

# AIDS Goes Back to the Future

By Jeffrey L. Reynolds

**M**ake no mistake about it, the AIDS crisis is over. It doesn't matter that tens of thousands of people are still infected with HIV every year. It doesn't matter that many of those on the much-ballyhooed AIDS "wonder drugs" are getting sicker; or even that our family, friends, neighbors and co-workers are still dying. The AIDS crisis ended in 1996, damn it, and it seems nothing can convince us otherwise.

America's AIDS landscape changed dramatically three years ago with the advent of protease inhibitors—a new class of powerful anti-HIV medications. Unlike earlier AIDS drugs, protease inhibitors block replication of the virus in a person's body, thereby limiting the damage to the immune system and potentially preserving their health for longer periods of time. How long? No one knows for sure. But protease inhibitors are an important step along the way to a cure, if only in keeping people alive long enough to find something better.

Scientists at the 1996 International Conference on AIDS in Vancouver, British Columbia, toasted each other with tales of patients rescued from their deathbeds by protease inhibitor cocktails. Though they couldn't yet eliminate HIV from a person's body, they spoke in euphoric terms about "eradicating" the virus or at least reducing it to "undetectable" levels. By the end of 1996, *Time* had named protease patriarch Dr. David Ho of the Aaron Diamond AIDS Research Center in New York as "Man of the Year," while *Newsweek* and *The New York Times Magazine* ran lengthy cover stories trumpeting the end of the epidemic.

What'd we do next? We walked away. Most of America was happy to declare an end to an epidemic it never wanted to acknowledge in the first place. But after 15 years of gloom, doom and AZT, hope turned into complacency just as quickly among the battle-fatigued on the front lines. We didn't renew our commitment to a cure or plot new strategies to ensure everyone could reap the potential benefits of protease inhibitors. We didn't develop a back-up plan for those who fail on the medications. We didn't refocus our prevention efforts. Instead, we packed up and went home, precisely as AIDS was moving beyond the gay community and into other populations—women, people of color, drug users and the poor.

As AIDS marks its eighteenth birthday this June, clinics and hospital units across the country have been dismantled. Government funding for education has dried up and donations have dropped. AIDS organizations like Gay Men's Health Crisis in New York are facing multimillion dollar budget shortfalls and have laid off staff. Other agencies have closed altogether. News reporters have moved on to other stories, and Hollywood has taken off its red ribbons. This would be fine, if we had conquered AIDS—but we haven't.

With an average annual price tag of more than \$15,000, protease inhibitors remain out of reach for most of the world's population. Misleading glossy pharmaceutical advertisements show people with HIV climbing rocks and riding bikes and make taking protease inhibitors seem as simple as using Claritin. Most of us don't see people struggling to take as many

as 40 pills a day at precisely the right times with the right foods. We don't see the explosive diarrhea, constant nausea, debilitating fatigue, liver damage, kidney failure, diabetes or body disfigurement that is forcing many off the regimens. Many of these same people are too busy trying to find safe housing, childcare, drug treatment, a soup kitchen or a doctor who takes Medicaid to search the Web with their peers for the latest news about cutting-edge treatments.

Beyond the social dynamics that diminish our meager clinical gains, there are biological forces at work that could render protease inhibitors useless within a few years. HIV is quickly outfoxing protease inhibitors in the same way bacteria have outsmarted antibiotics. Drug-resistant strains of HIV are becoming far more prevalent, particularly among the newly infected, where roughly 10 percent are contracting resistant strains of the virus.

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The widespread notion that living with HIV simply means popping a few pills each day has given a green light to unsafe sex. Contentious debates about "barebacking"—latex-free sex—have re-emerged throughout the gay community. Young people—who never embraced safer sex—continue to dismiss warnings and will account for half of all new infections in the next few years. The ad campaigns on MTV, the school-based educational programs and prevention efforts are gone.

That our sloth-like clinical advances outpace social advances is sad, but not surprising. We seem to be repeating the same mistakes that gave HIV an unrecoverable advantage during the early days of the burgeoning epidemic. We still underestimate the power of HIV. We still demonize those with HIV, restrict access to clean syringes and deny health care to 43 million Americans. We refuse to talk openly about sex, unless, of course, it takes place in the Oval Office. But our president, who refuses to adequately fund prevention efforts, now fails to even mention AIDS in the State of the Union.

Coming full circle, we appear as unprepared and unwilling to deal with the third decade of the AIDS epidemic as we were the first. HIV, on the other hand, has grown quietly and steadily stronger, cutting an even wider path of destruction in communities already saddled—not coincidentally—with other problems we abandoned long ago. To expect that the next clinical advance will push us effortlessly into victory against AIDS is to ignore the fact that HIV is a distinctly different virus now than it was 10 years ago. If you thought the '80s were ugly, just wait. ■

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# Lesbians Have Always Run Everything

By Ann Northrop

**W**hen I mentioned to a friend that I was reading Lillian Faderman's *To Believe in Women*, and that I was impressed by its analysis that lesbians should be credited for inventing and leading great social movements, her response was: "Duh!"

I had to laugh. We politically active lesbians do tend to think of our foremothers as obvious leaders. But that's certainly not the conventional point of view. Thus the importance of this book.

Faderman is the celebrated author of *Surpassing the Love of Men* and *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America*, among other books. She teaches English and lesbian studies at California State University at Fresno, and writes a column for *The Advocate*, the national gay and lesbian newsweekly. She has covered this territory before.

**To Believe in Women:  
What Lesbians Have Done  
for America**  
By Lillian Faderman  
Houghton Mifflin  
480 pages, \$30

**B**ut this book is different because it's not just an attempt to identify lesbians in history. *To Believe in Women*, Faderman explains, "focuses on how certain late nineteenth- and early twentieth-century women whose lives can be described as lesbian were in the forefront of the battle to procure the rights and privileges that large numbers of Americans enjoy today."

This is a significant shift. Contemporary lesbians still think one of their biggest problems is visibility. In spite of Ellen DeGeneres and Melissa Etheridge, most prominent, powerful lesbians (cabinet secretary Donna Shalala, Sen. Barbara Mikulski, Rosie O'Donnell, etc.) remain unknown as such to the general public (although

they are well-known to the lesbian and gay community and sometimes even outed in the tabloid press). The general lack of a public lesbian presence, we think, allows ignorant stereotypes to flourish, leading to prejudice, discrimination and, all too often, violence. Many lesbians, still preoccupied with educating the public that they even exist, have not yet dared envision a time when they can have the whole world celebrate the contributions lesbians have made to humanity. This book is a step down that road.

Faderman focuses on lesbian leadership in the women's suffrage movement, creation of the social welfare system, higher education for women and the entry of women into medicine, law and the clergy. The book to some extent resembles those biographies we used to consume as grade-schoolers—inspiring stories of great men and women—simple enough for pre-teen digestion but sophisticated enough to be quite compelling. Faderman lightly skims the surface, but the stories and arguments are intriguing.

My particular favorites are those of Susan B. Anthony and Jane Addams. Faderman reminds us how truly heroic they were. If you haven't read extensive biographies of either, their stories here will be a revelation. But perhaps most revelatory are the details of their personal lives, the substantial quotations from their letters to their female lovers and their motivations for doing what they did. Explaining the involvement of so many lesbians in the lengthy struggle for women's right to vote, Faderman notes, "They relied on each other rather than on fathers, husbands and brothers. Because they could never be represented in civil matters by a spouse, women's enfranchisement was crucial to them—indeed a *sine qua non*, since all other progress for which they worked, such as higher education and entrance into the professions, would be

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