

June 11-15, 1998

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Dear Walter:

It was good to talk to you this Thursday. Here are the four ideas that have been bouncing around in my head. They are as follows:

- I. **A STRANGE IMMORTALITY**
My personal voyage through lymphoma.
- II. **COLLATERAL DAMAGE**
The fallout from my lymphoma chemotherapy ended up being far more damaging than the original cancer.
- III. **LAMENT OF THE LICIT JUNKIE**
A brief journal of my life as seen through the meds I have taken.
- IV. **UNREDEMPTION**
The first graduating class of HIVers (of which I am one) have much in common with the first brood of Anne Rice's vampires.

Like last time, I'm throwing these ideas down as they come to me, or as they've been scribbled in my note books. We can flesh out the parts that look interesting, or consolidate others. What follows is an expansion of each of the four ideas presented above, with my own thoughts about their appropriateness and feasibility.

- I. **A STRANGE IMMORTALITY**
The title refers to an interesting piece of jargon used by oncologists. Normal somatic (body) cells have built-in governors that limit how many times they may divide before aging and dying. When a cell line loses this internal limit, they may divide and expand forever. They are then said to be *immortal*. Some people achieve immortality through great works or mythical reputations. Lowly cancer patients become immortalized by simply being sick. (*As a lurid aside, a very common cancer cell line used in research were derived from a cervical cancer culture taken from a woman named Henrietta Lacks. She died in the 1950s, but today the total living mass of her immortal cells is estimated at several thousand metric tons.*)

Back to the matter at hand. I read Scott O'Hara's piece in the June 1998 issue of POZ, and there's a significant amount of overlap between what I had in mind and what he had written. My version of such an article would probably be a bit juicier, but don't see any reason to assault Scott's eloquence with a look-alike story. But what is the fallout of and after the treatment? Please read on....

- II. **COLLATERAL DAMAGE**
In military terminology, *collateral damage* refers to personnel and materiel lost through the actions and mistakes by an armed force against its own people or those of allies. Loss through so-called "friendly fire", blowing you own team's helicopter out of the sky, or erroneously razing your own army's base are all examples of collateral damage.

Chemotherapy inflicts its own collateral damage. The drugs are extremely toxic, powerfully immunosuppressant, and usually carcinogenic and teratogenic themselves. In other words, the cure may be as dangerous as the cancer. I was messed up by a bug that I caught as a result of my very last chemo treatment. The lymphoma had been smoked out and killed, hooray, but the organism that visited me following my dose of poison wasn't the usual strep or bronchitis, but *Pseudomonas aeruginosa*. My doctor says I'm lucky to be alive. Chemotherapy is not the happy ending when successful, but the herald of yet more health risk.

I like the idea of this piece because it picks up where Scott left off, complementing it nicely. It would be relatively easy for me to write because it's a simple process analysis, and I already have a tidy conclusion for the piece. Points covered would include the following:

Chemotherapy's effect on the immune system.
Pseudomonas, the bad bug, and their kin.

Hydrogenomonas, the good bug.
Alligator bites and their poor dental hygiene.
Sinuses and septicemia.
The amazing fever (105° F).
The grand entrance surrounded by godlike paramedics.
The heart-stopping (literally) excitement.
Fibrillation and cardiac arrest.
The longest needle I ever saw (for cardiac injection; yes they did use it).
The lack of a near death experience in my near death experience.
Welcome to the ICU! The sights, the sounds, the smells, the food!
My first words after two days of unconsciousness, "Bedpan!"
While my conscious mind was away, they evil staff performed all sorts of invasive medical procedures:
bronchoscopy, endoscopy, enteroclysis, and more, leaving me with bruises in all sorts of strange places.
Complete blood replacement (mine had started to look like orange juice).
Every drug but the kitchen sink; tobramycin, vancomycin, levofloxacin, amphotericin, and more.
Ototoxicity, neurotoxicity, and permanent deafness.
The chemo ward (they caused the problem; they can fix it).
Appeasing the sorcerer's apprentices: spinal fluid, bone marrow, sputum, yet more blood, stool samples.
Hallucinations of weird santoria rights involving my lab specimens.
As long as I'm delirious, why not rewrite every horror movie I've ever seen?
Home, but not for long: another dramatic ER entrance, but no cardiac arrest this time.
Three more weeks in purgatory.
The stranger in the mirror (45 pounds lighter).
The pants that don't fit, the world full of hard surfaces.
"Congratulations! Your hair is growing back!"
The cost of health, or at least freedom from misery, is eternal vigilance—or hypochondria.

III. LAMENT OF THE LICIT JUNKIE

I have kept a rather dry account of all the HIV drugs that I've taken during my AIDS career. Since HIV meds are by their very nature avant-garde, they're released with less testing than more mundane drugs. This of course leaves lots of room for humorous, snide, and just plain mean comments about their efficacy and side effects. This includes using ddI to kill ants, itraconazole elixir to polish silver, and easy ways to tell if you're receiving the real thing or a placebo in the latest drug trial. Such a piece would be relatively short, and therefore more difficult. Doing the timeline and jokes is the easy part, but synthesizing some cosmic truth out of the whole thing is a little more tricky. I'd like to let this one ferment for a while longer.

IV. UNREDEMPTION

When Anne Rice got into the swing of writing her vampire novels, more than one critic claimed some metaphorical connection between her bloodsuckers and homos with HIV. I thought the comparisons were a little thin, and just enjoyed the novels for the good fiction that they are. Now, however, I'm a little more receptive to the idea, but my feelings on the subject is somewhat ambivalent. But for purposes of discussion, consider the following:

The tainted blood. Yes, this one is as plain as day. HIV was generated by some chance mutations and an unusual species cross over. Vampirism, according to Ms. Rice, occurred in a similar event which transpired on the spiritual plane, and can be thought of as a mutation of sorts. (In this case, a petty demon was allowed, quite by accident, to invade a living mortal's blood cells.) In both cases you have a communicable disease metaphor, involving the inoculation by tainted blood.

Conversion. I have yet to tease all the meaning out of this tangled mass, and I don't like the strands I've already found. You have to want to become a vampire, but do you want to become an HIVer? Perhaps you want to perform the *act* that might make you HIV positive. Not sure I like that one. Vampires make other vampires when they're lonely. Do homos recruit? Do HIVers allow others to be converted to fill some kind of void? This is even worse, leading to some kind of marriage between Louise Hay and Lyndon LaRouche. The critic who first suggested this should be beaten. Let's try again. Vampires develop exquisitely sharp senses, often making them connoisseurs of art or ardent watchers of nature. One would like to think that queer boyz and girlz already have such refined powers of observation. Much better propaganda.

Youth. Freshly minted vampires are at the mercy of their whims. They're distractible, always ravenously hungry, and are literally combustible. Even with calming messages from their elders, they seldom survive their first decade, much less their first century. One might think that newly minted queers are in a similar situation, the excitement of being out blinding them to the infectious pitfalls in the way. If I could somehow go back in time and warn my sixteen-year-old self to avoid risky behavior (yes, I started early), I'm not sure that younger me would listen. Hell. I parade my tired old carcass for classes full of *pre-med students* at Stanford and I still think some don't get the message.

And old age (or at least decrepitude). Older vampires learn willpower, and can avoid feeding at inappropriate times and places—like the middle of the ballet. One hopes that older homos (this includes me, as I near Gay Middle Age) have a greater world-view than discos, sex, and the latest fashions at Macy's. I was definitely a consumer of queer capitalism in my youth, and had practically no political awareness, other than remembering to vote Democrat in elections. Now I feel confident discussing or disputing queer and HIV issues with society at large. Something like the gay equivalent of W.E.B. DuBoise's top ten percent.

Parallel trajectories. Ms. Rice's first brood of vampires may not thirst for blood, nor do the first brood of diseased pariahs crave blood products, but we both get kind of thin and pale and veiny without it, replete with yellowed snaggle-teeth and bony horrifying countenances.

Beyond Redemption. Old vampires are virtually indestructible. The oldest can't be burned, scorched by sunlight, broken, or drowned. Truly immortal, they cannot die no matter how hard they may want to. The best they can do is bury themselves in the dirt and hope to sleep and forget about the world for a century or two. Experienced HIVers—that is, those of use infected in the early 1980s—have viruses that are virtually indestructible. The bang of nucleoside analogues is long past, protease inhibitors are failing, our population curves are asymptotic; we're never quite dead. There will always be a few of us bug-eyed zombies from orgies-past to scare the children.

Yes, I came up with or remembered these comparisons while feeling sorry for myself in the hospital (total hospital time since January 1, 1998: 7 weeks). They're still valid, but I'm not entirely thrilled with some of the implicit messages. What I'd like to do is see if I can turn up the various original reviews of Anne Rice's works. Then, pointing at the (no doubt straight) authors' reviews, I could go on to claim that society at large has to be pretty sick for such observations to be considered so obvious. A way of digging myself out of the politically correct hole I've excavated? Maybe. It'll take some time for me to get the idea polished and presentable.

So, Walter, in conclusion, I think that idea #2, *Collateral Damage*, is the best shot. It would be easy to write and would follow Scott O'Hara's article nicely, picking up some of the strands that he left undone, while introducing some new ideas and suggestions for taking more control of one's health. It would probably also be relatively long, on the order of the depression article I wrote. Cost isn't really a big concern, and if you could only budget for something smaller, I'd still want to write the article full-length. Maybe POZ could give DPN some ad space in lieu of payment; I'm flexible.

Three pages of small text. I've using this letter to break in my new edition of Microsoft Word. Respond at your leisure, I won't be going anywhere (yes, messages reach me even in the hospital, my second home). Enjoy.

Sincerely,

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is it
Listerine?

Acyclovir Septra 1982 - infect. [500] 1989 - test - majestic saw AZT
Elavil → Trazadone → Elavil [200] decline
[100]

lymphoma
01 9th
presently

AZT
Prozac
Wellbutrin
Zoloft

ddc
ddI
AZT
Flagyl + Yodoxin
counterfeit

01 PCP

Erythro

Ativan

ddI - final - dead ants

01 RS
01 PCP

d4t

Vicodin

3TC - first time - ulceration
Zantac

d4t

Saquinavir

Crixivan + d4t + AZT

Fluconazole

Itra + Flagyl

NGSF - receipt
Viatication

Nev + d4t + 3TC + Saq. + Rit.

pain clinic → fecamide

01 Lymphoma

CHOP + NSG - 6 months

stasis

[50]

Acyclovir
Septra
Biaxin
Protease
NA's
Zoloft
Elavil
Vicodin
Advil
Ativan

90

92

93

94

95

96

97

Tobramycin

Ceftaz

Cipro - levo

Abecent

countless blood
others blood

collateral damage

98

Percocet

Dilaudid

Ganciclovir

Biaxin

Ethambutol

Rifabutin

Crix

IV, oral, implant
operation anesthetic

now I face the world
fattered but still triumphant.
blind in right eyes deaf in
left ear, heart damage,
cholesterol kidneys
enough narcotics, analgesic, tric.
[3-4] [150,000] to kill a
rhino

- 1980-1 In the beginning there was L.A., leading me through my precocious coming out (16). It was the height of the bad-
 id days, and fortunately I had few silly schoolgirl notions
 about love or romance, I wanted sex. Tami and I used too....
- 1982-3 Older but a ^{not} ^{too much} little wiser, I predicted about one of the three
 epicures of the "gay plague", and caught the SF Flu. (or, it
 could have had something to do with the transfusion) orthodonture
Tylox
- 1984-6 Life goes on.
- 1987 the test. (600)
- 1988 Saw my first AZT capsule. Thought I'd pee my pants
 Epiphany - art school [500]
- 1989 Art school - clinical trial - Listerine
- 1990 Not dead yet.
 [200] AZT - somatic images/teeth
 Acyclovir - relief
 Septra - yuck
 [100] lymphadenopathy and the non-OI hospital
 ↓ Dysentery Flagyl + Tadoxin non-OI
 PsychoSarms why? I'm depressed because I have to take...
 prozac → Wellbutrin → Zoloft Elavil
- 1991 [100] counterfeit ddC + ddI. neuropathy → overdose back to AZT
- 1992 [70] My first OI! PCP. Lots of septon → kidneys
 Nausea - ativan
 ddI the real thing. Kills ants. ddt
- 1993 [50] KS
 Flucanazole \$18/pill!
 PCP
 3TC - ulceration of esophagus
 Zantac for upset tummy
- 1994 [20] ddt + Saq.
 [10] PCP in paradise
 NUP Itra + Flagyl
- 1995 [1] NGSF - the amazing receipt (Your health plan said you \$2295)
 Time to vaticate
- 1996 [3] Nev + ddt + 3TC + Saq + Rit
 pain clinic → flecainide
- 1997 [4] Lymphoma CHOP NGSF
- 1998 [3] The recent unpleasantness