



AMERICAN ASSOCIATION OF PHYSICIANS FOR HUMAN RIGHTS
P.O. Box 14366, San Francisco, California 94114
Telephone (415) 558-9353

January 14, 1986

An Open Letter to The Gay And Lesbian Community:

I am writing to you as an openly gay physician who has been involved with AIDS for the past 3 years - both on a political and a medical level. I have watched the inability of the U.S. Public Health Service (primarily the Centers for Disease Control) to deal initially with AIDS at all and its inability still to deal with risk reduction efforts aimed at gay and bisexual men. Similarly I have watched in California in general and Los Angeles in particular how elected and Public Health officials (except in San Francisco) have been unable to deal with the issue for fear of appearing to condone homosexuality. (The reason, I believe, that the government would not study whether HTLV III/LAV could get through a condom is that that would require spending money to show a safer way to have anal intercourse.) Thus risk reduction information that is sexually explicit to control a sexually transmitted disease epidemic has repeatedly been withdrawn because of political pressure, indicating a willingness to see gay and bisexual men die and/or infect their partners (male and female) rather than use words that might be offensive to some people.

The government response was predictable. That of the gay community is more disturbing. We are clearly facing the most serious threat of our lifetime - both on a health and a civil rights level. Instead of facing this terrible reality there is incredible denial on the part of gay men that we are individually at risk. The denial is either expressed as "I've probably already been infected" or worse, "I practice low risk sexual behavior most of the time but when I'm with someone I really care for I don't want to worry about being careful". The corollary to that is, "I find out from my partner if he has been promiscuous and, if not, I figure he's safe". This tends to divide our partners into "good gays" and "bad gays" with the implication that only the latter get infected. Damn it, its not true. Some of the nicest, kindest people have gotten infected and even have AIDS. And some have had very few lifetime partners. There must be an active campaign to convince sexually active gay and bisexual men not in a mutually monogamous relationship since 1977 of the need to practice low risk sexual behavior all the time. This will be true until we have a better test to indicate 2 people are truly free of infection (since a negative test at present does not guarantee freedom from infection).

I believe there is also a denial because of the estimated 1.5 million Americans infected, "only" 16,000 have developed AIDS (roughly 1% so far). It seems hard to understand or accept that the immune system of many (how many?) of the others is already affected and and estimated 65,000 -

135,000 of those will develop AIDS. I believe the risk of developing AIDS is reduced by avoiding further infection with HTLV III/or other sexually transmitted diseases that can affect the immune system (CMV, EBV, parasites, etc.).

Even if one chooses not to worry about the health risk, what about our civil rights? It is hard to read the paper any day without someone advocating using (misusing) the HTLV III Antibody test to prevent people from having certain jobs, individual insurance, possibly travel to certain countries, etc. It can't be said too strongly - the danger from the HTLV III Antibody test will come from where it is required, not where it is voluntary and anonymous.

Do gay and bisexual men need the test? No - not if they are practicing low risk sexual behavior exclusively. What if they are not? Then for some individuals who practice high risk sexual behavior the test may be useful. If it is negative, the major risk is that an individual will believe that he is not likely to get infected and continue high risk sexual behavior. Other than that a negative test has virtually no risk, and would be useful if an individual believes that a negative test would encourage low-risk sexual behavior.

What are the risks of a positive test? First, in the future an insurance company will ask if you've ever had a positive test (by that time I believe many will be requiring it so it won't matter). Secondly, and far more importantly, the psychological trauma is substantial, with many individuals needing long-term counseling. However, I believe that since these are individuals who were practicing high-risk sexual behavior, if a positive test results in protecting themselves and their partners (as I have seen with my patients), then I believe the gain outweighs the risk.

The threats to our civil rights will not, of course, be limited to the test. There will be attempts to close gay businesses where gay men meet and to (re) criminalize homosexuality.

Thus there is an incredible need for networking both within and outside the gay and lesbian community. The analogy to Nazi Germany is terrifyingly real. We all seem convinced "It can't happen here". Well, it can. We must do everything we can to prevent it. That means

1. Each and every gay and bisexual man must take personal responsibility to practice low risk sexual behavior all the time.
2. Each community must (begin?) continue forming coalitions of medical, legal and political organizations to reach out to the Non-Gay Community to develop alliances, etc.
3. Gay and lesbian organizations must develop outreach programs to our at-risk individuals to strongly encourage and support low-risk sexual behavior.

Failure to act on this now threatens our survival both as individuals and as a Community.

Sincerely,



Neil R. Schram, M.D.
Past President