

A Doctor in the Trenches.

I

My collaboration with Richard Berkowitz and Michael Callen: Our contribution to the development of “Safe Sex”.

I cannot remember precisely when Michael Callen and Richard Berkowitz became my patients, whether they entered my practice before or immediately after the “official” recognition of AIDS in 1981. They met at my suggestion. Richard has written about this in his book [“Stayin alive; the invention of safe sex”](#). Both were in their mid twenties, without scientific training. Their own histories were not unlike those of the first to develop AIDS. They were acutely observant of the nature of urban “fast track” gay life in the US. Both were strongly motivated to be of assistance to their community during this terrible time, indeed to an extent where they freely devoted their full efforts to this end. My own observations as a scientist and physician had convinced me that a life style that involved contact with multiple partners in settings where there was a significant prevalence of sexually transmitted infections was detrimental to health, to an extent far greater than the effects of each infection individually. It did not seem that one needed a medical training to perceive this, but attitudes were such that gonorrhoea and syphilis had come to be regarded as temporary inconveniences, readily cured and repeated infections no obstacle to a continued life of sexual promiscuity in settings where the acquisition of sexually transmitted infections was inevitable. Unfortunately such a lifestyle may also expose one to untreatable infections or to any microorganism that can be transmitted sexually that may be introduced into this sexually interactive pool.

Even before AIDS was recognized, I was aware that many of my patients exhibited symptoms that were not characteristic of any isolated sexually transmitted disease. The disorders I saw were nonspecific, that is, they could result from many different infections. Since starting to see patients at the end of 1979, low white blood counts, low blood platelets, and enlarged lymph glands and spleens were common amongst patients who I treated for multiple sexually transmitted infections. There were additional anomalies on routine blood tests that were inexplicable such as high levels of serum globulins, and low cholesterol levels, particularly low HDL cholesterol levels. I knew something was very wrong and without understanding how, I suspected that in some way these disorders were related to the experience of multiple sexually transmitted infections, and exposure to pathogens that are not usually classified as sexually transmitted. In turn, these infections were related to a sexually promiscuous lifestyle. Michael Callen had experienced many sexually transmitted infections; it was a very long list that he was fond of reciting. My concern for the health hazards associated with sex with multiple anonymous partners in New York City at that time had prompted me to write some articles pointing out these risks for the weekly gay newspaper, the New York Native. I called one of these articles “promiscuity is bad for your health “.

On one of his visits to my office Michael had found a typescript of one of my articles while I was out of the room.

In his book [“Surviving AIDS”](#) he writes “ I was willing to confront some harsh realities about the life I had led” and became convinced that his promiscuous sexual life had contributed to his illness. I do not know when he came to that conclusion, but reading my article was to him a kind of affirmation of this belief. We spoke of the issue and immediately became allies and collaborators in the imperative we felt in bringing this message to those at risk – not just of a debilitating series of sexually transmitted infections, but now of a deadly new disease, although at that time I believed the two were connected. Michael wanted to write about AIDS, and the dangers at that time of sexual promiscuity.

Another patient of mine, [Richard Berkowitz](#) also wanted to write about AIDS. In “Stayin alive”, Richard describes how I brought him together with Michael. Almost immediately they started to write an influential article, “We know who we are”, described in both their books. An excerpt can be found in [“We are everywhere”](#).

I have collaborated individually with Michael and with Richard on several projects, but here will write only about what the three of us did together, most significantly the proposal of safer sex guidelines.

To enable me to describe the nature of our relationship I will have to give a brief account of what I learned of the prevailing attitudes to a sexually promiscuous life style (mostly from Michael). Secondly, as the multifactorial model I proposed to account for AIDS was central to our collaboration, I will need to describe it and how I came to construct it.

I believe that the three of us probably represented the most articulate of those who saw the connection of the AIDS epidemic among gay men with a life style evolving in the 1970s, that provided opportunities for multiple anonymous sexual encounters on a scale probably never seen before. In New York City, for example, additional establishments were created to meet the demand for places to facilitate such anonymous encounters. Several new bath-houses and bars with darkened backrooms, as well as a proliferation of porno film theatres, book stores with peep show booths and other venues provided the space for men to meet and have sex, with the possibility of avoiding the need to utter more than a word or two – and sometimes not even that. There were many open air areas where encounters could take place, and the expectation of easy and rapid sexual encounters was such, that undoubtedly meetings to arrange this were frequent in public spaces without recourse to the bar or bath-house. Of course such establishments had always existed, but never on the scale seen in large cities in the US during the 1970s.

Promiscuity: A forbidden word.

In another section I describe the theories that were advanced to explain the appearance of this new disease. There were essentially two theories; a new

infectious agent, probably a virus was responsible, or the disease resulted from the interaction of many factors to which those affected had been exposed during years of a sexually promiscuous life-style. In 1981, the first gay men to develop AIDS were indeed those who had engaged in a life-style involving sexual contact with multiple often anonymous partners. This was to change later, but at the beginning, among my patients (and elsewhere) these were the men who first showed evidence of this new disease. These were men I had treated repeatedly for sexually transmitted infections, and at that time I believed a cause for the new disease would be found in the interaction of the multiple infections these patients had experienced. Thus a consideration of their sexually promiscuous life-style was completely relevant. But as I was soon to find, merely uttering the word “promiscuous” brought about a barrage of incoherent criticism from those who appeared to be the leaders of the gay community in New York. Promiscuity was central to my suggestions regarding the origin of this disease. It was also central to those who believed a new virus was responsible, but in this case easier to neglect. The criticisms directed against Michael, Richard and me were hardly rational, and as part of this same irrationality the critics were able to propose a new virus as causing this disease, with no consideration as to how this virus was spread. Its spread was of course facilitated by promiscuous sexual behaviour but for reasons that at the time were quite bewildering our critics often omitted this important detail. There were those who did indeed point to the connection between becoming infected with a new agent with sexual promiscuity. But I soon came to understand that the reasons for omitting a consideration of the behaviours that spread the virus by so many of our critics, probably derived from a reluctance to bring attention to the sexually promiscuous life-style of many gay men at that time. This became rather obvious as not only was this life-style not being described as a very significant health hazard; unbelievably, it was actually defended by some even in the face of this dreadful epidemic.

Larry Mass was the first person to report on AIDS, he was also one of the founders of the Gay Mens Health Crisis. [He wrote this in 2010:](#)

In the earliest period of the epidemic (1981-84), there was intense discussion about gay promiscuity and STDs, out of which the safer sex movement was eventually born. Leading voices included Larry Kramer, Dr. Joseph Sonnabend, Michael Callen, and Richard Berkowitz. I was one of those who was reluctant to so categorically indict "promiscuity."

One can only wonder why my use of the word promiscuity provoked such hostility. Let's take a look at what the word actually means:

pro·mis·cu·ous adj.

1. Having casual sexual relations frequently with different partners; indiscriminate in the choice of sexual partners.
2. Lacking standards of selection; indiscriminate.
3. Casual; random.
4. Consisting of diverse, unrelated parts or individuals; confused: "*Throngs promiscuous strew the level green*" (Alexander Pope).

One must conclude that the reason that any mention of promiscuity was greeted with such hostility was because of a fear that such mentions would be interpreted as some kind of moral criticism. I'm afraid that in this case prurience is in the eye of the beholder.

I became very careful to point out that my criticisms of promiscuity were only connected with health issues. There was absolutely no moral judgement implicit in my remarks. In fact it was not even promiscuity itself that posed a threat. It was the circumstances under which it occurs – or stated differently, it was the prevalence of sexually transmitted infections in the setting where promiscuous behaviour takes place that is important. Given the volume of an interactive pool of men, the prevalence of any microorganism that can spread through sexual contact will increase over time – particularly those that are not amenable to treatment, such as viruses including HIV.

At that time I had no idea of the political history of the gay liberation movement - if indeed that is the correct term. I had come to the US in 1969, to teach and conduct research and was barely aware of gay political issues. When I started my own medical practice in 1978, my concern was obviously for the health of those seeking my help. And it was completely beyond doubt that the life style of many of my gay patients was exposing them to repeated sexually transmitted infections. I was therefore surprised that there seemed to be a wilful ignorance of the obvious hazards of this life-style. There was no comment either from the physicians taking care of gay men – some of whom belonged to an organization called Physicians for Human Rights. These rights it

seemed included the right to expose oneself repeatedly to infection after infection. This is indeed a choice one is free to make. But it seemed I was in the minority among physicians providing care to gay men in pointing out the hazards of making such a choice. I also was criticized for giving prophylactic antibiotics to my patients to protect them from at least gonorrhoea and syphilis. This was a practice frowned upon, with the usual arguments of provoking the development of antibiotic resistance. From bathhouse screening that I had been familiar with while working for the New York City Health Department, I knew that at some stage a significant number of individuals attending these establishments had anal gonorrhoea. The risk of becoming infected was such that I can only believe the disapproval of antibiotic prophylaxis had its origins in considerations other than the public health. Not only were the Physicians for Human Rights silent, so was the City Health Department.

When AIDS appeared I felt obligated to write about the dangers of promiscuity, and some articles were published in the New York Native. One article entitled "Promiscuity is bad for your health" ends with the following paragraph:

"There can be no equivocation. Promiscuity is a considerable health hazard; this is not a moralistic judgement, but a clear statement of the devastating effect of repeated infections. If we are truly to serve our patients, we must admit that our desire to be nonjudgmental has interfered with our primary commitment. With this understanding we can move on to provide the care that our patients deserve." [New York Native: September 13-26, 1982]

This subjected me to a barrage of vituperation and vicious anger which was completely bewildering. Maybe not completely bewildering, as I was familiar with the word "judgmental" used in admonitions to practitioners not to be judgemental in dealing with patients. Of course I ignored this seemingly irresponsible advice, thinking that I was being asked not to be judgmental regarding the health implications of my patients' behaviour. Of course it was our duty to point out the health risks of particular behaviours, but I came to understand that for many, merely to point this out, carried some kind of moral

evaluation of the behaviour in question. It was only a question of health – and had the prevalence of sexually transmitted diseases been negligible, or had condoms been used, then I would have had nothing to say.

In the multifactorial model I wrote that was published in the Journal of the American Medical Association a response took me to task for using the word promiscuity, and stating that my attitudes would drive patients away. This nonsense attributed a moral stance to me regarding sexual behaviour, when I was only talking about the prevailing circumstances that made such behaviour a health risk. This approach did not drive my patients away. In fact, they frequently expressed their gratitude to me for pointing out the hazards they faced.

Michael Callen could easily identify with what I had written. Richard Berkowitz found a similar resonance in these articles and views, and essentially this commonality of view point provided a bond among us. With each other's support we embarked on a series of undertakings, the most important of which was the writing of safer sex recommendations for gay men.

It was Michael Callen who instructed me in the political aspects that led to such awful criticism, directed not only at me – but also at Michael and Richard. I understood from Michael that this incredibly promiscuous life style had been actually encouraged as an expression of gay liberation. Gay men were free not to follow an ideal heterosexual model of monogamous relationships, and thus this sexual free for all somehow expressed the liberation of homosexual men.

Of course this was done with no understanding of possible health consequences. In smaller communities there may have been none. But in places like New York City, the sheer volume of sexual interchanges, and the attraction to the city of people from all over the world, almost ensured that within a few years within the pool of interacting men the prevalence of sexually transmissible infections would have reached such an extent that any single encounter carried a substantial risk. This sexual liberation probably began in the late 1960s and in a way the countdown to AIDS began with it. Attesting to the consequences of such a behavioural change are the figures for the prevalence of sexually transmitted infections among gay men in New York

City in the 1970s. It was immensely disappointing, that faced with the tragedy that was AIDS, an inappropriate defensiveness retarded the stern warnings that should have promptly emanated from the leaders of the gay community. And when Michael, Richard and myself produced these warnings we were castigated. Ironically, we then went on to propose measures that would reduce the risks inherent in promiscuous sexual behaviour, and were further vilified for doing so.

I will write on these issues, but here want to comment that it was the recognition that sexual promiscuity in large urban centers posed a great danger to health that was the real bond between Michael, Richard and me.