Stephen P. "I Hate Safe Sex." *Bay Windows*, July 10-16, 1988.

Beckham, Beverly. "AIDS: It Should Frighten Us All." *Boston Herald*, April 4, 1989. Typical fear-mongering discussion of AIDS among heterosexuals.

Bergquist, Cynthia. "The Real AIDS Culprits." *Nomos*, May/June 1987. Argues that government encourages spread of AIDS.

Boston Globe. Oct. 30, 1988. Statistics on deaths from accidents.

----- Nov. 7, 1988. Statistics on deaths caused by motor vehicle accidents.

Brecher, Edward M. "Straight Sex, AIDS, and the Mixed-Up Press." *Columbia Journalism Review*, March/April 1988. Discusses how the media created the myth of "the great heterosexual AIDS epidemic."

"Boston's Only Bathhouse." Unsigned editorial in *Bay Windows*, Feb. 2, 1988. Gay editor calling for permanent closing of homosexual bathhouse.

Botkin, Michael C. "Les/Gay Health Conference Report: Blow Up Over Oral Sex Among Many Controversies." *Gay Community News*, Aug. 21-Sept. 3, 1988.

Bull, Chris. "City Officials Drain Beantown Baths." *Gay Community News*, Feb. 5-11, 1989. Discusses "good gays" complicity in and support of closing of homosexual bathhouse.

----- "Missing: 200,000 New Yorkers." *Gay Community News*, Aug. 7-13, 1988. Discusses revision of HIV prevalence figures in New York.

----- "More New York City Smut Theaters Shut." *Gay Community News*, Feb. 19-25, 1989.

Callen, Michael. "Safer Sex Necessary, But Poor Substitute." Letter in *Gay Community News*, Oct. 28, 1988.

----- "A Celebration of Being Gay in the Age of AIDS." *People With Aids Coalition Newsline*, June 1988. Critical of "great sex is healthy sex" campaigns.

----- Article in *PWA Coalition Newsline*, Sept. 1988, points out that revision of HIV prevalence figures in New York shows that the "experts" really don't know how many have HIV and never did.

City of Boston, Department of Health and Hospitals. *Women Are Getting AIDS, Too*. 1987. "Safer" sex brochure for heterosexual women with typical conservative advice, i.e., equating risk of sucking and fucking, encouraging "eroticizing" of non-sex activities, such as talking sexy, sexy underwear, as substitutes for sex.

Cohen, Hillel. "How 'Scientific' Report on AIDS Distorts the Truth: Predictions of 99% Deaths Based on Unproven Guesses." *Workers World*, Jun. 30, 1988. Critiques San Francisco study of HIV-infected men.

COYOTE/National Task Force on Prostitution. *Arguments Against Mandatory HIV Testing of Prostitutes and Increased Charges for Those Who Test Positive*.

----- *Prostitutes and HIV Infection: What the Studies Show*.

----- *Women and AIDS/Prostitutes and AIDS: Public Policy Considerations*. Position papers. Contain statistics I cite regarding prostitutes and AIDS.

Day, Barbara. "Opinion Split on Needle Program." *The Guardian*, Nov. 9, 1988. Discusses opposition of politicians, ministers and doctors to New York's needle exchange program.

Dooley, John. "To Suck or Not to Suck?" *Gay Community News*, Jan. 29-Feb. 4, 1989. Reports on studies and recommendations about oral sex and HIV transmission from both sides of the issue.

Dye, Bru. "An Anarchist's Response to AIDS." *Aqua*, #1. Published by Anarcho Queers Undermining Authority. Supports increased state funding to fight AIDS and criticizes government for doing too little.

Eighners, Lars. "Are Rimming and Fisting Safe?" Letter in *Gay Community News*, Jan. 25, 1986. Argues that these are low-risk activities. Also very critical of AIDS projects and self-appointed "community" leaders.

Elze, Diane. "Underground Abortion Remembered." *Sojourner*, April & May 1988 [two parts]. Interview with members of Jane Collective.

Erbland, Peter. "Local FDA office Rapped for Policy on drug for CMV." *Bay Windows*, Feb. 2, 1989. Discusses FDA policy regarding ganciclovir.

Firestone, Jennifer. "Memoirs of a Safe Sex Slut." *Bad Attitude*, Fall, 1987. Raises some questions about "safer" sex dogma for homosexual women.

Flynn, Sean. "Battling in Vein?: A Lonely War Against IV AIDS." *The Boston Phoenix*, Dec. 16, 1988. Reports on activities and arrest of person distributing sterile needles to IV drug users in Boston.

Forman, Judy. "Degree of AIDS Risk to Some Questioned." *The Boston Globe*, June, 1987. Contains data from studies in Denver, Seattle, and Queens demonstrating the low rate of HIV infection among heterosexuals.

Fox, Philip, et. al. "Saliva Inhibits HIV-1 Infectivity." *Journal of the American Dental Association*. May, 1988.

Gorman, Christine. "Plague of the Innocents." *Time*, Jan 25, 1988. Report on HIV infection among newborns in New York.

Gross, Michael. "AIDS Update." *Bay Windows*, Aug 4, 1988. Discusses transmission of HIV via oral sex.

----- "Predictions for HIV Positives Are Just That." *Bay Windows*, July 7, 1988.

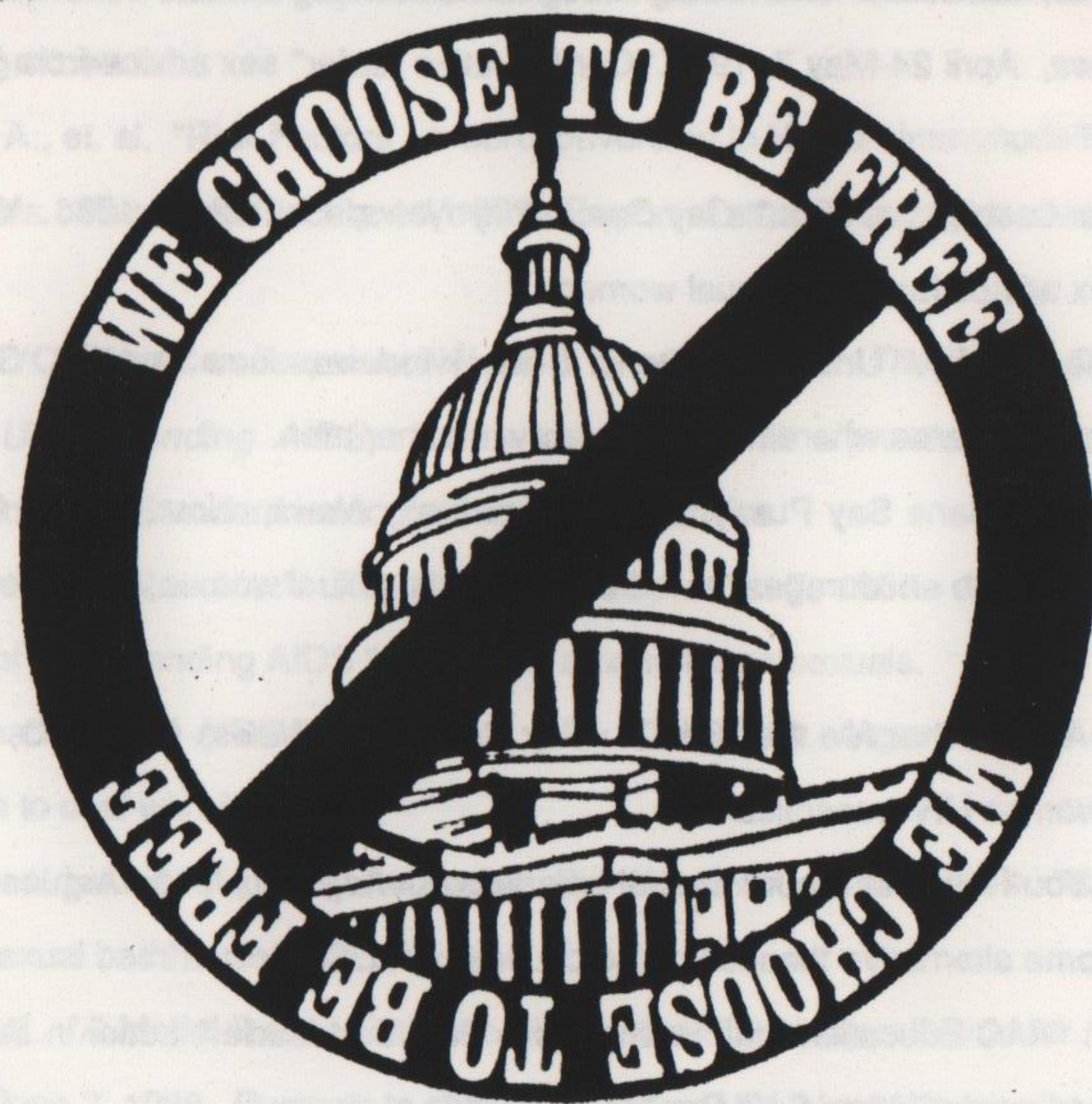
Guilfoy, Christine. "AIDS: Notes on an Epidemic." *Bay Windows*, Apr. 30, 1987. Discusses report of possible woman-to-woman transmission of HIV.

Harris, Judy. "Study Alleges Woman-to-Man Transmission." *Gay Community News*, Jan. 29-Feb. 4, 1989. Discusses case of transmission of HIV from a woman to a man via oral sex.

- Hearst, Norman, et. al. "Preventing the Heterosexual Spread of AIDS; Are We Giving Our Patients the Best Advice?" *Journal of the American Medical Association*, April 22/29, 1988. Discusses the low rate of HIV infection among heterosexuals and the low risk of acquiring HIV infection through heterosexual sex.
- Hessol, N. A., et. al. "The Natural History of HIV Infection in a Cohort of Homosexual and Bisexual Men: A 7-Year Prospective Study." *Proceedings of the 3rd International Conference on AIDS*. Discusses study where only 36% of the HIV positive men studied developed AIDS during 88 months of follow-up.
- Jerking Off*. Summer, 1987. Radical gay/lesbian booklet from Toronto. Gives standard "safer" sex advice, including advising showers.
- Kingsley, Lawrence A., et. al. "Risk Factors for Seroconversion to Human Immunodeficiency Virus Among Male Homosexuals." *The Lancet*, Feb. 14, 1987. Report of study showing no risk of HIV infection from giving blow jobs.
- Knox, Richard A. "NYC Figures on Prevalence of AIDS Virus Criticized." *The Boston Globe*, Jul. 22, 1988.
- Koop, C. Everett. *Understanding AIDS*, 1988. Labels sex with a prostitute as unsafe. Official U.S. government publication. Standard inaccurate "safer" sex advice.
- "Koop: Concern on AIDS Vaccine." *The Boston Globe*, Nov. 7, 1987. Contains quote from Koop dismissing myth of an impending AIDS "explosion" among heterosexuals.
- Kroll, Judy. "Aid deadlier than AIDS." *The Spark*, Nov./Dec. 1983. Argues for non-governmental, non-political strategies to deal with AIDS.
- "Let's Stick to the Real Issues." Unsigned editorial. *Bay Windows*, Feb. 9, 1989. "Good gay" support for closing of homosexual bathhouse in Boston.
- Lui, Kung-Jong, et. al. "A Model-Based Estimate of the Mean Incubation Period for AIDS in Homosexual Men." *Science*, June 3, 1988. Purports to show that 99% of HIV-infected men will get AIDS.
- Lumenello, Susan. "Community Reacts to Closing." *Bay Windows*, Feb. 2, 1989. "Good gays" come out in support of closing homosexual bathhouse in Boston.
- Lynn, Debra. "Lesbian Safe Sex Sequel 1." *Bad Attitude*, Spring, 1988. Lesbian "safer" sex fiction.
- Massachusetts Department of Public Health/Boston Department of Health and Hospitals. *AIDS Newsletter*, Mar. 1989. Cites number of AIDS deaths as of Feb. 28, 1989, as well as 4% figure for heterosexual cases.
- McKnight, Jennie. "Safer Sex Ads Advocate Sucking." *Gay Community News*, Oct. 30-Nov. 5, 1988. Reports on ad campaign in Britain emphasizing low risk of HIV transmission via cocksucking.
- O'Neill, Cliff. "FDA Removes Roadblocks for AIDS Blindness Drug, DHPG." *Bay Windows*, Mar. 23, 1989.
- Queer Anarchist Network Prison Support/Wimmin [sic] Prisoners' Survival Network. Untitled pamphlet about AIDS. Contains lots of advice on "safer sex," discusses low risk of oral sex, but most guide-lines pretty standard. Does discuss minimal risk of woman-to-woman HIV transmission.
- Reeves, Tom. Article in *The Guide to Gay New England*, Sept. 87. Cites data from several studies on AIDS and oral sex showing no transmission of HIV via cocksucking.
- Reyes, Nina. "Arson Destroys Bathhouse Building." *Next*, Feb. 15, 1989. Documents complicity of "good

- gays" in closing of homosexual bathhouse.
- Rice, Louise. "'Nobody Knows What Lesbian Health Is, Or What It Could Be': An Interview With Lesbian Health Activist and Doctor Barbara Herbert." *Gay Community News*, April 16-22, 1989. Herbert discusses the low risk involved in oral sex between women.
- Rist, Daniel Yates. "The Deadly Costs of an Obsession: AIDS as Apocalypse." *The Nation*, Feb. 13, 1989. Critiques the obsession with "the epidemic" among lesbian/gay activists.
- Rose, G. Steven, et. al. "Safe Sex." Series of articles in *Next*, Feb. 1, 1989. Anti-sex "safer" sex articles. "Safer Sex and Drug Use Guidelines" and "Doing It Together, Another Look at Safer Sex and Drug Use." *Gay Community News*, April 24-May 7, 1988. Conservative "safer" sex advice from "radical" lesbians and gay men.
- "Safe Sex Guidelines for Lesbians at Risk." *Gay Community News*, Oct. 12-18, 1986. Very conservative, inaccurate "safer" sex advice for homosexual women.
- "Sex and Solutions in the Fenway." Unsigned editorial in *Bay Windows*, June 30, 1988. Gay editor calls for the destruction of a cruising area where men have sex with other men.
- Sherman, Laurie. "700 Lesbians Say Pussy." *Gay Community News*, Nov., 1988. Critical of lesbian "sexpert" JoAnn Loulan, who encourages "safer" sex for homosexual women, for not emphasizing AIDS enough in her talk.
- "Lesbians and AIDS: What Are the Risks?" *Gay Community News*, May 7-13, 1989. Discusses cases of woman-to-woman HIV transmission.
- Shively, Charley. "Are You Ready to Die for Sexual Liberation?" *Fag Rag*, #40. Argues against giving up sex and discusses some alternative theories of the causes of AIDS.
- Silvia, Ann Marie, et. al. "AAC Education Staff Responds to Safe Sex Article." Letter in *Bay Windows*, July 17, 1986. Response to article "I Hate Safe Sex."
- "Study: Heart Disease Kills 1M in U.S. per Year." *Boston Herald*, Jan. 16, 1989. Gives statistics on deaths from heart disease, cancer, and AIDS.
- Sweeney, Timothy J. Letter to *The Nation*, May 1, 1989. Discusses sources of GMHC funding.
- Toufexis, Anastasia. "New Perils of the Pill?" *Time*, Jan. 16, 1989. Cites statistics on breast cancer deaths.
- Vidal, Gore, Rist, Daniel Yates, et. al. "Exchange, Gay Politics and AIDS." *The Nation*, March 20, 1989. Letters on Rist's previous article in *The Nation*, and Rist's response. Rist's response contains information on the myth of a lesbian AIDS epidemic.
- Winkelstein, Warren, et. al. "Sexual Practices and Risk of Infection by the Human Immunodeficiency virus." *Journal of the American Medical Association*, Jan 16, 1987. Report on study of men in San Francisco showing minimal risk of HIV transmission via cocksucking.
- Wockner, Rex. "Canada AIDS Experts Give Green Light on Oral Sex." *Bay Windows*, Oct. 6-12, 1988.
- Women's Caucus of ACT UP/New York. "Safer Sex for Women." in *Aqua*, #3, excerpted from *Women's AIDS Handbook*. Conservative "safer" sex advice in an anarchist magazine published by Anarcho-Queers Undermining Authority.

ABSOLUTELY



**NO
GOVERNMENT**