



Mailbox

December 1, 1999

Top Brass

Your September 1999 cover story, “NYPD Blue,” caught my attention. Before I read the life story of former officer Steve Yurcik, my perception of police officers was negative. The thought never crossed my mind that they are human beings, too. What a revelation! Yurcik’s story shocked me and erased all the prejudice I had harbored about cops.

The articles in *POZ* are trailblazers for society to learn from. The up-to-date medical information is helpful to me as an HIV educator. More important, as a person with AIDS, *POZ* gives me hope and encourages me to continue my advocacy for PWAs.

*Darryl Engram
Utica, New York*

Miles to Go

Dr. Steven Miles, interviewed by Mike Barr in the October 1999 cover story (“How to Get There From Here”), challenges us to take a bigger-picture look at the trends in new drug research and development, rightly pointing out the stifling effects of “group-think.” His excitement about the current moment--and simultaneous call for us to keep our minds open--is apt for today’s activist, researcher, funder and PWA.

I agree with Miles that it is the rightful place of government to serve society’s research needs when there isn’t adequate inducement in the marketplace for private entities to take the risk. But the nettlesome question of how government-funded and -conducted primary research can lead to practical licensing schemes is extremely complicated. Are there any successful models of practical (profit-driven) implementations, in the private sector, of discoveries made by the government?

Activists should push for a dialogue that makes this thinkable and even attractive. The brilliance of our patent system is that whoever takes the risk to develop a novel idea rightly retains control over its use for long enough to recover their investment. If that happens to be the government, we can choose to trade monetary gain with the private sector for direct benefit to public health. How about a little icing on that cake? The same clear thinking that could make this concept workable would also go a long way toward breaking the logjam of international licensure of drugs by third-world companies that hope to export our standard of care.

Finally, taking a cue from Miles himself, I’d press him to make sure that his own big-picture take is big enough: He points out that “we don’t have to hit a home run” because incremental changes in the hold

the virus has on the immune system make it possible that “a patient will have a normal lifespan and good quality of life.” But a bigger picture that includes two or more tracks of research (immune restoration and viral suppression, at least) will get us our home run eventually, making it possible for the vision of a normal, quality life to be global, not just limited to a society that can afford a lifetime of expensive regimens.

*Brian H. Mahoney
Washington, DC*

Trannie Get Your Gun

Shame on POZ for neglecting to mention Positive Health Project (PHP) in “Love Me Gender” (October 1999). A leader in harm-reduction and needle-exchange services for the transgender community, PHP has successfully advocated for transgender-services funding and have developed policies implemented by agencies nationwide; we created the first safe-hormone-injection brochure with our former board member Dr. Edward Cheslow; and we have hire and included transgenders in the development of agency policies and services since our inception.

PHP did not merely add on transgender services due to funding availability, to be politically correct or to jump on the fad of the moment. Our mission is to provide harm-reduction services to all communities.

*Jason Farrell
Executive Director
Positive Health Project
New York City*

On the Sunny Side

I can't thank POZ enough for helping to inform readers about the effective, nontoxic therapies mentioned in How to Manage Side Effects (“The Club Scene,” October 1999). The simple and inexpensive therapies in our guide are still very much unknown to most of the HIV population.

Thanks for also recognizing our work and that of other nonprofit AIDS buyers clubs. Many are still invisible in their own communities. But in Houston, we've been fortunate to work with local doctors who refer patients to us when they've exhausted all means to control diarrhea, high liver enzymes and many other side effects. When people in the medical community read our guide, I hope they will see even more options for patients that are simple, non-toxic and cheap. You can order it from us by calling 800.350.2392.

*--Fred Walters Jr.
Executive Director
Houston Buyers Club*

Fuzz Busters

Thank you for the interesting “NYPD Blue” story and the sensational cover (September 1999). The article is an extremely important reminder that anyone can get HIV.

However, I take issue with former police officer Steve Yurck's comment that there is no one interesting to meet in Bedford-Stuyvesant, Brooklyn. Such a thoughtless comment unfairly confirms the notion that most cops are bigots. I believe that the majority of officers are least try to be fair and impartial. Also, having worked in Brooklyn for eight years, I can attest to having met many profoundly interesting people.

*--Fred Walters Jr.
Executive Director
Houston Buyers Club
Houston*

Your September cover story was interesting and compassionate, but it sent a secondary message that was disheartening for gay men. The article implied continued sentiment among police officers and others that gays are inferior--if not still seen as perverts and wrongdoers.

Reread the story and you'll find stinging statements such as the one by Steve Yurcik, who expressed concern when considering coming out about having AIDS to his colleagues in the police department: "I totally anticipated having 'HOMO' written on my locker." Is it not yet possible for gay men to live, let alone die, with respect?

*--Roy Sather
A Place Called Home
Phoenix*

Color Your World

A Gazette article in your September 1999 issue, "Source of a Different Color," enraged me. It may or may not be true that AIDS is manmade, but to say that it was given only to blacks and to compare it to Tuskegee is ridiculous. If that is true, then why do I--a 50-year-old white woman--have it? My husband was Native American and he had AIDS, too.

I love all people, but I'm getting tired of our black brothers always complaining about people plotting against them and how hard life is. Life is what you make it, no matter what color you are.

*--Gayle Lynch
New York City*

Water Damage

I'm concerned about an inaccuracy in a statement by Dr. Jeff Griffiths in "Message in a Bottle" (September 1999): "HPC bacteria are the most worrisome...High levels of HPC bacteria, while not harmful themselves, may indicate the presence of contaminants such as the Cryptosporidium parasite...".

HPC is a naturally occurring microbe found in a wide array of food products, including bottled water. These organisms prevent the growth of opportunistic pathogens because they help to overcome harmful bacteria and pathogens that may pose a health threat. There has never been a documented illness associated with HPC. Neither the EPA nor the FDA believes there is a health risk associated with background flora in drinking water, including bottled water, and neither agency has set a standard for the

amount in drinking water.

Since *Cryptosporidium* is primarily a surface-water contaminant, water originating from a natural, underground source is unlikely to contain it. Most bottled water comes from natural sources such as springs or wells that originate from deep within the earth. These protected sources are inspected, tested and certified to be of sanitary quality by the state or country of origin.

For more information on bottled water, contact IBWA's Zail Dugel at 703-683-5218

*--Sylvia E. Swanson
President, International Bottled Water Association (IBWA)
Alexandria, Virginia*

Dr. Griffiths responds: HPC bacteria include the opportunistic type (Pseudomonas, Aeromonas, Mycobacteria) of concern to the immunocompromised. Gastroenteritis in immune-competent people has been linked to the number of drinking-water HPC bacteria. Indeed, all responsible public health officials--including FDA and EPA staff, contrary to Ms. Swanson's statement--and drinking-water industry groups acknowledge that high levels of HPC indicate poor overall water sanitation, and it is only common sense that bad sanitation can mean Cryptosporidium contamination. I stand by my view and advise readers to be cautious. A few HPC? Probably OK. A lot? Buyer, beware!

Toilet Reading

I loved the fiction piece, "The Universe Concealed," in your August 1999 issue. I started reading it on the toilet, and I never got up.

I'm trying to understand why the story moved me, I realized that today is Rosh Hashanah, the Jewish new year. Like the characters in the story, I am caught somewhere between the mystical and the *meshugah*, hoping to make some sense out of things and trying to bring the God of Hebrew school into the age of Matthew Shephard and protease inhibitors. The story made me recall a discount weekend at Grossinger's in the Catskills 25 years ago with my late lover, Tom. Unlike the characters in the story, we'd never heard of AIDS, and for us, death was for old people.

"The Universe Concealed" brought up ghosts for me and made me think about how things move on. Part of me, I realize now, is still stuck in a rowboat in a doomed resort, listening to *The Torah Tapes*. And on this Rosh Hashanah, I am grateful for that.

*--Kenneth Robins
Los Angeles*

Smug Shot

Like LeRoy Whitfield, I too have public health insurance ("Undetectablah," September 1999). But I do not hesitate to switch clinics that don't provide me with proper service. It is my responsibility not to waste my doctor's time. When I visit, I take a list, ask questions and write down the answers. I respect that my MD is very busy, but I also respect my needs. You are responsible for the treatment you get.

--Edison Johnston

Don't Mention It

Thank you for mentioning Jay Corcoran's documentary *Undetectable* in your September 1999 Picks section. As one of Corcoran's subjects who was recently diagnosed with PML (progressive multifocal leukoencephalopathy), my drug cocktail has become even more important to me as a means of slowing down disease progression.

--Joe Pennell
Via the Internet

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