Editor’s Letter

May 1, 2000 By Walter Armstrong

In February, one of the epidemic’s hobgoblins reared its ugly headlines: “AIDS Study: Danger of Oral Sex High,” AP’s version, was typical of the media coverage. (The gay weeklies’ front-page stories were more cautious—”significant” substituted for “high,” for example.) What the study actually reported is that eight out of 102 gay guys infected with HIV say they got it through oral sex, a 6.6 percent infection rate—not “high” as compared with anal sex, but not the CDC’s oft-cited .04 percent estimate. Of course, gay and AIDS advocates reached for their cyberguns at the news, rapid-firing outrage and objections on the usual e-mail lists. These responses—the media inflation of the risk, the activist offensive against the study—were so predictable and knee-jerk that it almost made me nostalgic for the barebacking flap, with its truly novel “bug chasers” and “gift givers.”

But the fact is, this study was about as good as any we’re likely to get. Far from having a “homophobic” agenda (“Why aren’t they doing studies of women getting AIDS via cocksucking?” one e-mailer railed), it was conducted by enlightened researchers at the gay-run Center for AIDS Prevention Studies at the University of California at San Francisco, who collected a ton of information using new HIV-testing technology and sensitive interview techniques. They took pains to exclude other possible risk factors (the only unasked question was what e-mailers were calling “sucking style”), and they ended up with those eight men—and some more or less extenuating cofactors: Seven had let their partner cum in their mouth. Four or five had bleeding gums, ulcers or other mouth problems. And one was the “suckee” rather than the “sucker.”

This last stat did little for the study’s credibility, contradicting two decades of common sense gleaned from actual practice. And the fact that the researchers had initially failed to report the cum-in-the-mouth (many of us don’t take that risk) and other details that might weaken their case only fueled community suspicions. When I e-mailed *POZ* Contributing Editor Michael Scarce, whose new book, Smearing the Queer, is subtitled “Medical Bias in the Health Care of Gay Men,” for his view, he shot back a list of criticisms, including: Eight out of 102 gay men from San Francisco does not a representative sample make (“Eating cum is statistically safer in rural Oklahoma”). “Other studies demonstrate gay men’s selective memory or deliberate lying about unprotected anal sex, much driven by ‘I’m supposed to know better in 1999.’” “Sure, most of us have questions about oral sex as a gray area, but it’s impossible to pin down the statistical risk based on endless other cofactors.” And: “We need to ask what damage all the noncritical [scaremongering] coverage will do to gay men’s ability to assess their own risk and make sexual decisions.”

These criticisms are important. But my sense that the community’s best and brightest had rushed

to judgment was reinforced when I came across an article by a reporter who tracked down three of the oral-sex eight. Titled “Report on Oral Sex Risks Amazes, Angers Victims,” it concluded flatly: “[These men] are angry because gay groups actively advocated oral sex as a safer alternative to anal sex.” This hit home; these guys were pissed at me. I had been a member of one of those groups actively advocating that message, even wheatpasting posters of hot guys blowing each other above “Oral Sex Is Safer Sex” on New York City streets. Never mind that the fine print read “To minimize risk, don’t take cum in your mouth,” or that I had only once used a condom to suck dick and was still uninfected, or that my intention was to empower by emphasizing pleasure rather than danger. What if I was wrong? What if we were so fixed on rooting out homophobia that our minds were closed to new information? What if we cared more about promoting our agenda than preventing actual infections?

Still, the “moral” of this oral-sex saga is not that gay men have become “dangerously complacent” about AIDS, as even our own leaders like to conclude. The seriousness of the debate in Internet chatrooms and bulletin boards gives lie to that charge. If anything, the fact that most of us are determined to go right on sucking dick without condoms—6.6 percent risk or no—is the story’s only redeeming feature. “You are born, you live, and you die,” one posting read. “Yes, it is prudent to play it as safe as possible, but there are no guarantees in life. And I’m not going to suck on plastic. Yuck!” But it shouldn’t surprise us that we are willing to die for sex. Every homosexual who comes out has to face a mortal fear, risk everything, in staking a claim to a sexual identity. And if cocksucking is sometimes as insignificant as shaking hands, it can also be transcendent, and that’s all that matters.

For me, the oral-sex dustup is settled: Gay men are not going to suck on plastic. Now can we have a moratorium on future studies? Let’s use the money, as Scarce suggested, for research into a safe, effective and yuckless microbicide

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