Criminal Body

Meet the media's new bogeyman

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AIDS Monster" was *The New York Post*'s description of Nushawn Williams, the 20-year-old crack dealer from the mean streets of Brooklyn who allegedly infected at least 10 people in bucolic upstate New York's Jamestown. Williams was tested by Jamestown health workers more than a year ago, but only when 11 young women turned up HIV positive (an unusual occurrence in a county with just 59 AIDS cases since 1981) were officials suspicious. Interviews with the women produced more than 55 sex partners, and all of them except Williams—whose name kept coming up—were HIV negative. So the upstate authorities contacted officials in New York City, where Williams was being held on a drug charge, and he volunteered a slew of partner names. In cooperating, Williams sealed his fate.

Not since Andrew Cunanan, whose imaginary HIV infection was blamed for his rampage, have the media had such a field day with the specter of the predatory PWA. Unlike Cunanan, Williams does have HIV, and his prior criminal record (for petty theft and drug-dealing) made it easy for the press to presume that this "sex sicko," as the *Post* dubbed him, had vengeance on his mind. But the fact that Williams is a black man who had sex with white teenage girls put the icing on this devil's food cake. Though race went all but unspoken by the media, merely printing Williams' mug shot alongside photographs of his young "victims" was enough to evoke America's worst nightmare. As he sat in his Riker's Island cell awaiting sentencing on the drug charge, this young man who had been diagnosed as schizophrenic by a court psychiatrist was being morphed into the Willie Horton of AIDS.

Americans like to think their attitude toward people with HIV has evolved into something approaching compassion and reason. But as the coverage of the Williams case shows, the image of the sexually voracious predator with HIV, which we thought had been eradicated from the public's perception, still lingers just below the surface. What allowed this specter to emerge as a full-blown panic was the idea that AIDS had invaded yet another supposedly safe place.

Unlike most CDC-defined heterosexual "clusters" (in which one man infects a group of women), this one occurred in a small-town setting. On the evening news, pastoral shots of autumn leaves and pumpkins on the porch were juxtaposed against interviews with Williams' inner-city girlfriends and homies, emphasizing a sense of serenity shattered. Never mind that this image didn't jibe with the local girls who showed up on *Montel*—they seemed in tune with Tupac Shakur more than with Thornton Wilder. Yet the media were no more interested in exploring the realities of teenage

sexuality—nearly half of all girls have had intercourse by age 18—than in publicizing the news that one of Williams' girlfriends was arrested on charges of crack-dealing. It was too important to preserve the image of violated innocence that is crucial to placing full blame on the person with HIV.

Not even Williams' mental state was considered a mitigating factor. "This recurring explosion of bile," wrote *Post* columnist Steve Dunleavy, "must be locked in solitary confinement until God condones a cure for the scourge or calls on Williams to breathe his last." More merciful souls were willing to settle for charges of attempted murder, but as it stands, Williams is likely to face a count of assault for each woman he allegedly infected (the prosecution hopes to prove its case through DNA analysis of the virus), along with reckless endangerment for each sex partner whom he didn't inform that he had HIV. And that's only the start. When the New York State Legislature convenes in January, a bill will be introduced creating a new crime, with penalties of up to 15 years: *Aggravated* reckless endangerment, a charge meant to apply to knowingly exposing someone to HIV. Nearly half the states already have similar laws on the books. They are applied selectively, against minorities, prisoners and people with HIV whose sex partners drag them into court.

As the epidemic broadens to include more women—especially those under 25—issues that never arose when AIDS was considered a "gay plague" are coming home to roost. One is sexism, and the sense of privilege that makes some men think they don't have to protect their partners. Another is the acting out of male rage against women by infecting them. These problems are very real—and very easy to manipulate. Indeed, they are now being used as a pretext to criminalize the mere act of making love when one partner has HIV.

This crusade is at the heart of why Williams has become such a media symbol. His rap sheet and his race gave the press an excuse to hurl the rhetoric of savage violation at something far more complicated: Unsafe sex as an expression of denial. Williams says he didn't believe he had HIV. He convinced himself that health workers were lying in order to get him to stop dating white girls. But his partners, too, must have believed they were immune. And adrift in that same sea of oblivion were their parents and teachers: Condoms are not available in Chautauqua County schools, and the "c" word cannot even be uttered until the eighth grade, yet Williams' youngest partner was 13. He ought to stand trial for child abuse. But the criminal model doesn't fit the complexities of sex between consenting adults. There can be no "perpetrator" of these acts—only mutual responsibility.

The time is coming when we will have to defend that concept, not just because it involves an important principle of sexual freedom, but because it is the fundament of AIDS prevention. No law—short of mass confinement, Cuban-style—can either prevent people who are sexually active from running into the virus or absolve us of the obligation to protect ourselves. To pretend otherwise is to maintain an illusion of safety that only allows the epidemic to spread. This is the harsh lesson the gay community is struggling to learn, and it must be taught to a whole new group of vulnerable Americans: To women—and girls—who think their race, class or lifestyle renders them immune.

It’s hard to make this case in such a puritanical time. But if we do not, the panics will continue, even harsher laws will be passed, and people with HIV will be in the position of having to prove their innocence against a presumption of guilt. Even worse, though, is the consequence of blaming the “AIDS Monster” rather than exhorting each individual to accept responsibility. There is no safe space against HIV except in the commitment to protect your partners and yourself, and that is something no law can enforce.

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