

# [Aids and you essay](https://assignbuster.com/aids-and-you-essay/)

(May 1987) By Martin H. Goodman MD(this essay is in the public domain) Introduction: AIDS is a life and death issue. To have the AIDS diseaseis at present a sentence of slow but inevitable death. I’vealready lost one friend to AIDS. I may soon lose others. My ownsexual behavior and that of many of my friends has beenprofoundly altered by it. In my part of the country, one man in10 may already be carrying the AIDS virus. While the figures maycurrently be less in much of the rest of the country, this ischanging rapidly. There currently is neither a cure, nor even aneffective treatment, and no vaccine either. But there are thingsthat have been PROVEN immensely effective in slowing the spreadof this hideously lethal disease. In this essay I hope topresent this information. History and Overview: AIDS stands for Acquired Immune Defficiency Disease. It iscaused by a virus. The disease originated somewhere in Africa about 20 yearsago. There it first appeared as a mysterious ailment afflictingprimarily heterosexuals of both sexes. It probably was spreadespecially fast by primarily female prostitutes there. AIDS hasalready become a crisis of STAGGERING proportions in parts ofAfrica. In Zaire, it is estimated that over twenty percent ofthe adults currently carry the virus. That figure is increasing. And what occurred there will, if no cure is found, most likelyoccur here among heterosexual folks. AIDS was first seen as a disease of gay males in thiscountry. This was a result of the fact that gay males in thisculture in the days before AIDS had an average of 200 to 400 newsexual contacts per year. This figure was much higher thancommon practice among heterosexual (straight) men or women. Inaddition, it turned out that rectal sex was a particularlyeffective way to transmit the disease, and rectal sex is acommon practice among gay males. For these reasons, the diseasespread in the gay male population of this country immensely morequickly than in other populations. It became to be thought of asa “ gay disease”. Because the disease is spread primarily byexposure of ones blood to infected blood or semen, I. V. drugaddicts who shared needles also soon were identified as anaffected group. As the AIDSepidemicbegantoaffectincreasingly large fractions of those two populations (gay malesand IV drug abusers), many of the rest of this society looked onsmugly, for both populations tended to be despised by the“ mainstream” of society here. But AIDS is also spread by heterosexual sex. In addition, it is spread by blood transfusions. New born babies can acquirethe disease from infected mothers during pregnancy. Graduallymore and more “ mainstream” folks got the disease. Most recently, a member of congress died of the disease. Finally, even thenational news media began to join in the task of educating thepublic to the notion that AIDS can affect everyone. Basic medical research began to provide a few bits ofinformation, and some help. The virus causing the disease wasisolated and identified. The AIDS virus turned out to be a veryunusual sort of virus. Its genetic material was not DNA, butRNA. When it infected human cells, it had its RNA direct thesynthesis of viral DNA. While RNA viruses are not that uncommon, very few RNA viruses reproduce by setting up the flow ofinformation from RNA to DNA. Such reverse or “ retro” flow ofinformation does not occur at all in any DNA virus or any otherliving things. Hence, the virus was said to belong to the raregroup of virues called “ Retro Viruses”. Research provided themeans to test donated blood for the presence of the antibodiesto the virus, astronomically reducing the chance of ones gettingAIDS from a blood transfusion. This was one of the first realbreakthroughs. The same discoveries that allowed us to make ourblood bank blood supply far safer also allowed us to be able totell (in most cases) whether one has been exposed to the AIDSvirus using a simple blood test. The Types of AIDS Infection: When the AIDS virus gets into a person’s body, the resultscan be broken down into three general types of situations: AIDSdisease, ARC, and asymptomatic seropositive condition. The AIDS disease is characterized by having one’s immunesystem devastated by the AIDS virus. One is said to have the\*disease\* if one contracts particular varieties (Pneumocystis, for example) of pneumonia, or one of severalparticularvarieties of otherwise rare cancers (Kaposi’s Sarcoma, forexample). This \*disease\* is inevitably fatal. Death occurs oftenafter many weeks or months of expensive and painful hospitalcare. Most folks with the disease can transmit it to others bysexual contact or other exposure of an uninfected person’s bloodto the blood or semen of the infected person. There is also a condition referred to as ARC (” AidsRelated Complex”). In this situation, one is infected with theAIDS virus and one’s immune system is compromised, but not somuch so that one gets the (ultimately lethal) cancers orpneumonias of the AIDS disease. One tends to be plagued byfrequent colds, enlarged lymph nodes, and the like. Thiscondition can go on for years. One is likely to be able toinfect others if one has ARC. Unfortunately, all those with ARCare currently felt to eventually progress to getting the fullblown AIDS disease. There are, however, many folks who have NO obvious signsof disease what so ever, but when their blood serum is testedthey show positive evidence of having been exposed to the virus. This is on the basis of the fact that antibodies to the AIDSvirus are found in their blood. Such“ asymptomaticbutseropositive” folks may or may not carry enough virus to beinfectious. Most sadly, though, current research and experiencewith the disease would seem to indicate that EVENTUALLY nearlyall folks who are seropostive will develop the full blown AIDSdisease. There is one ray of hope here: It may in some casestake up to 15 years or more between one’s becoming seropositivefor the AIDS virus and one’s developing the disease. Thus, allthose millions (soon to be tens and hundreds of millions) whoare now seropositive for AIDS are under a sentence of death, buta sentence that may not be carried out for one or two decades ina significan fraction of cases. Medical research holds thepossibility of commuting that sentence, or reversing it. There is one other fact that needs to be mentioned herebecause it is highly significant in determining recommendationsfor safe sexual conduct which willbediscussedbelow: Currently, it is felt that after exposure to the virus, mostfolks will turn seropositive for it (develop a positive bloodtest for it) within four months. It is currently felt that ifyou are sexually exposed to a person with AIDS and do not becomeseropositive within six months after that exposure, you willnever become seropositive as a result of that exposure. Just to confuse the issue a little, there are a few folkswhose blood shows NO antibodies to the virus, but from whom livevirus has been cultured. Thus, if one is seronegative, it is notabsolute proof one is not exposed to the virus. This category offolks is very hard to test for, and currently felt to be quiterare. Some even speculate that such folks may be rare examplesof those who are immune to the effects of the virus, but thisremains speculation. It is not known if such folks can alsotransmit the virus. Transmission of AIDS: The AIDS virus is extremely fragile, and is killed byexposure to mild detergents or to chlorox, among other things. AIDS itself may be transmitted by actual virus particles, or bythe transmission of living human CELLS that contain AIDS viralDNA already grafted onto the human DNA. Or both. Which of thesetwo mechanisms is the main one is not known as I write thisessay. But the fact remains that it is VERY hard to catch AIDSunless one engages in certain specific activities. What will NOT transmit AIDS? Casual contact (shaking hands, hugging, sharing tools)cannot transmit AIDS. Although live virus has been recoveredfrom saliva of AIDS patients, the techniques used to do thisinvolved concentrating the virus to extents many thousands oftimes greater than occurs in normal human contact, such askissing (including “ deep” or “ French” kissing). Thus, thereremains no solid evidence that even “ deep” kissing can transmitAIDS. Similarly, there is no evidence that sharing food oreating utensils with an AIDS patient can transmit the virus. Thesame is true for transmission by sneezing or coughing. There justis no current evidence that the disease can be transmitted thatway. The same may be true even for BITING, though here there may besome increased (though still remote) chance of transmitting thedisease. The above is very important. It means that there is NOmedical reason WHAT SO EVER to recommend that AIDS suffers orAIDSantibodypositivefolksbequarrantined. Suchrecommendations are motivated either by ignorance or by sinisterdesires to set up concentration camps. Combined with the factthat the disease is already well established in this country, the above also means that there is no rational medical basis forimmigration laws preventing visits by AIDS suffers or antibodypositive persons. The above also means that friends and family and coworkersof AIDS patients and seropostive persons have nothing to fearfrom such casual contact. There is no reason to not show yourlove or concern for a friend with AIDS by embracing the person. Indeed, there appears still to be NO rational basis forexcluding AIDS suffers from food preparation activity. Even ifan AIDS suffer cuts his or her finger and bleeds into the salador soup, most of the cells and virus will die, in most cases, before the food is consumed. In addition, it is extremelydifficult to get successfully attacked by AIDS via stuff youeat. AIDS cannot be transmitted by the act of GIVING blood to ablood bank. All equipment used for such blood donation issterile, and is used just once, and then discarded. How is AIDS transmitted? Sexual activity is one of the primary ways AIDS istransmitted. AIDS is transmitted particulary by the transmissionof blood or semen of an infected person into contact with theblood of an uninfected person. Sex involving penetration of thepenis into either the vagina of a woman or the rectum of eithera woman or a man has a very high risk of transmitting thedisease. It is felt to be about four times MORE likely for aninfected male to transmit AIDS to an uninfected woman in thecourse of vaginal sex than it is likely for an infected woman totransmit AIDS to an uninfected male. This probably relates tothe greater area of moist tissue in a woman’s vagina, and to therelative liklihood of microscopic tears to occur in that tissueduring sex. But the bottom line is that AIDS can be transmittedin EITHER direction inthecaseofheterosexualsex. Transmission among lesbians (homosexual females) is rare. Oral sex is an extremely common form of sexual activityamong both gay and straight folks. Such activity involvescontact of infected semen or vaginal secretions with the mouth, esophagus (the tube that connects the mouth with the stomach)and the stomach. AIDS virus and infected cells most certainlycannot survive the acid environment of the stomach. Yet, it isstill felt that there is a chance of catching the disease byhaving oral sex with an infected person. The chance is probablya lot smaller than in the case of vaginal or rectal sex, but isstill felt to be significant. As mentioned above, AIDS is also transmitted amongintravenous drug users by the sharing of needles. Self righteousattitudes by the political “ leaders” of this country at local, state, and national levels have repeatedly prevented the veryrational approach ofprovidingfreeaccesstosterileintravenous equipment for IV drug users. This measure, whentaken promptly in Amsterdam, was proven togreatlyandSIGNIFICANTLY slow the spread of the virus in that population. The best that rational medical workers have succeeded in doinghere in San Francisco is distribute educational leaflets andcartoons to the I. V. drug abusing population instructing them inthe necessity of their rinsing their “ works” with chlorox beforereusing the same needle in another person. Note that even if youdon’t care what happens to I. V. drug abusers, the increase in thenumber of folks carrying the virus ultimately endangers ALLliving persons. Thus, the issue is NOT what you morally think ofI. V. drug addicts, but one of what is the most rational way toslow the spread of AIDS in all populations. Testing of donated blood for AIDS has massivly reduced thechance of catching AIDS from blood transfusions. But a verysmall risk still remains. To further reduce that risk, effortshave been made to use “ autotransfusions” in cases of “ electivesurgery” (surgery that can be planned months in advance). Autotransfusion involves the patient storing their own blood acouple of weeks prior to their own surgery, to be used duringthe surgery if needed. Similary, setting up donations of bloodfrom friends and family known to be antibody negative and at lowrisk for AIDS prior to schedualed surgery further can decreasethe already small risks from transfusion. AIDS and SEX: What are the rational options? The “ sexual revolution” of the 1960’s has been stoppeddead in its tracks by the AIDS epidemic. The danger ofcontracting AIDS is so real now that it has massively affectedthe behavior of both gay and straight folks who formerly hadelected to lead an active sexual life that included numerous newsexual contacts. Abstinence The safest option regarding AIDS and sex istotalabstinence from all sexual contact. For those who prefer toindulge in sexual contact, this is often far too great asacrifice. But it IS an option to be considered. Safe SexFor those who wish to have sexual contact with folks on arelatively casual basis, there have been devised rules for “ safesex”. These rules are very strict, and will be found quiteobjectionable by most of us who havepreviouslyenjoyedunrestricted sex. But to violate these rules is to riskunusually horrible death. Once one gets used to them, tho, therule for “ safe sex” do allow for quite acceptable sexualenjoyment in most cases. For those who wish to indulge in pentration of the vaginaor rectum by a penis: The penis MUST be sheathed in a condom or“ rubber”. This must be done “ religiously”, and NO exceptions areallowed. A condom must be used by a man even when he isreceiving oral sex. Cunnilingus (oral stimulation of a womansgentitals by the mouth of a lover) is NOT considerd to be safesex. Safe sex includes mutual masturbation, and the stimultionof one genitals by another’s hand (provided there are no cuts inthe skin on that hand). But manual stimulation of another’sgenitals is NOT safe if one has cuts on one’s hands, unless oneis wearing a glove. Note that even when one is conscientiously following therecommendations for safe sex, accidents can happen. Condoms canbreak. One may have small cuts or tears in ones skin that one isunaware of. Thus, following rules for “ safe sex” does NOTguarantee that one will not get AIDS. It does, however, greatlyreduce the chances. There are many examples of sexaully activecouples where one member has AIDS disease and the other remainsseronegative even after many months of safe sex with thediseased person. It is particularly encouraging to note that, due to education programs among San Francisco gay males, theincidence of new cases of AIDS infection among that high riskgroup has dropped massively. Between practice of safe sex and asignificant reduction in the number of casual sexual contacts, the spread of AIDS is being massively slowed in that group. Similar responsible action MUST be taken by straight folks tofurther slow the spread of AIDS, to give our researchers time tofind the means to fight it. MonogamyFor those who would have sexual activity, the safestapproach in this age of AIDS is monogamous sex. Specifically, both parties in a couple must commit themselves to not havingsex with anyone else. At that time they should take AIDSantibody tests. If the tests are negative for both, they mustpractice safe sex until both members of the couple have beengreater than six months since sexual contact with anyone else. At that time the AIDS blood test is repeated. If both testsremain negative six months after one’s last sexual contact withany other party, current feeling is that it is now safe to have“ unprotected” sex. Note that this approach is recommendedespecially for those who wish to have children, to prevent thechance of having a child be born infected with AIDS, getting itfrom an infected mother. Note also that this approach can beused by groups of three or more people, but it must be adheredto VERY strictly. What to AVOID: Unscrupulous folks have begun to sell the idea that oneshould pay to take an AIDS antibody test, then carry an ID cardthat certifies one as AIDS antibody negative, as a ticket tobeing acceptable in a singles bar. This is criminal greed andstupidity. First, one can turn antibody positive at any time. Even WEEKLY testing will not pick this change up soon enough toprevent folks certified as “ negative” from turning positivebetween tests. Much worse, such cards are either directly orimplicitly promoted as a SUBSTITUTE for “ safe sex” practices. This can only hasten the spread of the disease. If you want to learn your antibody status, be sure to doso ANONYMOUSLY. Do NOT get the test done by any agency thatrequires your real name, address, or any other identifyinginformation. Fortunately, in San Francisco, there is a publicplace to get AIDS antibody testing where you may identifyyourself only as a number. Tho that place has a three month longwaiting list for testing, there are other private clinics whereone may have the test done for cash, and may leave any falsename one wishes. The reason I suggest this is that currentlythere are some very inappropriate reactions by government andbusiness to folks known to be antibody positive. Protectyourself from such potential persection by preventing yourantibody status from being a matter of record. That informationis for you, your lover(s), and (if need be) your physician. Andfor NO one else. There currently is NO treatment for AIDS (this includesAZT) that shows significant promise. In Conclusion: It is my own strongly held view, and that of the medicaland research community world wide, that the AIDS epidemic is aserious problem, with the potential to become the worst plaguethis species has ever known. This is SERIOUS business. VASTLYgreater sums should be spent on searching for treatments andvaccines. On the other hand, we feel strongly that this is“ merely” a disease, not an act by a supernatural power. Andwhile it does not seem likely we will find either a cure or avaccine in the forseeable future, it may be that truly effectivetreatments that can indefinitely prolong the life of AIDSvictims may be found in the next few years. When science andtechnology do finally fully conquer AIDS, we can go back todeciding what sort and how much sex to have with who ever wechoose on the basis of our own personal choice, and not by thecoercion of a speck of proteins and RNA. May that time comesoon. In the mean time, we must all do what we can to slow thespread of this killer. This article is intended to helpaccomplish that. Please circulate it as widely as possible.\* PLEASE UPLOAD THIS FILE TO EVERY INFORMATION SERVICE AND BULLETIN BOARD \*

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