Mailbox

March 1, 2000

Sit On It

Thank you for the insightful article “Happy Holidays?” about STIs (structured treatment interruptions)—the first snappy AIDS acronym of the millennium (December 1999). One comment from someone currently taking a drug holiday: I prefer the term SIT (structured interruption of treatment). STI is too much like STD or (NN)RTI. Who needs another hard-to-remember, meaningless acronym? Besides, with SIT I can say fun stuff like “I’m Sitting on my treatment for a while.”

Daryn Bond
Winnipeg, Canada

Get Fresh

The December 1999 issue was great. I really enjoyed the columns by Emily Carter (“Just Eat It”) and LeRoy Whitfield (“Food Fight”). I may be able to help Whitfield solve part of his problem. There is a company in Vero Beach, Florida, called Poinsetta Groves that mails fresh fruit, tomatoes and corn right to your front door. Though it’s a bit more expensive than what you’d find in a store, it’s so fresh and delicious that it’s worth it. You might advise Carter to stay away from those cheeseburgers and try one of their fresh oranges instead!

Jeff Wanca
Elizabeth, New Jersey

Hemo Demo

I’m writing to protest Doug Ireland’s biased “10,000 Hemophiliacs” (December 1999). Ireland was obviously seduced by the slick piece of political machinery that is the Committee of Ten Thousand (COTT). The Ricky Ray Hemophilia Relief Fund Act is about more than just compensating the families of a particular kind of AIDS victim. It has strong conservative support because it presents politicians with a fantastic opportunity to say that they’ve done something about AIDS without actually having to help the already-marginalized populations at greatest risk: women, IV-drug users, people of color, the homeless, and gay and bisexual men. Implicit in COTT’s demand for federal compensation is the repellent notion that there are innocent AIDS victims (hemophiliacs) and those who brought it on themselves (the rest of us).

This is not the time for compensation. Even if we can ignore the staggering scale of the epidemic elsewhere in the world, how can we talk of compensating any one group when so many Americans are in danger of contracting this still-deadly disease? Ireland’s logic is chillingly corporate when he

writes, “The funds sought are embarrassingly small: $750 million would provide a one-time-only payment of $100,000 to each victim.” He completely ignores the essential fact that AIDS is a human crisis, and that $750 million could save many lives.

COTT is a wolf in sheep’s clothing. Funding the Ricky Ray Act will take resources away from those who desperately need them and will deepen the American public’s dangerous misconception of where the epidemic is today.

John Hannah
Colchester, Vermont

Man on the Remune

In the Biggest Busts section of “The AIDS Decade: The 99 Greatest Moments of the ’90s” (December 1999), *POZ* stated, “But the promise that HIVers can quit HAART and keep HIV in check with a shot or two of Remune bites the dust in ’99 when data from early tests show no benefit.”

This is not, in fact, the case. There has been no data presented on people who have stopped HAART after taking Remune. I presume that *POZ* was referring to the study that showed no additional clinical benefits from HAART plus Remune vs. Remune alone, because few people got sick during the study’s timespan. Some individuals from this study are now stopping HAART to see what happens, and there is another 40-person study led by Michael Saag, MD, that is investigating the same thing. At this time, the question of whether Remune-induced immune responses can help control HIV in the absence of HAART remains unanswered.

Richard Jefferys
AIDS Treatment Data Network
New York City

Last Round, Both Sides

The November 1999 issue should have been on a rack of porn with other S/M. The cover story (“Both Sides Now”)—written by a POZ founder and contributing editor—is something I would expect to see in a Jerry Falwell publication. Perhaps it was intended as some form of education, but it has set back the war against HIV and the promotion of safe sex by years.

Though I appreciate the free subscription, I must ask to be removed from your mailing list. *POZ* is not a magazine I can be proud to display and share with friends. Frankly, I find it an embarrassment! I may be in the minority, but I feel its goals should be re-examined.

Kent Greiner
Minneapolis

“Both Sides Now” was absolutely fantastic. With all the barebacking hoopla, it was useful to remember that HIV positive and HIV negative men often do become involved in relationships and that many issues impact our abilities to not infect or get infected. The honesty in both of these articles was extremely moving.

I'm reprinting the articles in a zine that I produce, Amphetazine, a harm-reduction quarterly for gay and bi men who inject crystal methamphetamine. In Seattle, this population has an extremely high rate of HIV (47 percent).

James Fisher
Public Health Department Seattle

Stephen Gendin and Kyle McDowell conclude that they are going to continue doing exactly what they want with no regard for the consequences. HIV positive Gendin—still struggling to use condoms with negative guys— apparently won't accept the clear medical fact that he can't fulfill his "spiritual" need to have someone's cum up his ass or his multidrug-resistant (MDR) HIV positive cum up anyone else's ass without being responsible for continuing the AIDS crisis into a third decade.

Gendin suggested that if only there were "a guide exploring the emotional complexities that lead to risk in relationships," McDowell's infection might not have happened. Why doesn't Gendin, with his vast wealth of experience, write that guide? Are honesty and common sense really so difficult when life and death are at stake, especially between two informed adults?

While having unprotected sex with Gendin, McDowell comforted himself with a CDC report that stated that "transmission risk in unsafe anal sex with ejaculation is about 1:120." Now he and your readers know differently. Still, McDowell wrote that being infected with MDR HIV gives him "new sexual confidence" and that he is trying "acts with a high risk of fluid exchange with positive partners that I hadn't dared before." It astounds me that he is not at all concerned about his own reinfection or about reinfecting his positive fuckbuddies with his supervirus.
Do Gendin and McDowell really want to be protected from what they want, as stated on your cover?

Peter Griffin
New York City

When I first read "Both Sides Now," I was sad. The next day, when I looked at the issue again, I laughed at the tragedy of these two men and at the way they posed on the cover, as if they had achieved something. What did Stephen Gendin and Kyle McDowell expect? I want to ask them: Don't you get it? Do you know what an MDR virus is like? It's strong, girls. You don't play with an MDR virus. What do you need to stay safe? You didn't get frightened by AIDS yet?

Didier Lestrade
Founder, ACT UP/Paris
Via the Internet

"Both Sides Now" and the reactions to it in the January 2000 Mailbox were fascinating, but the focus in that piece and, more generally, in *POZ's* reporting on HIV prevention are misguided.

Since the start of the AIDS epidemic, a minority of gay men have consistently or intermittently had unsafe sex. These are the guys who drove the syphillis outbreak in Seattle recently, and the guys

who are driving the current gonorrhea and syphillis outbreaks in San Francisco. (If we had a health department worth a damn in New York City, I could tell you something about this population here.) Stephen Gendin and Kyle McDowell represent this group.

Gendin has never been interested in having safe sex and McDowell reported that he had "some 20 [HIV] tests under my belt." It is likely that, despite McDowell's assertion earlier in the piece that "for a decade I was sexually very safe," a 32-year-old man who's had that many tests is worried about the sex he's had. Just hours after meeting Gendin, and with no discussion of their respective serostatuses, McDowell had unsafe sex with him. He later also seriously considered Gendin's offer to share his HIV. These are two men who do not wish to have safe sex. I suggest that McDowell wanted to be infected and, without question, Gendin wanted to make that desire come true.

There is nothing any HIV prevention effort can do for men like this. They cannot be helped because they do not wish to be helped. What would you have an HIV educator do? Drag these two into an office and force them to sit through an AIDS education program?

POZ made an editorial decision to focus on men who have placed themselves beyond help. You are holding them up as examples of the failure of HIV prevention efforts. On the contrary, "Both Sides Now" is only an example of the choices made by Gendin and McDowell—who represent the minority of gay men and a population that is unreachable.

An honest evaluation of HIV prevention must look at men who want to change their behavior but are struggling, men looking for assistance and tools to maintain their safe-sex behavior or men whose drug and alcohol use is leading them to unsafe sex. *POZ* is measuring HIV prevention by a standard that can never be satisfied. These guys have placed themselves beyond help, so stop asking prevention programs to take care of them.

Duncan Osborne
New York City

Designing Woman

POZ is one of the best magazines of any kind in circulation today. The editorial content is always of very high quality, and the information is useful, entertaining and thought provoking. I've recommended *POZ* to my graphic-designer brother and his photographer girlfriend as a wonderful example of an all-around quality publication, including the design.

Imagine my dismay when I picked up the "new *POZ*" (November 1999). I am not opposed to change, nor am I of the if-it-ain't-broke, don't-fix-it school. But the new design detracts from the editorial in two ways: It is very busy, making some of the articles hard to follow, and it's hard to distinguish between editorial and advertising. A number of times I passed by material, thinking it was an ad.

I was moved to write because I'm such a big fan of *POZ,* and despite my critique, I will continue to read and support your excellent publication.

Deborah Grossman
Via the Internet

Help For Humps?
We, as a heterosexual married couple, enjoy *POZ* very much. You have given us a lot of helpful information on drugs and treatments. My husband was diagnosed in May 1996, and so far he is holding his own. At this time, however, he is having trouble with his buffalo hump and the humps that have spread into his skull. We hope we can get something to help him, as it is very painful and uncomfortable. Thank you for the free subscription. It means a lot to us since we're trying to get by on only social security.

Susan Randolph
Kingman, Arizona

A Dozen Bakers
I wish there were more Cornelius Bakers doing the intense work in our community ("Black Is, Black Ain't," October 1999). I'm not saying that Baker is our savior, but I do respect his position on representing the scope of the changing face of AIDS. I'm glad that he has been credited for fashioning the issue of HIV where it has been able to influence national policy. Certainly, his advocacy helped to motivate Rep. Maxine Waters, Rep. Louis Stokes and the Congressional Black Caucus (CBC) to finally address the issue and declare a state of emergency after 18 years. However, the CBC's $156 million hasn't put a dent in the epidemic. African Americans have not benefited from business as usual.

Carlton B. Smith
Baltimore

Friend of a Friend
Last February you published some articles about barebacking. You later ran a series of letters from horrified readers who felt you were glorifying the practice. I read the stories and tried to absorb the messages. At the time, I felt that you were encouraging the discussion to help people work out some very thorny issues. Now, I want to express my gratitude for the opportunity to think about this topic before I had to.

A friend recently wrote to tell me that he had barebacked and needed to work out the aftermath with his partner. This was the same friend who had accompanied me to an AIDS caretaking workshop, played patient while I learned to bathe an ill person, and supported me through several deaths. He wasn't ignorant of the consequences of his actions.

He also knew that because I'm not ignorant either, there was a good chance I would be upset by his confession. I think that without having done my homework, I probably would have reacted with fear and anger. Instead, I was able to respond with compassion and understanding. As a result, he had a safe, unpressured place to think about his actions and his partner's reactions. In the end, I think he also ended up strengthening his relationship with his partner and with me.
After the barebacking articles ran, you came in for what I felt was a lot of undeserved criticism. I

wanted to let you know that those articles did make a difference in at least one person's life—perhaps in unexpected ways.

Liz Augustine
Maynard, Massachusetts

A Simple Plan
I was going to let the November 1999 issue with its cover exercise innarcissistic excess pass without comment. I failed. I failed because Isimply find it incomprehensible that an empowered man such as StephenGendin finds it necessary to reveal his serostatus after sex! Whybother? If he has indeed lived long enough with AIDS to consider itwallpaper in his psychic bedroom, then perhaps a tasteful chastity beltis in order. Or is this another story about the desire slaves on theplanet Erection? Poor dears, they just don't want to live if they can'tstick it where they want, when they want, how they want.

Indiana is a simple state, and we're all rather simple folks out here.Gendin is one reason that states like Indiana have names-reporting andduty-to-warn statutes. And one reason I support both.

Mark A. Price
Bloomington, Indiana

Corrections
In "A Pair of Aces" (January 2000), we mistakenly reported that it takes at least a month to obtain results from all phenotypic testing for drug-resistant HIV. In fact, one manufacturer, ViroLogic, guarantees results on its PhenoSense test within two weeks.

The Beth Israel Deaconess Medical Center, whose HIV/ AIDS Mind Body Program was mentioned in the yoga how-to "Free Your Mind" (February 2000), is located in Boston but is not affiliated with Harvard University.

POZ regrets the errors.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/Mailbox-10477-1570