

# Aids and you essay



**ASSIGN  
BUSTER**

(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 disease is at present a sentence of slow but inevitable death. I've already lost one friend to AIDS. I may soon lose others. My own sexual behavior and that of many of my friends has been profoundly altered by it. In my part of the country, one man in 10 may already be carrying the AIDS virus. While the figures may currently be less in much of the rest of the country, this is changing rapidly. There currently is neither a cure, nor even an effective treatment, and no vaccine either. But there are things that have been PROVEN immensely effective in slowing the spread of this hideously lethal disease. In this essay I hope to present this information.

History and Overview: AIDS stands for Acquired Immune Deficiency Disease. It is caused by a virus. The disease originated somewhere in Africa about 20 years ago. There it first appeared as a mysterious ailment afflicting primarily heterosexuals of both sexes. It probably was spread especially fast by primarily female prostitutes there. AIDS has already become a crisis of STAGGERING proportions in parts of Africa. In Zaire, it is estimated that over twenty percent of the adults currently carry the virus. That figure is increasing. And what occurred there will, if no cure is found, most likely occur here among heterosexual folks.

AIDS was first seen as a disease of gay males in this country. This was a result of the fact that gay males in this culture in the days before AIDS had an average of 200 to 400 new sexual contacts per year. This figure was much higher than common practice among heterosexual (straight) men or women. In addition, it turned out that rectal sex was a particularly effective way to transmit the disease, and rectal sex is a common practice among gay males. For these reasons, the disease spread in the gay male population of this

country immensely more quickly than in other populations. It became to be thought of as a "gay disease". Because the disease is spread primarily by exposure of one's blood to infected blood or semen, I. V. drug addicts who shared needles also soon were identified as an affected group. As the AIDS epidemic began to affect increasingly large fractions of those two populations (gay males and IV drug abusers), many of the rest of this society looked on smugly, 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 acquire the disease from infected mothers during pregnancy. Gradually more and more "mainstream" folks got the disease. Most recently, a member of congress died of the disease. Finally, even the national news media began to join in the task of educating the public to the notion that AIDS can affect everyone. Basic medical research began to provide a few bits of information, and some help. The virus causing the disease was isolated and identified. The AIDS virus turned out to be a very unusual sort of virus. Its genetic material was not DNA, but RNA. When it infected human cells, it had its RNA direct the synthesis of viral DNA. While RNA viruses are not that uncommon, very few RNA viruses reproduce by setting up the flow of information from RNA to DNA. Such reverse or "retro" flow of information does not occur at all in any DNA virus or any other living things. Hence, the virus was said to belong to the rare group of viruses called "Retro Viruses". Research provided the means to test donated blood for the presence of the antibodies to the virus, astronomically reducing the chance of one's getting AIDS from a blood transfusion. This was one of the first real breakthroughs. The same discoveries that allowed us to make our blood bank blood supply far safer

also allowed us to be able to tell (in most cases) whether one has been exposed to the AIDS virus using a simple blood test. The Types of AIDS Infection: When the AIDS virus gets into a person's body, the results can be broken down into three general types of situations: AIDS disease, ARC, and asymptomatic seropositive condition. The AIDS disease is characterized by having one's immune system 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 several particular varieties of otherwise rare cancers (Kaposi's Sarcoma, for example). This \*disease\* is inevitably fatal. Death occurs often after many weeks or months of expensive and painful hospital care. Most folks with the disease can transmit it to others by sexual contact or other exposure of an uninfected person's blood to the blood or semen of the infected person. There is also a condition referred to as ARC ("Aids Related Complex"). In this situation, one is infected with the AIDS virus and one's immune system is compromised, but not so much so that one gets the (ultimately lethal) cancers or pneumonias of the AIDS disease. One tends to be plagued by frequent colds, enlarged lymph nodes, and the like. This condition can go on for years. One is likely to be able to infect others if one has ARC. Unfortunately, all those with ARC are currently felt to eventually progress to getting the full-blown AIDS disease. There are, however, many folks who have NO obvious signs of disease whatsoever, but when their blood serum is tested they show positive evidence of having been exposed to the virus. This is on the basis of the fact that antibodies to the AIDS virus are found in their blood. Such "asymptomatic but seropositive" folks may or may not carry enough virus to be infectious. Most sadly, though, current research and experience with the disease would seem to indicate that

EVENTUALLY nearly all folks who are seropositive will develop the full blown AIDS disease. There is one ray of hope here: It may in some cases take up to 15 years or more between one's becoming seropositive for the AIDS virus and one's developing the disease. Thus, all those millions (soon to be tens and hundreds of millions) who are now seropositive for AIDS are under a sentence of death, but a sentence that may not be carried out for one or two decades in a significant fraction of cases. Medical research holds the possibility of commuting that sentence, or reversing it. There is one other fact that needs to be mentioned here because it is highly significant in determining recommendations for safe sexual conduct which will be discussed below: Currently, it is felt that after exposure to the virus, most folks will turn seropositive for it (develop a positive blood test for it) within four months. It is currently felt that if you are sexually exposed to a person with AIDS and do not become seropositive within six months after that exposure, you will never become seropositive as a result of that exposure. Just to confuse the issue a little, there are a few folks whose blood shows NO antibodies to the virus, but from whom live virus has been cultured. Thus, if one is seronegative, it is not absolute proof one is not exposed to the virus. This category of folks is very hard to test for, and currently felt to be quite rare. Some even speculate that such folks may be rare examples of those who are immune to the effects of the virus, but this remains speculation. It is not known if such folks can also transmit the virus. Transmission of AIDS: The AIDS virus is extremely fragile, and is killed by exposure to mild detergents or to chlorox, among other things. AIDS itself may be transmitted by actual virus particles, or by the transmission of living human CELLS that contain AIDS viral DNA already grafted onto the human DNA. Or both. Which of these two mechanisms is the

main one is not known as I write this essay. But the fact remains that it is VERY hard to catch AIDS unless 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 recovered from saliva of AIDS patients, the techniques used to do this involved concentrating the virus to extents many thousands of times greater than occurs in normal human contact, such as kissing (including " deep" or " French" kissing). Thus, there remains no solid evidence that even " deep" kissing can transmit AIDS. Similarly, there is no evidence that sharing food or eating utensils with an AIDS patient can transmit the virus. The same is true for transmission by sneezing or coughing. There just is no current evidence that the disease can be transmitted that way. The same may be true even for BITING, though here there may be some increased (though still remote) chance of transmitting the disease. The above is very important. It means that there is NO medical reason WHAT SO EVER to recommend that AIDS sufferers or AIDS antibody positive folks be quarantined.

Such recommendations are motivated either by ignorance or by sinister desires to set up concentration camps. Combined with the fact that the disease is already well established in this country, the above also means that there is no rational medical basis for immigration laws preventing visits by AIDS sufferers or antibody positive persons. The above also means that friends and family and coworkers of AIDS patients and seropositive persons have nothing to fear from such casual contact. There is no reason to not show your love or concern for a friend with AIDS by embracing the person. Indeed, there appears still to be NO rational basis for excluding AIDS sufferers from food preparation activity. Even if an AIDS sufferer cuts his or her finger and

bleeds into the salad or soup, most of the cells and virus will die, in most cases, before the food is consumed. In addition, it is extremely difficult to get successfully attacked by AIDS via stuff you eat. AIDS cannot be transmitted by the act of GIVING blood to a blood bank. All equipment used for such blood donation is sterile, and is used just once, and then discarded. How is AIDS transmitted? Sexual activity is one of the primary ways AIDS is transmitted. AIDS is transmitted particularly by the transmission of blood or semen of an infected person into contact with the blood of an uninfected person. Sex involving penetration of the penis into either the vagina of a woman or the rectum of either a woman or a man has a very high risk of transmitting the disease. It is felt to be about four times MORE likely for an infected male to transmit AIDS to an uninfected woman in the course of vaginal sex than it is likely for an infected woman to transmit AIDS to an uninfected male. This probably relates to the greater area of moist tissue in a woman's vagina, and to the relative likelihood of microscopic tears to occur in that tissue during sex. But the bottom line is that AIDS can be transmitted in EITHER direction in the case of heterosexual sex. Transmission among lesbians (homosexual females) is rare. Oral sex is an extremely common form of sexual activity among both gay and straight folks. Such activity involves contact 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 certainly cannot survive the acid environment of the stomach. Yet, it is still felt that there is a chance of catching the disease by having oral sex with an infected person. The chance is probably a lot smaller than in the case of vaginal or rectal sex, but is still felt to be significant. As mentioned above, AIDS is also transmitted among intravenous

drug users by the sharing of needles. Self righteous attitudes by the political “ leaders” of this country at local, state, and national levels have repeatedly prevented the very rational approach of providing free access to sterile intravenous equipment for IV drug users. This measure, when taken promptly in Amsterdam, was proven to greatly and SIGNIFICANTLY slow the spread of the virus in that population. The best that rational medical workers have succeeded in doing here in San Francisco is distribute educational leaflets and cartoons to the I. V. drug abusing population instructing them in the necessity of their rinsing their “ works” with chlorox before reusing the same needle in another person. Note that even if you don’t care what happens to I. V. drug abusers, the increase in the number of folks carrying the virus ultimately endangers ALL living persons. Thus, the issue is NOT what you morally think of I. V. drug addicts, but one of what is the most rational way to slow the spread of AIDS in all populations. Testing of donated blood for AIDS has massively reduced the chance of catching AIDS from blood transfusions. But a very small risk still remains. To further reduce that risk, efforts have been made to use “ autotransfusions” in cases of “ elective surgery” (surgery that can be planned months in advance). Autotransfusion involves the patient storing their own blood a couple of weeks prior to their own surgery, to be used during the surgery if needed. Similarly, setting up donations of blood from friends and family known to be antibody negative and at low risk for AIDS prior to scheduled surgery further can decrease the already small risks from transfusion. AIDS and SEX: What are the rational options? The “ sexual revolution” of the 1960’s has been stopped dead in its tracks by the AIDS epidemic. The danger of contracting AIDS is so real now that it has massively



affected the behavior of both gay and straight folks who formerly had elected to lead an active sexual life that included numerous new sexual contacts.

**Abstinence** The safest option regarding AIDS and sex is total abstinence from all sexual contact. For those who prefer to indulge in sexual contact, this is often far too great a sacrifice. But it IS an option to be considered.

**Safe Sex** For those who wish to have sexual contact with folks on a relatively casual basis, there have been devised rules for "safe sex". These rules are very strict, and will be found quite objectionable by most of us who have previously enjoyed unrestricted sex. But to violate these rules is to risk an unusually horrible death. Once one gets used to them, though, the rules for "safe sex" do allow for quite acceptable sexual enjoyment in most cases. For those who wish to indulge in penetration of the vagina or rectum by a penis: The penis MUST be sheathed in a condom or "rubber". This must be done "religiously", and NO exceptions are allowed. A condom must be used by a man even when he is receiving oral sex. Cunnilingus (oral stimulation of a woman's genitals by the mouth of a lover) is NOT considered to be safe sex. Safe sex includes mutual masturbation, and the stimulation of one's genitals by another's hand (provided there are no cuts in the skin on that hand). But manual stimulation of another's genitals is NOT safe if one has cuts on one's hands, unless one is wearing a glove. Note that even when one is conscientiously following the recommendations for safe sex, accidents can happen. Condoms can break. One may have small cuts or tears in one's skin that one is unaware of. Thus, following rules for "safe sex" does NOT guarantee that one will not get AIDS. It does, however, greatly reduce the chances. There are many examples of sexually active couples where one member has AIDS disease and the other remains seronegative even after

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many months of safe sex with the diseased person. It is particularly encouraging to note that, due to education programs among San Francisco gay males, the incidence of new cases of AIDS infection among that high risk group has dropped massively. Between practice of safe sex and a significant 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 to further slow the spread of AIDS, to give our researchers time to find the means to fight it. Monogamy For those who would have sexual activity, the safest approach in this age of AIDS is monogamous sex. Specifically, both parties in a couple must commit themselves to not having sex with anyone else. At that time they should take AIDS antibody tests. If the tests are negative for both, they must practice safe sex until both members of the couple have been greater than six months since sexual contact with anyone else. At that time the AIDS blood test is repeated. If both tests remain negative six months after one's last sexual contact with any other party, current feeling is that it is now safe to have "unprotected" sex. Note that this approach is recommended especially for those who wish to have children, to prevent the chance of having a child be born infected with AIDS, getting it from an infected mother. Note also that this approach can be used by groups of three or more people, but it must be adhered to VERY strictly. What to AVOID: Unscrupulous folks have begun to sell the idea that one should pay to take an AIDS antibody test, then carry an ID card that certifies one as AIDS antibody negative, as a ticket to being acceptable in a singles bar. This is criminal greed and stupidity. First, one can turn antibody positive at any time. Even WEEKLY testing will not pick this change up soon enough to prevent folks certified as "negative" from turning

positive between tests. Much worse, such cards are either directly or implicitly 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 do so ANONYMOUSLY. Do NOT get the test done by any agency that requires your real name, address, or any other identifying information. Fortunately, in San Francisco, there is a public place to get AIDS antibody testing where you may identify yourself only as a number. Tho that place has a three month long waiting list for testing, there are other private clinics where one may have the test done for cash, and may leave any false name one wishes. The reason I suggest this is that currently there are some very inappropriate reactions by government and business to folks known to be antibody positive. Protect yourself from such potential persecution by preventing your antibody status from being a matter of record. That information is for you, your lover(s), and (if need be) your physician. And for NO one else. There currently is NO treatment for AIDS (this includes AZT) that shows significant promise. In Conclusion: It is my own strongly held view, and that of the medical and research community world wide, that the AIDS epidemic is a serious problem, with the potential to become the worst plague this species has ever known. This is SERIOUS business. VASTLY greater sums should be spent on searching for treatments and vaccines. On the other hand, we feel strongly that this is " merely" a disease, not an act by a supernatural power. And while it does not seem likely we will find either a cure or a vaccine in the foreseeable future, it may be that truly effective treatments that can indefinitely prolong the life of AIDS victims may be found in the next few years. When science and technology do finally fully conquer AIDS, we can go back to deciding 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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