The First Safe Sex Guidelines Proposing The Use Of Condoms For AIDS Prevention.

How to have sex in an epidemic: one approach was published in 1983. It was a collaborative undertaking with two of my patients, Michael Callen and Richard Berkowitz. It was written at a time when the cause of the disease was unknown, and was based on a multifactorial model of the development of AIDS that I had constructed.

This booklet, written before the discovery of HIV, is widely recognized as the first published recommendation to use condoms to reduce the risk of transmission of AIDS.

In 2008, Professor Merson and colleagues in "The History and Challenge of HIV Prevention" wrote the following:

"That year (1983), two publications that are now seen as having invented so-called safe sex were issued: the pamphlet *Play Fair!*, produced by the activist group Sisters of Perpetual Indulgence,17 and *How to Have Sex in an Epidemic: One Approach*, which advocated condom use and self-empowerment and laid the foundation for a generation of prevention approaches to follow"

(The Lancet 2008; 372:475)

The booklet grew out of a physician patient/collaboration that must have been remarkable , and quite possibly unique, in 1981. As outlined in an article in the Journal section , what probably united Richard Berkowitz, Michael Callen, and myself was a common concern for the health consequences of a life-style among gay men that involved sexual interactions with multiple, often anonymous partners. We were soon to learn that pointing this out provoked the ire of many gay men who, despite our every effort at clarity, persisted in interpreting our statements as being a morally judgemental attack on their life-style, rather than a purely health related warning. Maybe the hostility that the three of us experienced strengthened our resolve and facilitated our

interaction. Promiscuity had become a forbidden word in a society where AIDS was becoming an increasing danger.

The leadership of the gay community was, at that time, inexplicably hostile to any suggestion that involved an examination of the sexually promiscuous life style that had once been encouraged by many of the same individuals who were in the forefront of articulating the gay community's response to AIDS.

On a visit to my office, Michael had found and read material I had written about the health hazards of a promiscuous sexual life style. He had an immediate sympathetic response because of his own promiscuity, and the multiple infections and the overall deterioration of his health that seemed accompany it. Independently, Richard had several discussions with me concerning the multiple infections he had experienced.

Both were committed to helping their community. I arranged a meeting between them and before long they formed a perfect writing partnership, which had the benefit of an experienced and knowledgeable scientific and medical advisor in their physician.

The three of us came to represent an independent response to the emerging epidemic, based within the community of those first affected by AIDS. In what was only a doctor's office, several influential enterprises, including the safe sex guidelines were to grow out of this collaboration.

If there is one characteristic that typified our activities it was the theme of self reliance, a "do it yourself" approach that did not wait for others to take care of pressing needs. Through the activities of Michael and Richard, the concept of self empowerment was enriched and advanced. I was able to supply scientific and medical advice undistracted by institutional or other ties.

In 2003 Richard published "Staying alive: The invention of Safe Sex" in which he describes the interaction between the three of us and the process of writing

the booklet. (http://www.amazon.com/Stayin-Alive-Invention-Safe-Sex/dp/0813340926).

It may be impossible for those who did not directly experience the uncertainty and terror of the early years of AIDS to appreciate the circumstances under which these guidelines were constructed. Sex had become a potentially lethal activity. There was no firm information about which sexual acts carried a risk, or if any bodily contact was equally perilous. By 1983 we were reasonably certain of a few details regarding transmission of the disease. It was not spread by casual household contact, although even here there were many instances of frequently cruel actions taken out of fear that this could happen.

Rational measures to prevent sexual transmission of the disease, can only be suggested if we have information about the relative risks of specific sexual acts. We did not have firm information about this in 1982 even though we knew that AIDS was sexually transmissible.

We also did not know what was causing the disease; what was the significance of sexual transmission? Since the first gay men to develop the disease had a history of sexual contact with multiple partners, was the disease the result of repeated infections with common sexually transmitted organisms, or was a new specific infectious agent involved? In order to move forward in the absence of firm information, we have to rely on coherent theories that reasonably account for available empirical evidence.

There were essentially two theories to account for the sexual transmission of this disease. One was that a new infectious agent was being transmitted, most probably a virus. The other was that the interaction of several factors caused the disease. I constructed a detailed model to explain the development of the disease which fell into the latter category (A version published in 1984). It described a mechanism whereby biological effects generated by repeated infections with known sexually transmitted pathogens could cause a disease with the characteristics of AIDS. This was simply called the multifactorial model. Of course, later in the epidemic cases appeared among gay men who did not have a history of sexual contact with multiple partners, which weakened the multifactorial model, but certainly did not eliminate an interactive process.

In 1981, the evidence equally supported both theories. It is the difference in the mode of transmission postulated by each of these theories that permitted safer sex recommendations to be made by supporters of the multifactorial theory. This would have been problematic, at that time, for adherents of the single infectious agent causation theory.

Our safe sex recommendations were produced at a time of great fear and confusion. With no infectious agent yet discovered, several alarming properties were ascribed to it that would have made the recommendation for the use of condoms very difficult. This agent was presumed to be a virus. Properties ascribed to it included a high degree of infectivity, so that all exposed to it would become infected, all those infected would become ill, and the illness was uniformly fatal. A single exposure to this agent could therefore be lethal.

Of course there were more measured suggestions, but with the pervasive terror and uncertainty that characterized these years, these speculations about the properties of what was called a “killer virus” achieved considerable prominence.

The multifactorial model, on the other hand proposed that the disease develops as a cumulative process. A single exposure was therefore not lethal. This is the critical difference between the theories that permitted the construction of safe sex guidelines in a fashion that recognized the importance of sex to the human experience.

At that time, the proponents of the single infectious agent theory would have found it difficult to recommend condom use. Given the characteristics ascribed to this virus, to suggest condom use would be tantamount to suggesting that one place a thin latex film between oneself and certain death.

While both theories were given more or less equal consideration in the first year that AIDS appeared, gradually opinion shifted towards support for the single infectious agent hypothesis even before HIV was identified.

According to the multifactorial theory one broken condom was not the end of the world. On the other hand to many who supported the single infectious agent theory, a broken condom could be a death sentence.

To be sure, if we had not suggested condom use, it would surely have been proposed some years later. This almost certainly would have been a harm reduction proposal, although the concept of harm reduction had not yet been articulated. The primary prevention message would most likely have been abstinence outside a stable relationship, but if one were unable to achieve this, a condom would be recommended. Thus this likely scenario would not have been supportive of sex and might have had a particularly negative impact on some gay men, and indeed on anyone engaging in sex outside marriage.

Perhaps the most valuable contribution of *How to have sex in an epidemic* was its ability to propose condom use in a manner that was able to celebrate sex. It clearly recognized that it was not sex that caused illness, but sex with a person who was infectious. Cognizant of the possible implications of the single infectious agent theory, it was absolutely critical that the booklet explain that the recommendations were based on a theory, and that the theory be explained in some detail. The single agent theory is also explained in the booklet.

The three of us shared a belief in the importance of sexual expression as a vital human need. It was particularly important, that at a time when it could be associated with the possibility of such dreadful consequences, sex itself be defended as one of life's joys. Michael and Richard were able to do this in their writing. Theirs was a perfect writing partnership, and the three of us had an easy and fluent collaboration. The booklet, in addition to describing the theory on which the proposals were based, describes specific sexual acts very explicitly and suggests ways in which they can be safely performed. There are additional essays on issues such as Should Aids patients have sex? and Guilt, Morality and Sex Negativity. At the end, when Michael and Richard had completed the last word, at a meeting in my office, I commented that they had written over thirty pages about sex, but the word, "love", had not appeared once. I recall that either Richard or Michael attributed this perception to the fact that I was not raised in the US. But Richard Dworkin, who provided

editorial assistance, told me that he too said the same thing to Michael. A final essay on love was then written.

I was able to provide Michael and Richard with a medical and scientific basis for the construction of safe sex guidelines. It was their enthusiasm, energy and dedication to helping their community that made completion of the project possible

It should also be noted that they undertook this activity in the face of considerable hostility from the gay community, a hostility that I too experienced. The multifactorial model I had published was reviled because of its emphasis on the perils of sexual promiscuity. Richard and Michael were constant in their support during those difficult years for which I will forever remain grateful.

Both Michael and Richard have written about the hostility directed at us. In "Surviving AIDS", a book written by Michael and published in 1990, (http://www.amazon.com/Surviving-AIDS-Michael-Callen/dp/0060161485) Michael writes "It was hard enough to be sick and fighting for my own life. To be attacked for trying to save the lives of others was deeply wounding. But we felt we had no choice. The message that gay men had to change the way they were having sex simply had to get out". (Page 7)

This booklet, as well as several other projects with Richard and Michael arose out of our common appreciation of the role of a life- style characterized by frequent sexual interactions with many different partners, in spreading the epidemic. This is described more fully in another article(link above) .

I had asked Mathilde Krim, the chairman of the AIDS Medical Foundation which my lawyers had just incorporated, for support for publishing the booklet. She felt that the explicit language of the booklet could pose a problem for the Foundation, so we looked for funding elsewhere. Fortunately Michael received a tax refund. Randall M. Klose, a philanthropist who had supported

many worthwhile causes made a donation that allowed the publication and distribution of the booklet.

Although the AIDS Medical Foundation was not responsible for the production of the booklet, we placed inserts into many of them soliciting donations to the Foundation because all three of us were involved in its early work

In conclusion, *How to have sex in an epidemic,* which has been recognized as laying the foundation for safer sex education, was conceived and produced by the community most affected by the epidemic at that time. There was no institutional help and certainly no help from public health authorities.

It is the very embodiment of the notion of self empowerement.