

CAL THOMAS

# AIDS mutation menace

**N**ews of a potentially virulent strain of HIV invading and infecting a new generation of homosexual men should come as no surprise. There have been years of growing laxness on the part of homosexuals increasingly complacent about AIDS and engaging in risky behavior.

This inhibition has been fueled by Internet liaisons and inhibition-lowering drugs — rather than behavior modification or lifestyle transformation. Now AIDS workers are “dismayed,” the New York Times said in a Feb. 15 story.

This isn't like the terrorist threat the country faced before September 11, 2001, in which government and the media largely ignored warning signs. Twenty years ago, Surgeon General C. Everett Koop sounded the alarm about what could happen if people didn't change their behavior by either remaining celibate, using condoms or altering their lifestyles.

At the time, Dr. Koop said he doubted a vaccine could be produced to cure HIV because of the virus can mutate so often. He said he did not expect a cure in this generation and perhaps for a very long time, if ever.

In a telephone conversation from Dartmouth College, where he teaches, Dr. Koop said while “It is never too late to take steps to rein it in” and we in America are “affluent enough to treat it,” most of the rest of the world is not. AIDS cocktails must be taken on an exact schedule, he said, “and in places like Botswana, no one has a watch.” Plus, the new HIV strain resists almost all anti-retroviral drugs.

Dr. Koop said when he was surgeon general he tried unsuccessfully to get government to act on sodomy in prisons, which he called widespread. Sodomy in prisons, he told me, “reaps its own reward. No one tells the wife or partner of a freed inmate that he is HIV-positive, and so he infects his family and they can infect others.”

While data and their interpretations vary as to whether homosexuals are more promiscuous than heterosexuals, those at greatest risk for contracting and spreading this new virulent HIV strain are extremely promiscuous. They hook up at “sex parties,” engage in anal sex without condoms and often use crystal methamphetamines to enhance their sexual experience in sex marathons with multiple partners.

In New York, some veterans of the war against AIDS propose a new approach to the spread of risky sex. They want to track down people who know they carry the virus but have sex anyway, spreading the disease.

Charles Kaiser, historian and author of “The Gay Metropolis,” told the New York Times, “A person who is HIV positive

has no more right to unprotected intercourse than he has the right to put a bullet through another person's head.”

This attitude follows two decades during which telling anyone he should stop doing something because it harms himself and others earned a “homophobic” label. Not many people could stand up to such condemnations and so most remained silent. Those who refused to change their risky behavior blamed the Reagan administration for not “doing enough” to fight AIDS.

“Safer sex” campaigns have been tried before — at San Francisco bath houses and “glory hole” facilities and similar places in New York and other cities. Initially there were some admirable results of greater awareness of risks in “unsafe

sex” and how uninfected “partners” were jeopardized.

But soon the messages were ignored and risky behavior resumed. “Suicide missions” have been reported of uninfected men knowingly having sex with HIV-positive men, believing infection confers a certain societal cachet.

“Behavior remains the key,” says Dr. Koop.

After two decades of hearing that changing homosexual behavior is nearly impossible and conversion to celibacy or a heterosexuality is a sham, getting people to consider behavioral change will be increasingly difficult, like finding the miracle vaccine Dr. Koop doubts is around the corner.

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