Media: Blow Hards

Surprise! Safer sex heads summer AIDS journalism from Out to The Nation.

October 1, 1994 By Mark Schoofs

Summer AIDS journalism seemed preoccupied with safer sex, beginning with Gabriel Rotello's report of the risks of oral sex in the June issue of *Out*. Probably the best and most comprehensive article on the subject, it is also, frankly, depressing. Bottom line: Your partner can get infected (or reinfected) if he or she goes down on your without protection, because HIV lives in vaginal fluids, menstrual blood, semen and pre-cum. For men and those who love them, there was more bad news -- pulling out before ejaculation does *not* lower the risk.

Of course, unprotected oral sex is less dangerous than unprotected anal or vaginal intercourse, but that turns out to be small consolation. Rotello cites two independent studies conducted on different groups of gay men that produced strikingly similar results. Unprotected receptive fellatio was between one-fifth and one-sixth as dangerous as unprotected receptive anal intercourse. To put it simply, performing five or six unprotected blow jobs carries roughly the same risk as accepting one unprotected anal penetration. (Research on lesbians is far scantier.)

There is some good news. Only the person doing the sucking is at risk; the person getting sucked is not, unless there are lesions on his or her genitals. In other words, you can go down on your partner until the second coming, so to speak, with no worry of transmitting the virus. And as long as your partner avoids the labia or the top of the penis, he or she can kiss and lick the sides of your latex-free genitals with abandon.

But Rotello -- who writes a column on gay issues for *New York Newsday* that his editors excise from the suburban Long Island-based *Newsday* -- really hits a home run in his discussion of condoms. "Conceding that most people hate sucking latex," Rotello describes "stubbie" condoms, made especially for oral sex, that cover just the head of the penis. Unfortunately, the dear old Food and Drug Administration (FDA) banned them since they could slip off during anal or vaginal sex. Not to worry, reports Rotello, because you can make your own "by cutting off the tip of a condom -- about the top three inches -- placing it over the head of the penis and securing it with a small pony-tail rubber band fixed behind the head of the penis. This forms a secure cap and is fairly unobtrusive."

Such cheerful advice can't palliate the facts or their explosive potential. According to Rotello's article, many AIDS prevention workers fear the truth might set people free -- the disheartening

risks of oral sex could cause some people to cast off safer sex altogether.

Apparently, many people already do just that, at least occasionally. In a provocative two-part article in The Nation (July 4 and 18), veteran AIDS journalist David L. Kirp reports “disparaging news from San Francisco.” The health department there has found that “a third of gay men between the ages of 17 and 22 are having unsafe sex; others place the figure closer to 50 percent.”

Such self-destructive behavior cannot be blamed, Kirp says, on “the AIDS dishonor roll -- Jesse Helms, Robert Gallo, William Dannemeyer, George Bush, above all Ronald Reagan.” We have met the enemy and he is us: “The tempter in our own bedrooms represents a much bigger threat than the meanest homophobe.”

Kirp is neither alone with this opinion nor the first to have it. In an article two years ago -- first printed in the defunct weekly QW and later excerpted on the op-ed page of *The New York Times* -- journalist and author Charles Kaiser drew essentially the same conclusion from similar statistics on unsafe behavior. Like Kaiser before him, Kirp urges gay men to shoulder sexual responsibility. But Kirp’s article goes further, challenging the most cherished tenet of AIDS activism: The cure lies in politics.

That assumption is “powerfully wrongheaded,” Kirp asserts, because even if Jimmy Carter had been president when the epidemic was discovered in 1981, “the biological science would not have changed and it is these complexities that remain the crucial barrier, locked and so far impenetrable.” So wily is HIV that no matter how much funding we inject into research, “the virus will be present among us for a very long time, perhaps forever.”

Such a bleak outlook can lead to fatalism, Kirp warns, but he almost steps into that trap himself. He emphasizes not a renewed commitment to the search for a cure, rather a new commitment to safer sex. He does so eloquently and compassionately, calling for “a language of responsibility that isn’t heard as hectoring” and an education program centering on the difficult psychology of safer sex instead of its easy mechanics. And Kirp implores his fellow gay men to help each other survive. “What is wanted is a community of caring that acknowledges the imperfections of being human as well as the power dynamic of sex without accepting self-abasement by the weak or domination by the strong. What is wanted, really, is the public equivalent of love.”

All good and true, but safer sex is not enough for the same reason a vaccine is not enough. As Kirp puts it, “With more than 10 million people already infected with the virus worldwide and thousands of new cases daily, there is a continuing need to develop treatments that prolong life, for otherwise people with HIV will find themselves written off.” Yet Kirp veers perilously close to doing just that -- literally. In his very long article, he devotes only a few sentences to urging more and better research.

Kirp is an excellent and committed AIDS journalist and that is exactly what makes his article so unsettling. If activists yield to fatigue and fatalism, so, too, will the rest of the world. “In

recognition of the slow medical progress," The New York Times reports, the International AIDS Conference will be held every other year instead of annually. The renewed emphasis on safer sex can all too easily collude with defeatism by allowing us to believe we're doing all we can when we're not. By all means reinforce safer sex, expand needle exchange and deploy every other preventive measure. Meanwhile, people with HIV will not wait around for some magic bullet but will continue to manage their health as best they can. But we must not let anyone sacrifice the millions who are HIV positive. Our core demand must remain unconditional and unwavering. A cure.
