To the Editor

September 1, 1998

Nude for Thought

As a gay man, I'm very disappointed and, frankly, disgusted with your June 1998 issue. Who wants to see a straight woman showing her tit practically exposed on the front cover? I don't, and I'm sure most of your gay male readers will want to puke. What a turnoff! Couldn't you folks find a hot man with a nice body? This story doesn't belong in *POZ*. I think I'll burn this issue. Shame on you!

Scott Sproat
Walnut Creek, California

POZ responds: As human beings, we're very disappointed and, frankly, disgusted with your letter. Who wants to see such ugly, unabashed sexism practically smashed in our faces? We don't, and we're sure most of our readers—gay, straight and everything else—will want to puke at your bigotry. What a turnoff! When will you realize that not everyone with AIDS is a gay man, let alone a "hot man with a nice body"? Shame on you!

Under Rebekka Armstrong's sultry gaze was the promise of the first POZ centerfold. After secreting away to the bathroom (don't get any ideas—I needed to deal with my Viracept side effects), I opened to the centerfold and saw Rebekka as the new javelin-throwing Fortovase model. What a disappointment! It wasn't until a few page-turns later that I came across the foldout and Ms. Armstrong in all her natural beauty. Next time (may I suggest some full-frontal Brian Grillo?), don't lead me astray. Call it like it is: A *POZ* off-centerfold.

Michael Buitron
Via the Internet

I don't appreciate a Playboy centerfold. Hey, I'm glad this woman feels sexy, blah, blah, blah, but the sexploitation industry degrades all women, and people who are part of it or who perpetuate it are not doing us any favors! I also found it interesting that you placed that article next to the one about those poor women whose bodies are out of control. Bad choice.

Suzanne Stoughton

Portland, Oregon

Seeing Rebekka Armstrong jump out to my eyes—with the word centerfold—was an electrical jolt! For the last 14 years, I've struggled with my confidence as a woman. The only pictures of myself in the nude are kept private. But now I'm on it! I want to cheer up my fellow PWAs. A special thanks to Rebekka. The smile I wore all day came from her.

Theresa Ireton
Grover Beach, California

Apparently those bizarre, Crix-belly body changes haven't affected Rebekka Armstrong's endocrine system in any of the wrong places.

Nick Eudy
Dallas

Hair Care

Sean Strub hit the nail on the head with his editorial on the Lazarus effect of cocktail therapies (S.O.S., June 1998). Going from full-blown AIDS to full-blown apparent health brings conflicting emotional baggage: The highs, the temptation to forsake the meds, and the lows, such as when you realize they don't do a damn thing for a lot of people. While the epidemic rages on, I feel guilty because people see folks like Mr. Strub and me, and think they can stop their AIDS activism. Hair loss or no, Mr. Strub is doing an essential ministry for our community.

Rev. Robert Hensley
Via the Internet

No Spunk

Your story about the life and death of Scott O'Hara pissed me off ("Full of Spunk," June 1998). Your article glorifies his decadent lifestyle and animalistic behavior in porn films. He was a 36-year-old who is now dead as a doornail. Why? Because he had no regard for his well-being or his health or, for that matter, the health of all the people he fucked. His garden-hose enemas are really doing him a lot of good now that he's six feet underground. I love that he had "HIV+" tattooed on his arm—what a proud accomplishment. People with AIDS are dying right and left, and *POZ* gives the impression that this lifestyle is OK.

C.T. Ochman
Plainsboro, New Jersey

Body Language

When I was diagnosed with AIDS, I was prepared to lose my health, looks, hair and, probably, my life. I did not prepare for the fact that I might end up a lipomic-lumped freak of nature ("Body Snatchers," June 1998). I know what I'll do if one morning I wake up with humps: Stop all my medications and let nature take its course, ending not with a bump but a whimper. After 15 years, I'm too tired to deal with having my nieces and nephews run screaming from the room when I go home.

Thanks for the table of possible interactions of party drugs with legit meds ("Party Favors," June 1998). I'm sure you'll hear from some who think we shouldn't be discussing such things: As if printing the information encourages naughty deeds; as if we all had no idea this was going on.

Thom Heinrichs
Long Beach, California

My encounter with Crixivan was less than pleasant: Weight gain of nearly 45 pounds, waistline expansion from 36 inches to 42, chronic bloat. The culmination was a run to the emergency room with a spiking fever, severe pain in the gall bladder area and a stomach so swollen and tender that it couldn't be touched. After a battery of tests, it was discovered that I was suffering from extreme constipation. At one point, the doctor and nurse asked if I wanted an epidural or a C-section—I resembled a woman in her eighth month of pregnancy.

The issues that your well-crafted and well-written article bring to light are what so many of us have experienced: It's bad enough to have the disease, but the psychological trauma accompanied by further erosion of one's self-image only adds to the feeling of loss.

Derrick J. Evans
San Diego

Sepsis Tanked

I was dismayed when you listed the cause of death of Willis Green Jr. as "respiratory distress due to sepsis" (Obits, June 1998). That this is the public statement issued by Harlem United and/or Willis' family is probably making Willis turn over in his grave. As a close friend of his, I know he died from respiratory distress due to AIDS. The fact that Harlem United did not allow any obits to state the real cause of his death or mention that he was a proud, black gay man is unforgivable, since Willis spent the last years of his life fighting just these kinds of homophobic and AIDS-phobic responses in the African-American community.

Michael Shernoff

Via the Internet

One-Trick Pony

While researchers look for new drugs and doctors juggle treatments to keep us out of the hospitals, there's discussion about barebacking in your pages. In your June issue, you take another irresponsible step by printing a guide to party drugs ("Party Favors"). Instead of pandering to some readers' self-destructive habits, a positive step would be an attempt to grow up and set an example as mature adults. You might even help save a few lives.

By the way, the centerfold was stupid. It would be refreshing to read more inspiring profiles about regular people and less about ex-porn stars and "sex radicals."

Craig McKissic
Philadelphia

Singing the Muse

"Fashion muse." "Style icon." "Respected jewelry designer." "Worked with crystal and leather." These are more accurate ways to describe Tina Chow than "professional scene-maker" which makes her sound like a not-entirely-welcome party guest ("Zippergate," June 1998).

John Eggen
Baltimore

Cosmo Girls

In reporting Dr. Robert Gould's mistake of advising women that condom use is generally unnecessary, your article also had a mistake ("Cosmo Confessions," June 1998). It implied that vaginal intercourse poses a considerable risk to women by stating that "the proportion of female AIDS cases has soared to 28 percent." Responsible reporting would not have neglected to point out that two-thirds of that 28 percent is associated with IV drug use. Tragically, women do get HIV from sex, which might be prevented by the use of condoms. However, in repudiating Dr. Gould, it serves no one to exaggerate the 7 percent of women who get HIV from sex.

Richard Berkowitz
Dr. Joseph Sonnabend
New York City

POZ responds: We appreciate the clarification. But we remind readers that unprotected vaginal

intercourse is universally classified as high risk.

The Deal With HEAL

Students of medicine and psychology would do well to consider “HIV Naysayers Find Their Achilles’ HEAL” (May 1998), although not for its predictable pronouncements on the efficacy of HIV pharmaceuticals or its dogmatic adherence to the still-unproven HIV=AIDS hypothesis. Rather, it’s a fascinating case study in projection.

According to the piece, “dissidents” are dangerous zealots killing people with AIDS. They irresponsibly abuse the precepts of science to further their antiscientific agenda. They are blind to the truth and pursue their advocacy with a religious fervor. They “aggressively market” their perspectives, conveniently ignoring all evidence contrary to their beliefs. They harbor “not-so-hidden agendas.” They’re shameless propagandists. They’re nothing at all like us: They’re homophobic, ultraconservative, creationists, racists, Holocaust deniers. They probably say bad things about their mothers. Good God, could they be more vile and reprehensible?

Sometimes those who cannot deal with the reality of their own legacy and influence hang their worst fears and anxieties on someone else. The “dissidents” have served this purpose for *POZ*. But what are they actually saying to provoke such a vitriolic response? The answer, as “Achilles’ HEAL” establishes, will not be found in *POZ*.

Mark K. Anderson
Northampton, Massachusetts

Hasn’t Dr. Peter Duesberg been hassled enough for having the courage of his convictions? Now *POZ* is making absurd implications that he is antigay. He’s trying to help gay people stay alive, which is more than I can say for most of the AIDS industry.

Timothy P. Cwiek
Philadelphia

Your article on HEAL questioned the “not-so-hidden agendas” of some HIV dissidents. Perhaps a look at your own agenda is in order. POZ is aimed at HIV positives. If you expect to continue publishing, you have to sell magazines (or advertising). If you did publish a straightforward analysis of the dissident position, any of your thoughtful readers could see the flaws in the HIV=AIDS theory. They might realize that HIV is a harmless “passenger” virus that, at most, acts as a “marker” for some AIDS cases. Why would they need your magazine then? Publishing a slyly slanted antidissident article is just as understandable and as morally tainted as the “research” put out by tobacco company labs.

Rhett Mitchell
Via the Internet

Bruce Mirken wrote: “Duesberg went from challenging the level of proof that HIV causes AIDS to insisting he knew the ‘real’ causes—recreational and pharmaceutical drugs.” While Duesberg might say that he believes this hypothesis, it is nothing more than that because he has not been granted the money to prove it—in spite of the fact that he has applied for more than 19 grants.

Fred A. Cline Jr.
San Francisco

Work Horse

The decision to return to work deserves careful consideration of the facts (“Playing With Hire,” May 1998). The information in Karin Timour’s article is not only incorrect but reflects a level of bias that is disturbing. Comments such as “Returning to work is easier for SSDers than for those on SSI” are untrue and absurdly irrelevant. Each individual considering the options for work, whether they receive SSI or SSD, should be given clear factual info with which to make this personal life decision. At the very least, Ms. Timour seems to have had problems interpreting the information about this topic. At worst, she has used this forum to advance a personal conclusion.

Dave Romerill
Indianapolis

Karin Timour responds: This article didn’t present personal opinions, but correct information on options. SSD recipients can more easily try returning to work—for the first nine months they don’t risk reduction in benefits or medical coverage.

Miles of Stiles

Your article on the inhumane treatment of HIV prisoners in the Texas prison system was right on the money (S.O.S., May 1998). My husband violated his DWI probation and was sent to Stiles. All that you said is true, plus the state doesn’t provide air conditioning or heat in the extreme Texas weather.

The Stiles Unit is a place of death, not rehabilitation. I just wonder what will be coming home to me after the kind of mental, physical and medical abuse he has suffered. Shame on the Texas department of corrections. It’s murder through neglect.

Matt Locklin
AIDS Housing Coalition
Houston

I am disgusted with the results of your little survey on the Texas department of corrections. One lousy page—and to top it off, you did no follow-up and printed bald-faced lies. If you wish to get your facts straight, come to the Stiles Unit and interview a few of us, as well as the prison officials and medical staff. Many of us have life-threatening problems. Getting our pills is the least of our worries.

Michael G. Smith #711729
Mark Stiles Unit,
Texas Dept. of Corrections
Beaumont, Texas

I'm a PWA incarcerated at the U.S. penitentiary in Beaumont, Texas, and everything going on in the Stiles Unit is going on here. I've been here six months and have received almost no health care, no viral load test, and I have yet to see anyone who knows much at all about HIV. They tried to make me go to the pill line three times a day for my many doses of HAART, and I told them to keep their pills. After two weeks they caved, and now I get a week's supply to keep on person. I know it was risky, but sometimes risking something is the only way to effect change.

Richard H. Rhodes
USP Beaumont
Beaumont, Texas

Join the Club

Thank you for "AIDS and the Single Girl" (May 1998). I recently ended a five-year relationship and being single again for the first time since my diagnosis is scary. I share many of the same fears as Jane Czyselska. For a long time I've felt alone in a "boys-only club," as many HIV publications have very few or no articles about women.

Joan Van Zandt
Atlanta

What About a Big Mac?

In your May issue you ran a chart called "Crixivan With All the Fixins'." How about 'tater chips? Plain old potato chips (fat-free) work wonders and are down-to-earth cheap.

Phillip Lyle
Scottsville, Kentucky

I was thrilled when you published the 22 Crixivan snacks. It did wonders for my soul to know that I can still eat something while not affecting the absorption of the medication. Thanks for all the positive feelings POZ brings each month.

Todd Bistany
Dallas

Listen Up

"Silence=Deaf" left me hanging (April 1998). I want to know what can be done about the situation. I've been studying American Sign Language and deaf culture since 1993, and it is sad that there is mistrust of "hearies." The deaf are a segment of the population that is uninformed, and something needs to be done. Articles like this are a start, but we must do more—with buy-in from the deaf community. They've got to want it to happen if anything can be accomplished.

Michael Rivard
Tampa, Florida

Read the Label

Is Mike Barr totally insensitive to HIVpositive people ("Ad Fib," January 1998)? In February 1997, I began taking Viracept. My viral load was 75,000. By December, my viral load was 11,000. Now here's the best part: I read the prescription label wrong. Instead of three pills three times a day, I was taking just one pill three times a day (750 mg vs. 2,250 mg). My own low-dosage study on Viracept. Since finding this out, my doctor got me on the right dosage. My viral load is now undetectable. Point!

What the hell are you doing scaring the living daylights out of me?! I've been scared enough for 13 years without your loony-tune writers doing a number on me.

T.V. Pecora
New York City

Corrections

The photographer of the August 1998 cover and cover story about writer Emily Carter was mistakenly identified as Bev Marsden. The photographer's name is Ann Marsden.

In the May 1998 "Do Tell," the publisher of The HIV Drug Book, 2nd Edition, *was incorrectly listed as Project Inform. The book was published by Pocket Books, a division of Simon and Schuster. POZ regrets the errors.*

Letters to the editor should be sent with the writer's name, address and daytime phone number to: The Editor, POZ, Box 1279, Old Chelsea Station, New York, NY 10113-1279; or e-mail: letters@poz.com. Published letters may be edited for length and clarity and cannot be returned.

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