

AIDS and the Paradigms of Dissent

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Abstract

Health care standards of practice are based on a negotiation of consent or consensus, what Thomas Kuhn famously called a paradigm of scientific knowledge.

The scientific revolutions in virology, immunology, and HIV/AIDS exemplifies both consent and dissent. Over time, the mainstream medical consensus coalesced around a viral agent (HIV) as the cause of AIDS. The mainstream health care consensus initially coalesced around a clearly defined binarism of “safe” and “unsafe” sex practices that would prevent or promote HIV transmission. The mainstream social consensus eventually developed around a meaning of the HIV-infected or AIDS-afflicted as the sentimentalized victims of nature.

However, the emergence of two opposing political and social ideologies in the United States in the 1980s, the Religious Right and the gay rights movement, delineated a discursive field in which competing representations of the medical and social meanings of the disease were contested. Eventually, even among the most visibly HIV/AIDS affected communities, namely gay/bisexual/transgendered/queer/sexual minority populations, resistance to the mainstream consensus and development of alternative paradigms of dissent occurred.

This paper will focus on three versions of the paradigms of dissent. First, the American HIV-dissenter John Lauritsen, who has persisted in rejecting the HIV thesis, exemplifies “Gnostic” dissent. Second, the narrative representations of HIV in two fictions by the African-American fantasy writer Samuel R. Delany, who has rejected the binarism of “safe” and “unsafe” sex practices, exemplifies skeptical dissent. Third, alternatives to mainstream sentimentalized (and highly marketed) view of “AIDS victims,” which were created by AIDS ‘zines (alternative, underground self-published periodicals) such as *Diseased Pariah News* and *Infected Faggot Perspectives*, exemplify cultural dissent.

AIDS and the Paradigms of Dissent

The discourses of medical science are based on the rhetorical and epistemological development of consensus about what Thomas Kuhn famously called a paradigm of scientific knowledge. The late-twentieth-century scientific revolutions (to use Kuhn's term) in virology, immunology, and HIV/AIDS medical treatment exemplify both consensus and dissent. The mainstream medical consensus, for example, quickly coalesced around a viral agent (HIV) as the cause of AIDS. The mainstream health care consensus initially coalesced around a clearly defined binarism of "safe" and "unsafe" sex practices that would prevent or promote HIV transmission and encouraged a rigid adherence to that prevention regimen. The mainstream social consensus eventually developed around a meaning of the HIV-infected person or AIDS-afflicted patient either as normal (in a mass marketed stereotype of the mainstream "normal") or as the sentimentalized victims of disease. Paradigms of dissent, however, also developed around the medical, health care, and social meanings of HIV/AIDS.

This paper will focus on three paradigms of dissent. First, the American HIV-dissenter John Lauritsen has persisted in rejecting HIV as the cause of AIDS. I will characterize Lauritsen's epidemiological dissent as a Gnostic paradigm. Second, the narrative representations of HIV in fiction by the African-American fantasy writer Samuel R. Delaney in the 1980s and early 90s rejected the rigid binarism of "safe" and "unsafe" sex practices. I will characterize Delaney's health-practices dissent as a skeptical paradigm. Third, alternatives to the mainstream normalized or sentimentalized (and highly marketed in mass media) view of "AIDS victims" were created by AIDS 'zines (non-commercial, underground self-published periodicals) such as *Diseased*

Pariah News and *Infected Faggot Perspectives*. I will characterize the dissent of AIDS 'zines as a cultural paradigm.

In the post-World War II United States, a social, cultural, and political consensus developed around medical science in general and the figures of the medical researcher and physician in particular. The development of new vaccines (the Salk and Sabin vaccines against polio in particular), the invention of an array of antibiotics, the creation of contraceptive devices and pharmaceuticals all served to endow enormous symbolic and cultural capital (see Bourdieu) in the medical sciences and its practitioners. In popular culture the physician was skilled technician and wise sage, represented on television in such programs as *General Hospital*, *Dr. Kildare*, and *Ben Casey, MD*. Physicians, or actors appearing as though they were physicians, were employed as endorsements in print and television advertising, including, infamously, for tobacco products. Several factors contributed to the legitimation crisis (see Habermas) surrounding medical science. The prospects of technology encountered the realities of the law of unintended consequences. Citizens in the West recognized industrial environmental pollution and side effects of pharmaceuticals and medical devices. The Counter Culture of the 1960s, with its back-to-nature ethos, was suspicious of technology, including medical technology and pharmaceutical technology. Women and minorities discovered that they had not always been well served by a dominantly white, male medical establishment. The Boston Women's Health Book Collective, for example, assembled the ground breaking book *Our Bodies, Our Selves* in 1971, with its frequent emphasis on healthy living and natural health treatments. The dissemination of Holocaust documentary including exposure of the Nazi's pernicious medical "experiments," which

might have been “quarantined” by categorizing the Nazi’s as anomalous monsters was eventually followed by revelations of the Tuskegee longitudinal study in the Southern United States, where poor African-American men with syphilis were left untreated (despite the eventual availability of penicillin) in order to study the disease’s stages of development. In the 1980s the emergence of two opposing political and social ideologies, the Religious Right and the gay rights movement, delineated a discursive field in which competing representations of the medical, health care, and social meanings of sexuality and of AIDS were contested. Only a decade before, gay activists had successfully engaged in a struggle to have homosexuality removed from the *Diagnostic and Statistical Manual* (the DSM) used by medical psychiatrists in their diagnoses of mental illness, but right-wing figures countered with discredited social science, like the work of Paul Cameron (and with dubious medical data), in their opposition to gay social equality. Eventually, among the most visibly HIV/AIDS affected communities, namely gay/bisexual/transgendered/queer/sexual-minority populations, resistance to the mainstream consensus and development of alternative paradigms of dissent occurred.

By framing my analysis here as “paradigms of dissent,” I am cautiously using Thomas Kuhn’s now overused term, “paradigm.” His 1962 book (enlarged in a second revised edition in 1970), *The Structure of Scientific Revolutions*, has itself become paradigmatic. Indeed, it reminds me of Harold Bloom’s comment about Americans and the Bible: It’s the book they believe in but haven’t actually read. Kuhn anatomized the complex recursive processes whereby an existing consensus may be called into question, dissenting models compete, and the existing paradigm even replaced by a new consensus. Moreover, an established scientific paradigm provides the framework for the initiation

and enculturation of scientists-in-training and for the establishment of the rules of research within the field circumscribed by that paradigm, defining the methods, instruments, and forms of scholarly dissemination. When a body of new evidence accumulates sufficiently to call into question an existing paradigm, this epistemological crisis may precede a scientific revolution in which a new paradigm is formed. What Kuhn described, in other words, was not a simple linear process but a complex social, cultural, epistemological, disciplinary and discursive ecosystem. In a later essay, "Objectivity, Value Judgment, and Theory Choice," Kuhn addressed his critics, who in the years intervening the publication of *The Structure of Scientific Revolutions* had characterized his views as "irrationalist," "subjective," or "mystical." In turn now I will look at John Lauritsen's epidemiological dissent, Samuel R. Delaney's health-practices dissent, and the representational dissent of AIDS 'zines.

John Lauritsen is a gay activist whom my colleague at the University of Connecticut, professor of social psychology Seth Kalichman, has characterized as an "AIDS denialist," along with other controversial figures such as the virologist Dr. Peter Duesberg and the former South African president Thabo Mbeki. Kalichman offers a psychosocial analysis of this dissent (a term that Kalichman rejects, however, as legitimizing the phenomenon), situating it near but also distinguishing it from Holocaust denial and 9/11 denial. Lauritsen is the author of several books and numerous articles on gay liberation, AIDS, and other topics, some self-published by the Pagan Press that he founded. Like some other medical dissenters, Lauritsen rejects the epidemiological consensus that HIV causes AIDS, asserts that pharmaceutical companies have conspired to sell drugs that are toxic, and projects a coherent pattern of meaning onto the health

crisis in attributing unhealthy behaviors among gay men, including recreational drug use and overuse of antibiotics. Lauritsen has been vigorous and prolific in his writing about AIDS. In a slender book published in 1986, *Death Rush: Poppers & AIDS*, co-authored with Hank Wilson, Lauritsen critiqued many urban gay men's use of inhaled amyl nitrate as a club drug and sexual stimulant and attributed its immune suppressive and mutagenic side effects as the cause of AIDS. In *The AIDS War* (published in 1993), Lauritsen collected his previously published periodical articles on the subject since 1985. In *The AIDS Cult: Essays on the Gay Health Crisis* (published in 1997 and co-edited with Ian Young), Lauritsen gathered essays from several authors, critical of the scientific consensus about HIV infection and of the economic power of pharmaceutical companies. Dissent from the received view, moreover, seems to be a discursive *habitus* (to use Bourdieu's term) with Lauritsen. His most recent foray into dissent from scholarly consensus has been his 2007 *The Man Who Wrote Frankenstein*, which asserts that Percy Bysshe Shelly, not Mary Godwin Shelley, was the actual author of the gothic classic and that the book is a coded celebration of male love. Mary Shelley's authorship was initially concocted by her father, according to Lauritsen, and more recently supported by a conspiring consensus of feminist academics (against whom Lauritsen explicitly pits himself). On his Web site he describes himself as "an antiwar activist, a gay liberationist, an AIDS dissident, a publisher, and an all-around freethinker" who has "exposed fraud, punctured group fantasies, and blasphemed against the prevailing superstitions." I characterize the dissent of Lauritsen (and other AIDS dissenters or HIV denialists) as a Gnostic paradigm. Gnosticism is the name we give to a variety of philosophical traditions and mystery religions of late antiquity related to neo-Platonism in which the material

world is imagined as the site of contending forces of good and evil, in which a vast evil conspiracy subjugates the masses who have been deluded into believing the conspirators' narrative, and in which the few illuminati who have somehow learned the esoteric or secret knowledge struggle to save the benighted. Or to put it in pop culture terms, *The Matrix* meets *Angels and Demons*. On a variety of topics, Lauritsen views himself as an enlightened man struggling against a conspiracy that uses our ignorance and passivity to keep the rest of us in our place. The fact that he (and often other denialists) has no technical training or credentials in the fields in which he writes and the fact that he and most denialists (even those, like Peter Duesberg, who have technical expertise) do not publish peer-reviewed articles in respected journals is a point of pride. He has not been initiated into the secret societies of professional expertise that are nothing more than co-conspirators in a plot to harm or control the rest of us.

Now I turn to the skeptical paradigm of Samuel R. Delaney. Writing during the darkest years of the AIDS epidemic among urban gay men in the United States (with mounting fatality and declining hope for a cure), the African-American fantasy and science fiction writer Samuel R. Delany strategically embedded consensus HIV science into some of his narratives while simultaneously dissenting from the health crisis's emergency practices of prevention, particularly the strict binary opposition of safe-sex/unsafe-sex (i.e. on me, not in me, in the popular formulation of the day). Throughout his career Delany has dissented from the code of sexual reticence in favor of a superfluous excess of explicit language about body functions, including the sexual, particularly in two of his works, the shorter narrative "The Tale of Plagues and Carnivals," and the long novel *The Mad Man*. For Delany, discursive reticence in the age

of AIDS is unethical, so his explicit language is not meant to be merely sensational. To both of these fictional narratives, Delany attached a non-fiction appendix. In the first instance, “The Tale of Plagues and Carnivals,” Delany provided a discussion of the state of epidemiology and prevention knowledge when the tale was first published in 1985 (revised and updated when the work was republished in 1994). In the second instance, the novel *The Mad Man*, at the end of the novel Delany appended verbatim the article “Risk Factors for Seroconversion to Human Immunodeficiency Virus Among Male Homosexuals,” a 1987 research article from the British medical journal, *The Lancet*, which suggested that oral sex might not be a likely vector of transmission of HIV. Delany was quick to point out that he had had countless oral sexual contacts with other men for decades, a practice that he did not discontinue with the onset of AIDS, presuming, like many of New York’s gay men, that he was already infected. In fact, however, he has repeatedly been tested with a negative result each time; this anecdotal evidence and that of others suggested to him that much AIDS education at the time was simply erotophobic, overly rigid, and not evidence based. As he concluded in the appendix to “The Tale of Plagues and Carnivals,”: “At this point in time, any talk of ‘possibilities of AIDS transmission’ is talk of superstition. (Anal receptive sex is no longer a ‘possible rout of sexual transmission’; it is the overwhelmingly probable rout of sexual transmission, homosexual and heterosexual.) Superstitions sometimes turn out to have a basis in fact. But again, we need hard-edged and repeatedly supported information about probabilities” (366-67). In Delany’s skeptical view, although well intentioned and not utterly illogical, AIDS educators’ listing of oral sex as “unsafe” was not supported by medical research at the time, as well as by his own anecdotal experience.

Finally, the paradigm of cultural dissent: AIDS ‘zines. For the uninitiated, a ‘zine is a non-commercial fan magazine devoted to a particular cultural phenomenon (originally appearing the late 1940s among fans of science fiction), which, as I have suggested in a previously published article, requires a continuous recalibration of the rhetoric of transgression and dissent. In the 1980s and 90s AIDS ‘zines provided self-representations that dissented from two cultural paradigms of the AIDS patient. In the early years of the epidemic in the United States, AIDS was horrifying. In addition to exotic opportunistic infections, the syndrome often created emaciated and disfigured bodies in patients. AIDS patients were therefore sensationalized in the tabloid press, and barely less so in the mainstream media, which thrives on terror and anxiety. Eventually, however, two alternative stereotypes developed that initially seemed more benign. The first was the person living with AIDS as “disease victim,” a sentimentalized view derived from nineteenth-century fiction and twentieth-century cinema. (Think of America’s favorite actor, Tom Hanks, in the film *Philadelphia*.) The second was the person living with AIDS as utterly normal and otherwise healthy, which was largely a product of pharmaceutical advertising but also reproduced to some extent in such magazines as *Poz* or *Art and Understanding*. However, for many people living with AIDS, these stereotypes were equally objectionable. By their very ‘zine titles, the creators of *Diseased Pariah News* or *Infected Faggot Perspectives* or *Piss Elegant* or *Death Camp* or *The Daily Plague* were dissenting from a normalized or sentimentalized consensus, creating in the process what Daniel Brouwer has called “counterpublics.” They were equally explicit in their dissenting critique of reactionary politicians who blocked AIDS research funding and restricted AIDS education programs, of price-gouging pharmaceutical

companies, and of the purveyors of New Age alternative healing who seemed to imply that, since you control your wellness, your illness must be the result of some failing on your part. Frequently ironic and parodic, AIDS 'zines registered dissent in graphic and pornographic images and in frank street language (rather than the Reagan-era circumlocution "body fluids" or the medical jargon of "seminal fluid" or "vaginal secretion").

These three instances of dissent (Lauritsen's Gnostic epidemiological dissent, Delany's skeptical health practice dissent, and the AIDS 'zines' cultural and representational dissent) remind us that disease is not simply an empirical epidemiological event but is imbedded in social imagination and relationships: how we imagine ourselves, how we imagine others, and how we imagine ourselves in relationship to others. However, I am not equating the ethical implications of the three paradigms of dissent. Lauritsen's denial of HIV as the infectious agent causing AIDS has life-threatening implications when employed in public policy, such as in the South African government's initial refusal of antiretroviral treatment to prevent mother-to-child HIV transmission. Nonetheless, in each instance, I see the effects of paradigmatic crisis, which has also produced what Paula Treichler aptly called this "epidemic of signification." In Lauritsen's Gnostic language, demonic forces (Big Pharma) enslave the masses who must be freed by the illuminati (people like him). In contrast, Delany, accepting the epidemiological consensus, nonetheless employs a skeptical paradigm and uses language to illuminate the gaps in medical evidence and evidence-based practice. Finally, the dissent from mainstream cultural stereotypes by the creators of AIDS 'zines, stereotypes

that may comfort the comfortable but can afflict the afflicted, creates a cultural antibody to resist America's infectious sentimentality.

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