To the Editor

September 1, 1999

Like Butt-ah

In “Life After Latex” (June 1999), anal sex yet again is viewed only as a gay man’s issue. How long must we wait until anal sex is understood to be a method of HIV transmission for women, too? At the 1996 Vancouver AIDS conference, a government spokesperson from South Africa announced two methods of sexual intercourse: homosexual and hetero--sexual. I say there are three: vaginal, anal and oral—and they have absolutely nothing to do with gender!

As a woman, I look forward to a potent barrier against STDs other than latex, one that will give me the control I need without having to constantly negotiate. If I can get an “all-in-one” package deal, so much the better. Barebacking is an equestrian sport enjoyed by the ladies as well, and we haven’t ridden sidesaddle for well over 100 years!

Sue Newman

Israel

POZ *responds:* Not to be anal or anything, but in his piece on microbicides, Michael Scarce stated that butt sex is an equal-opportunity pleasure. As for your claim that vaginal sex has nothing to do with gender, it made every gay man in our office look under his skirt—to no avail.

A Complicated Issue

I must take exception to Richard Elovich’s otherwise-brilliant article on the future of HIV prevention (“Beyond Condoms,” June 1999). Elovich has created an incomplete paradigm for the role of sex in the lives of gay men by envisioning a continuum between risk and pleasure. To reduce sex to such a simple formula is to repeat earlier messages (“use a condom every time,” “come on me, not in me”) that have lost their impact in this post-crisis era. Not until we complicate the discourse into a richer, more elastic understanding will we understand how to prevent HIV transmission.

Mark Kuebel

San Francisco

Pain Free at Last

I can’t believe it! Finally it’s been confirmed: Being a junkie and asking for pain medication is allowed (“Feelin’ No Pain,” June 1999). Perhaps some doctors will read *POZ* and find out that junkies have pain, too (and they even put their pants on one leg at a time). After being a junkie for

30 years, I've felt a lot of pain—with no help from MDs.

Tom Lemanski

Chicopee, Massachusetts

Pot to Kettle

In an astonishing piece of black-hat vilification, Mike Barr set up the Coalition for Salvage Therapy (CST) as a straw man, and then knocked down his own preconceptions about it ("Success Has Made a Failure of Us," May 1999). Barr's complaint seems to be about the lack of new therapeutic approaches. The implication is that the CST is responsible.

None of us CST members disagree that drugs are misused and that merely throwing "me too" compounds at the problem is no solution. There is a growing number of people who have failed all conventional antivirals, who simply do not have the luxury of waiting for the preclinical strategies listed in Barr's article. None of his treatment suggestions are currently available, and some have not been invented yet.

Contrary to his claims, the CST does not have a single-minded focus on Abbott's ABT-378. CST members have met, or spoken on the phone, with representatives of a dozen other companies. Also contrary to his claims, we have not pressured Abbott or the FDA to short-circuit the regulatory requirements for ABT-378's approval. Barr's disingenuous and dishonest tactics arose in the very first paragraph, where he slammed an early consensus letter. Evidently the language in the fax was not inflammatory enough.

In our meetings with Abbott, a major thrust has been to push for trials in heavily pretreated patients. But none of us think that any single drug will be enough. So an even bigger focus has been to try to encourage companies to collaborate on studies for heavily pretreated patients. Barr scoffs at such approaches, noting that the industry is "ever loath" to conduct this sort of research. The result? No good data on what to do for patients in that predicament. It is a main priority to encourage the industry to address some of these questions. Barr can afford to turn up his patrician nose at the small but real benefits that could arise from such research. Symptomatic folks with high viral loads do not have that luxury.

As long as we allow the industry to develop drugs in naive or lightly treated persons, we are shortchanging the most pressing treatment question of the day. Many people can and do keep their viral load down with a standard two-nuke plus pro-tease combo. But the little bit of slack this gives us is rapidly being pulled up by the thousands who are failing or intolerant to treatment. Encouraging salvage research is something we can and will do today.

In regard to expanded access, Barr again misstated the facts. All of us have been unhappy with some of the recent expanded-access programs that supplied drugs as little as two weeks before approval. Not only does this make a mockery of the humanitarian intent of expanded access, but it also denies us the long-term safety database that expanded access can provide. We'd like to see

Abbott and other companies honor the intent of the parallel-track legislation. Our main focus on expanded access has been the expedition of a small, limited-access program for people who otherwise would not be able to put together a satisfactory drug regimen.

One of the most troubling issues of Barr's article was the question of representation. The identification of Barr as editor of *TAGline* is potentially misleading. As far as I know, he does not speak for TAG on this matter. I base this opinion on the enthusiastic and effective CST leader-ship that several TAG members have shown.

One of CST's greatest strengths is the diversity of representation. More than 100 other agencies have signed our statement. The progress we have made in building bridges among ourselves is directly challenged by Barr's divisive and shrill tone. This is no exaggeration when Barr makes such prejudicial and unfounded comments as "the blind alley we're being led down—by the pharmaceutical industry and the CST, hand in hand."

In short, Barr offered one reasonable premise: that there are new therapeutic opportunities that should be looked into. I fail to see how personal attack and misrepresentation further this goal.

Carlton Hogan,

Coalition for Salvage

Therapy, Minneapolis

Mike Barr *responds:* If I've offended or short-changed individual treatment activists by my observations, I did not intend to. Our past accomplishments are enormous and irrevocable. Nor were my words devised as provocation for provocation's sake. And for the record, let me say that I include myself in this collective myopic failure. Those who interpreted my remarks as journalism are mistaken; rather, they are merely my perhaps unique perspective on the perilous path down which we have strayed. Where the agenda of the pharmaceutical industry and our own were once one, they are no longer. And we must not allow complacency, ill-timed celebration or even burnout to obscure that fact. I am consumed by the prospect of my friends, and ultimately myself, drowning in a morass of useless medicines not of necessity but of our failure to challenge the status quo. If we continue to passively embrace only what is spoon-fed to us, we will have deserved our fate.
Driving Miss Crazy

The "HAART Chart" of antiretroviral side effects was informative (May 1999). However, since you included only those reported by at least 5 percent of the drugs' users, an important side effect was left out. I've taken d4T for more than three years and was diagnosed with severe manic-depressive disorder (bipolar). It is very rare for mania to suddenly occur at middle age. I suspect one of the anti-HIV drugs, but didn't see mania listed in any of your information. I do believe I'd rather suffer hair loss with 3TC.

Eddie Boss

Paris, Texas

Bitchin’ the Pitchman

I’m really tired of picking up a gay publication and seeing Greg Louganis’ picture (March 1999). It disgusts me that only since his diving career ended has he become an AIDS advocate. Now he endorses viatical settlements, which sickens me. If Reebok or Speedo had offered him big money, would he have ever come out? Please, no more pictures of Louganis and his dogs.

Anthony Mombro

Wilmington

New Best Friend

Recently diagnosed as HIV positive, I look forward to each and every issue of *POZ*. Your magazine has been such a positive force for me, especially since we don’t get this type of magazine for HIV positive Native Americans here on the Navajo Reservation. Since I started collecting back issues, I’ve found a wealth of info on what has been happening across the nation. I share *POZ* with all my friends and neighbors on and off the Navajo Reservation.

Chris Ziue

Phoenix

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